



Consultation Response

Applications to provide NHS Pharmaceutical Services. A Consultation on the Control of Entry Arrangements and Dispensing GP Practices

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CONSULTATION RESPONSE FORM

Consultation Proposals - Part 1

Control of Entry (Pharmacy Applications) and Dispensing GP Practices

The stability of NHS services in remote and rural areas

Proposal 1:

The Scottish Government proposes amending legislation that will introduce the designation of '*controlled remote, rural and island localities*' for the purposes of considering pharmacy applications in these areas of Scotland and introducing a 'Prejudice Test' in addition to the test of 'necessary or desirable' (the adequacy test).

Do you agree with this proposal?

Yes

No

Please tell us the reason for your answer in the box below

The National Pharmacy Association (NPA) is the body which represents the vast majority of independent community pharmacies (including independent multiples) in Scotland and across the UK.

The NPA believes that the basic premise behind the proposal for a 'prejudice test' is ill conceived – namely that it is acceptable to deny people adequate provision of pharmaceutical services and that such provision is of secondary importance compared to other health services.

Paragraph 1.7 of the consultation document states that, "wherever possible, people across Scotland should have access to NHS pharmaceutical services provided by a registered community pharmacy". Paragraph 1.8 states, "collaborative working wherever possible between GPs and pharmacists provides the best care for patients making full use of their differing clinical skills and expertise." The consultation document recognises the complementary skills of doctors and pharmacists and that a dispensing doctor cannot provide equivalent pharmaceutical services.

The inclusion of a prejudice test appears to run counter to these statements when determining community pharmacy applications near a dispensing practice. We recognize the need for medical services in remote communities but this should not be at the expense of pharmaceutical services. Solutions need to be found which enable both services to be provided to ensure the best possible outcomes for patients.

Proposal 2:

The Scottish Government proposes that the designation of an area as a '*controlled remote, rural and island locality*' should be reviewed periodically by NHS Boards so that NHS provided or contracted services are responsive to

population changes, and changing healthcare needs and priorities both locally and nationally. It is proposed that the review should be carried out at a minimum of every three years.

Do you agree with this proposal?

Yes

No

Please tell us the reason for your answer in the box below

The NPA believes that for the designation of 'controlled remote, rural and island localities' to be beneficial for patient care, the surrounding regulations should require the NHS Boards to be responsive to changing local demographics or public health needs.

A fixed term of three year review could be insufficiently flexible to take into account the fact that neighbourhoods can change dramatically in short periods of time with little notice - dependent on environmental changes whether ecological, cultural, industrial or with regards to improved travel facilities in an area.

The Pharmaceutical Care Needs Analysis should be responsive and comprehensive in order to identify any changes to pharmaceutical care requirements in an area, which would then trigger a timely review of the designation of such a locality.

The Pharmaceutical Care Needs Plan (PCNP) should be drawn up to a standard process in each Board working towards advancement of the Scottish Government 20:20 Vision within defined parameters using a wide expertise of health professionals and public health resources, from primary and secondary care. There should be significant input from experts who understand the financial modeling of primary care health services including the Pharmacy and Dispensing Doctors contracts and the impact additional services would make on the overall Global Sum of those contracts. Interested parties, including local populations, should be able to comment on the draft PCNP.

Proposal 3:

The Scottish Government is of the view that people living in remote, rural and island areas should have access to NHS pharmaceutical services and NHS primary medical services that are no less adequate than would be the case in other parts of Scotland.

Where the dispensing by a GP practice is necessary, it should be supplemented with pharmaceutical care provided by a qualified clinical pharmacist sourced by the NHS Board to ensure the person-centred, safe and effective use of the medicines. NHS Boards would be required to develop local plans sensitive to local circumstances to achieve this.

Do you agree with this proposal?

Yes

No

Please tell us the reason for your answer in the box below

The NPA agrees with the Scottish Government Quality Strategy in that NHSScotland pharmaceutical care should be safe, person-centred and effective and that those living in remote rural and island areas should have access to pharmaceutical services that is no less adequate than other parts of Scotland. Indeed we would argue that the need for pharmaceutical care may be greater in these areas if there is less than full time medical cover. Community pharmacists are able to support patients with self care and supply medicines they may need for self-limiting conditions through the Minor Ailments Service.

Pharmaceutical care currently provided with the supply of NHS prescriptions by Dispensing Doctors is not equivalent to the service provided by community pharmacies. The range of pharmaceutical services in a community pharmacy is greater, and the standards against which pharmacies are measured are exacting.

Community pharmacies can only operate from registered premises and these premises are inspected by the regulator the General Pharmaceutical Council (GPhC). The GPhC revised the standards for registered pharmacies in 2012 the focus of which to ensure patient safety and that services are delivered by appropriately qualified staff, following safe procedures in addition to the premises being of the required standard. Community pharmacies are now being inspected to these new standards.

The NPA believes that the supply of medicines to patients should be of an equitable standard from premises and by staff regulated in the interest of the public wherever in the UK - and as such any dispensing out-with community pharmacies should have to comply with the GPhC standards. The NPA recognises that this would require considerable financial investment which may make it a more cost effective model for NHSScotland to operate a community pharmacy contract from these areas rather than increasing funding to medical contractors who may be already subsidizing other practice areas from dispensing revenue.

