

Scrubtny of the Draft Budget 2012-13 and Spending Review 2011

Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists in Scotland, England and Wales. We are the only body that represents individual pharmacists in all sectors of the profession and in all parts of the country. Across the UK, the RPS represents over 38,000 pharmacists, which is around 70% of the profession. In Scotland, the RPS represents over 3000 pharmacists.

Overall comments on the budget

We welcome the opportunity to contribute to the Committee’s scrutiny of the relevant parts of the Scottish Government’s budget for 2012. The Budget contains a useful summary of past policies and achievements. Looking to the future there are a number of areas where the pharmacy profession’s aspirations and government policy coincide.

Scotland faces a number of cumulative challenges that will fundamentally reshape the way the NHS works. First, these difficult economic times will have had an impact on the money available to spend on health services. The RPS recognises the need to reshape all public services and welcomes the positive dialogue between the Scottish Government and the Christie Commission on the Future of Public Services in Scotland to look constructively at this issue. The RPS also hopes that preventative spending becomes a permanent and larger part of the budget for health in Scotland.

Secondly, with a growing ageing population Scotland faces a challenge in paying for the extra care required with a proportionately smaller working age population. Furthermore, our population is increasingly sedentary. As a result, healthcare in Scotland must move with greater alacrity from the era of combating disease to one of managing chronic conditions instead. In playing our part in addressing such a challenge the RPS will continue to work with the Scottish Government, and in particular we look forward to working with the review of NHS Pharmaceutical Care of Patients in the Community that was launched on 17th October 2011.

The RPS believes that the pharmacy profession has already started to help meet these challenges. Through the Minor Ailments Service (eMAS) and the Chronic Medication Service (CMS), pharmacists are using their skills to give patients better access to medicines and pharmaceutical care. This in turn is reducing the pressure on General Practice and the cost to the NHS. We believe that fully deploying services such as CMS will help reduce the cost of patient consultation to the NHS for chronic conditions, repeat prescriptions and advice on minor ailments.

As such we are surprised that the proposed budget will cut the money available for pharmaceutical services contractors’ remuneration (Table 7.03,
p64 – 65). However, given the growing budgets for improving health and better public health it is possible that new services are adequately funded. There is a lack of clarity and detail about how pharmaceutical services are to be funded in this document and as such we cannot reach firm conclusions on the basis of the information so far provided by the Scottish Government.

**eHealth**

The Scottish Government recently published its second eHealth Strategy which will cover 2011 to 2017. The RPS welcomed the principles set out in that document, particularly the recognition that health professionals such as pharmacists should be able to access appropriate patient information in order to provide better and safer patient care. We look forward to the deployment of a new Electronic Medicines Record. This will hopefully meet one of the pharmacy professions long-held beliefs that community pharmacists should have access to relevant patient information when delivering pharmaceutical care.

With the full deployment of CMS fast approaching the importance of access to patient information is becoming ever more critical. Community pharmacists will find it difficult to take on the responsibility of managing patients' pharmaceutical care without access to the necessary information to make safe decisions. Whilst this submission is primarily targeted at the financial impact of the proposed budget, and we do draw your attention to ensuring that the eHealth agenda is suitably financed with clear lines of responsibility. We also believe it is important that the Committee ensures that the eHealth strategy succeeds in delivering all the appropriate patient information to community pharmacists for the successful operation of CMS.

The eHealth strategy is ambitious, yet the budget will remain static for the period covered in the draft budget document. The eHealth strategy itself stated that eHealth spending will become the responsibility of Health Boards. Whilst budgets are going up for the Territorial Health Boards, we are nonetheless concerned and believe the Scottish Government should more clearly demonstrate that the finances are in place to successfully meet its ambitions in this area.

**Prescription Charges**

The Scottish Government set prescription charges in Scotland to zero earlier in 2011. This was the accumulation of years of steady reduction in prescription charges since 2007. The RPS welcomed the reduction in charges as we believe there should be no financial barriers to accessing medicines.

We would like to see clearer information from the Scottish Government on the benefits of setting prescription charges to zero. The removal of the administrative bureaucracy should be saving the Scottish Government money. It would be useful to see that saving during any discussion of what the cost was of setting the charge to zero.
Administering eMAS since prescription charges were set to zero has become problematic for many of our members. Qualifying for eMAS requires the patient to have been eligible for free prescriptions. The situation is now confused and our members are being frequently faced with having to ask patients if they are on benefits in order to see if they can be given medicines through eMAS. The RPS believes that in Scotland one solution to this issue would be to make every citizen in Scotland eligible for eMAS. The cost of doing so could be met by drawing up a very selective formulary of inexpensive medicines for eMAS.

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