Community Pharmacy Scotland (formerly known as the Scottish Pharmaceutical General Council) is the body recognised to represent the owners of Scotland’s 1206 community pharmacies in negotiations with the Scottish Government on remuneration and terms of service relating to the provision of NHS pharmaceutical care services. Within our membership we represent all types of pharmacy, multiple or independent, situated throughout Scotland including a number of pharmacies in remote and rural locations.

Our prime focus in recent years has been the development of a new contract for pharmacy contractors, one which will call for the delivery of new services, potentially in novel ways, but continuing to place emphasis on the opportunity which community pharmacy offers in terms of access for patients to health care services.

**Tobacco and Primary Medical Services (Scotland) Bill**

**Part 1 – Tobacco products etc**

As part of the development of the pharmaceutical care services contract we have been considering how we can support the Government in its efforts to reduce the level of smoking in Scotland. We therefore recently implemented a new public health service through which pharmacy contractors provide a smoking cessation service. Uptake has been good but with that service we are only targeting those who have already taken up the smoking habit. Prevention is also needed and we are therefore very pleased to support the new measures being proposed around the sale and supply of smoking materials.

We believe that the prohibition of the display of tobacco products and the introduction of regulations setting requirements around the display of prices for these products will be beneficial to the public and will be of support to the Scottish Government as it aims to realise a smoke free Scotland.

Community Pharmacy Scotland is also happy to see the measures outlined to outlaw the sale of tobacco to under-18s and from vending machines. These will help to reduce access for new smokers to tobacco and should lead to an overall reduction in the smoking population.

**Part 2 – Primary Medical Services**

Community Pharmacy Scotland has reservations about the proposals to amend the eligibility criteria for persons contracting or entering into arrangements with Health Boards to provide primary medical services. Since the inception of the NHS in 1948 the practice model adopted by doctors has gone unchallenged, with services being delivered by practitioners who are perceived to be in tune with local need. The changes to service delivery under GMS appear on the surface to have been successfully accommodated within
this model. However we note from the recently published “General Practice in Scotland: The Way Ahead” from the BMA that:

“Demand for GP services is increasing. Our ageing population, increasing availability of treatments and increasing public expectations result in increasing demand for GP services year on year. Similar pressures in hospitals, combined with improving technology and more advanced GP training, have also seen work move from specialist centres into the community. GP practices try to give priority to patients with the greatest clinical need, but this can lead to delays for other patients. Appointment systems are under constant review in an attempt to allow patients to book ahead at a time of their convenience while maintaining availability for those requiring more urgent attention.”

On this basis of increased need, as noted by the BMA, Community Pharmacy Scotland has concerns that what is being proposed by the Scottish Government appears designed to prevent the possibility of an alternative source of provision within the market place. There is no guarantee that the existing practice model will survive for another 10, let alone 60 years and without the possibility of alternative methods of provision the situation could arise where medical services could not be provided for people living in “hard to doctor” areas such as remote and rural regions or in areas of deprivation within our cities. We do not understand therefore why the Scottish Government would want to block off this avenue. We also recognise that there is a wish within the Scottish Government to move away from the traditional GP- dominated model and shift the balance of care. What is now being proposed appears to be at odds with that aspiration.

We also note from the “General Practice in Scotland: The Way Ahead” that the BMA has identified

“The introduction of the new pharmacy contract has increased the threat that some remote and rural GP practices will be forced to give up their dispensing service to patients. At present, patients are not consulted, despite potential risks that loss of dispensing to a remote and rural practice could affect the services provided to patients and possibly the future sustainability of the practice.”

If it is the case that loss of dispensing is a threat to rural practices then surely that should be addressed through the GMS contract rather than a subsidy from dispensing activity. Patients in rural areas should not be denied the opportunity to receive the benefits of pharmaceutical care delivered in a cost effective and efficient manner. One option would be to allow other health care contractors to bid to provide those primary medical services for patients using a salaried GP.

On this basis Community Pharmacy Scotland is keen that the Health Committee does not accede to the removal of the provision in the National Health Service (Scotland) Act 1978 which empowers Health Boards to make contractual arrangements with any person.
The status quo would maintain flexibility within the system and allow future proofing of primary medical services legislation which is vital to support the health and wellbeing of the Scottish population.

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