The NPA is keen that innovative models of providing primary care services in remote and rural areas are developed by NHSScotland to maintain, improve and sustain both medical and pharmaceutical services. The Scottish Pharmacy contract has now embedded accessible pharmaceutical care through the Minor Ailment, Unscheduled Care, sexual health, smoking cessation pharmacy services, the Chronic Medication Service and from this year the Gluten Free Foods pharmacy service. The NPA would welcome an innovative model of working to facilitate these successful services being available to patients of dispensing doctors – possibly looking at telehealthcare solutions linked to a community pharmacy hub.

We are doubtful that a dispensing doctors practice 'supplemented' by a clinical pharmacist can give the same level of pharmaceutical care which is routinely available from community pharmacies. Furthermore, it would be important for clinical governance for the pharmacist to be completely separately remunerated from the Medical Practice, under the remit of GPhC regulation, with accessibility to peer support and ePharmacy resources.

Consultation Proposals - Part 2

Wider Pharmacy Application Processes

The proposals discussed in Part 2 apply to all applications to open a community pharmacy whether in a remote, rural or island area, or in other parts of Scotland.

Public consultation and the community voice

Proposal 4:

The Scottish Government proposes that the regulatory framework going forward will look to include a community representative among those who should be notified, as an 'interested party or persons', of any application to open a community pharmacy in the locality. The community would therefore in statute be considered as a body or party whose interests may be significantly affected by the pharmacy application.

This would be a nominated representative from, for example, the local Community Council or the local Residents Association or another appropriate local community representative body recognised by the NHS Board.

As an 'interested party' the community representative would be entitled to make written representations about the application to the Board to which the application is made within 30 days of receipt of the Board's notification of the application.

In addition, where the NHS Board PPC decides to hear oral representations, the community representative will be entitled to take part, together with the applicant and the other interested parties, and would be given reasonable notice of the meeting where those oral representations are to be heard. Once each interested party, including the community representative, has presented their evidence in turn they would then leave the hearing leaving the PPC to consider all the evidence presented.

As an 'interested party' the community representative will also have a right of appeal against the decision of the NHS Board PPC to represent the views of the local community.

Do you agree with this proposal? Yes No
Please tell us the reason for your answer in the box below

The NPA respects that empowering the local community with regards to local health decisions is an important principle. A 'community representative' must be truly representative of the community (not merely expressing personal opinion) – and understand the full implications of their input.

Key to community involvement is access to information, so we therefore agree with increasing public consultation but feel this could compromise the process if requirements are held up as points of technical failure of the application. The NPA considers that the Pharmaceutical Needs Assessment by the NHS Board should be robust enough and complete in evaluation of patient benefit gained by accessing pharmaceutical care services to be clear to any interested party in an area what has to be gained by accessing pharmacy services. As stated above the consultation process should occur when the PCPN is being developed not when an application has been made.

The NPA considers that General Medical Services should be appropriately remunerated and not require subsidizing from dispensing income. It follows then that medical services would only be in jeopardy if there were other factors such as retiring medical partners or changing skill mix within the medical practice.

Proposal 5:

The Scottish Government is of the view that in the future PPC hearings should be handled in such a way so that no one person or organisation is able to dominate the entire hearing. This might include options such as limiting the time allocated to give oral representations or the issuing of guidance to PPCs. The Scottish Government thinks that all PPC meetings in future should follow a standard process in the management of PPC Hearings.

Do you agree with this proposal? Yes No

Please tell us the reason for your answer in the box below

The NPA agrees that all PPC meetings should follow a standard process, however we have concerns that limiting the time of some presentations may hinder the focus of the meeting being maintained on whether an application is “necessary or desirable” for patient care. We are keen that the process is fair to all concerned and not biased towards expert speakers. We feel all participants should have undergone training on the technical details of the process and that the process is governed by a chairperson validated as expert and impartial.

Proposal 6:

The Scottish Government proposes that going forward those assisting in oral representations by the applicant, the community and other interested parties in attendance are able to speak on behalf of those they are assisting.

Do you agree with this proposal? Yes No

Please tell us the reason for your answer in the box below

The NPA is in agreement that there may be some occasions when it is advisable for persons to speak on behalf of an interested party. The status or oratory skills of a person speaking on behalf of one of the parties should not exert undue influence – in other words the evidence itself, rather than its presentation, must be paramount.

Everyone participating in the application should be trained in the criteria and processes involved in the application. This training should be standard across the PPCs with additional training for the Chairs of the meetings.

Proposal 7:

The Scottish Government proposes that going forward those applying to open a pharmacy, for the purpose of providing NHS pharmaceutical services, should first enter into a pre-application stage with the NHS Board to determine

whether there is an identified unmet need in the provision of NHS pharmaceutical services.

This would assist NHS Boards in determining the urgency of the demand for NHS pharmaceutical services identified by the applicant. NHS Boards Pharmaceutical Care Services Plans would need to reflect an assessment of service gaps and where need is most urgent.

