

PL/060

Susie Braham
Scottish Executive
Health Department
St Andrew's House
1ER
Regent Road
Edinburgh
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24th May 2004

Response to "Modernising NHS Community Pharmacy in Scotland"

Dear Ms Braham,

Section 1

I agree that there needs to be an equitable mechanism to allow a Health Board to rationally plan Pharmaceutical service provision within its area. This must be done at a strategic level with input coming from both Contractors Representatives and Community Health Care Partnerships. Overall accountability must lie with the Health Board.

It is also fair to say that the funding attracted by the current system not only supports the dispensing function, but supports non funded services crucial to many patients e.g. delivery services for the house bound.

Section 2

I would welcome the reintroduction of Nationally Negotiated terms conditions and fees for what is now termed "Locally Negotiated Services" in order to avoid duplication of effort across all boards which would allow more time and energy to be devoted to provision of service. I have concerns that precious time which should be devoted to patient care will be consumed by the administration suggested in 2.10

Section 3

I have grave concerns that the granting to holding contracts in areas of over provision would seriously jeopardise the investment in premises and services.

There may be contractors who would wish to relocate or even relinquish their contract and a mechanism of facilitating this would be to offer a financial inducement or compensation.

With relation to under provision, may I suggest that if it was commercially viable there would already be a contractor filling the need?

Section 4

Surely the answer is that a locum, who has registered with one board, should be covered to work in any other one.

Section 5

It should be understood that although the Pharmacist may not be directly dispensing prescriptions, they are able to intervene if required. This would allow the pharmacist to spend more time on patient care; they should be on the premises as our availability is one of our key strengths.

It should be emphasised that a pharmacist can only be responsible for one site.

Section 6

Centralised dispensing will seriously affect the supply chain as we know it. It is important for some mechanism to encourage contractors to source all medicines for prescriptions as failure to do so will result in patients having difficulty obtaining the more obscure preparations.

Section 7

It is encouraging that the change is proposed to be phased in over 10 years. It is also important to allay the fears of contractors, who are concerned at the ever increasing workload and paper work.

[REDACTED]