Where an application proceeds, the applicant must be able to provide evidence to the NHS Board and the affected communities that every effort has been made to publicise the intention to open a community pharmacy and to consult and obtain responses from residents in the associated neighbourhood. Also, the notice must be advertised in a newspaper and all circulating local news free-sheets and newsletters in the neighbourhood in order to reach the vast majority of residents.

NHS Boards will also be required to do the same level of advertising in relation to its consultation activities.

Do you agree with this proposal? Yes No

Please tell us the reason for your answer in the box below

The NPA would require more details of the pre-application stage to understand how this would benefit prioritizing urgent gaps in pharmaceutical care. A robust Pharmaceutical Care Services Plan should identify where increased services are required. However the NPA is concerned that with the current format this may limit innovative models of practice being introduced by new pharmacy contracts out with those urgent areas.

The NPA has already commented that we support increased public consultation and we would welcome an NHS increase in consultation by explaining to the public in lay terms how the medical and pharmacy services are funded in NHSScotland, the patient and NHS benefits from pharmacy services and providing a balanced cost analysis for the provision of different models for pharmaceutical care.

There has long been a culture amongst pharmacists to comply strictly with not promoting NHS pharmacy services outwith the pharmacy and this can be construed as the pharmacist applicant being the “quiet” party in consultation. NHS support on how public consultation should be undertaken by both parties would be beneficial. The NHS should be required to challenge any inaccurate public representation by either party.

Proposal 8:

The Scottish Government proposes that going forward NHS Boards specify to what extent the views of the community have or have not been taken into account in their published decisions on the outcome of a pharmacy application.

Do you agree with this proposal? Yes No

Please tell us the reason for your answer in the box below

The PPC committee and Chair should be suitably trained to enable public consultation to be included in the process in a standardized manner. As stated above we believe that consultation process should take place when the PCSP is being developed.

Securing NHS pharmaceutical services

Proposal 9:

The Scottish Government considers that NHS Boards should be able to take into account how NHS pharmaceutical services would be delivered in practice in the long term after an application has been received. This includes taking into account the financial viability of the pharmacy business proposed. This is an important factor in securing these services in the long term.

Do you agree with this proposal?

Yes

No

Please tell us the reason for your answer in the box below

The NPA considers it correct to take into account the sustainability of any primary care service whether in situ or in development. It therefore would be valid for NHSScotland to model innovative funding safeguards to maintain services. This could be appropriate remuneration for remote and rural medical services that do not require topping up from other areas of NHS provision, or additional payments for rural and remote service provision whether medical or pharmaceutical in nature.

The costs involved in setting up a pharmacy are complicated and varied, dependent on premises costs, staffing arrangements, wholesaler terms, NHS service registration uptake etc along with the costs involved with non NHS reimbursed services such as delivery services. The NHS is unlikely to have the expertise to be able to estimate this and it may again hinder innovative practice being developed with considerable additional time and costs involved. The NHS could estimate the viability of sustaining medical services once dispensing income is taken from the equation due to the current way GP funding payments for premises and QOF are made. The major proportion of a community pharmacists business is supplying NHS services (typically 90% or more). However pharmacy owners are independent contractors and will have considered local opportunities as well as costs when considering making a contract application. They are unlikely to submit an application if they think their new pharmacy is not viable.

Timeframes for reaching decisions

Proposal 10:

The Scottish Government proposes that going forward the regulatory framework would require NHS Board PPCs to make a decision within 6 weeks

of the end of the public consultation process and the NAP to make a decision within 3 months upon receipt of an appeal (or appeals) being lodged.

In more complex cases the timeframe would be made extendable where there is a good cause for delay.

Do you agree with this proposal?

Yes

No

Please tell us the reason for your answer in the box below

The NPA is in agreement that adequate timescales should be in place. Timings are dependent on the process being executed with well trained and well informed participants, governed by a skilled chairperson. The suggested timings would need to be reviewed and evaluated once the final format of applications is again agreed and embedded.

Expert advice and support to PPCs during deliberations

Proposal 11:

The Scottish Government proposes that going forward the regulatory framework would make provisions for the appropriate role of an independent legal assessor acting in a supporting and advisory capacity, including providing advice and guidance on technical and legal aspects of the application process during PPC deliberations.

Do you agree with this proposal?

Yes

No

Please tell us the reason for your answer in the box below

The NPA is in agreement that legal advice should be on hand throughout the process but feels that suitable training and expertise within the PPC may reduce the need for this support. This advisory service may also bring considerable costs which may in part be negated by receiving a swift decision.

Respondent Information Form

A CONSULTATION ON THE CONTROL OF ENTRY ARRANGEMENTS AND DISPENSING GP PRACTICES

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

The National Pharmacy Association Ltd

Title Mr Ms Mrs Miss Dr Please tick as appropriate

Surname

Oman

Forename

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2. Postal Address

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3. Permissions - I am responding as...

Individual

/

Group/Organisation

Please tick as appropriate

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

Yes No

- (b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick ONE of the following boxes

Please tick as appropriate
 Yes No

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

- (d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

Yes

No