Inquiry into regulation of care for older people

Community Pharmacy Scotland

Who are we?

Community Pharmacy Scotland is the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and is the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

It is empowered to represent the owners of 1232 of Scotland’s community pharmacies and negotiates on their behalf with the Scottish Government on all matters of terms of service and contractors’ NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

What do we do?

Community Pharmacy Scotland works with the Scottish Government on the development of new pharmaceutical care services and works to ensure that the framework exists to allow the owners of Scotland’s community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

What care services do we provide for older people?

The care services we provide to older people are split depending on their location. If the older person resides in the community he/she is able to access the full range of NHS Pharmaceutical Care Services through their community pharmacy. This includes the four core pillars of the new contract:

- Chronic Medication Service
- Minor Ailment Service
- Public Health Service
- Acute Medication Service

If however, the older person resides in a care home then they are only able to receive the standard dispensing and supply service.

Community pharmacy contractors are often contracted by their local health board to provide an additional service which supports care homes to comply with requirements for the safe storage of medicines.
Community Pharmacy Scotland also notes NHS Tayside has adopted a locally enhanced service to support enhanced care for patients in care homes. This enhanced service supports GPs, pharmacists and the care home to work together to improve patient care.

Community Pharmacy Scotland recognises this model would be worthy of national consideration along with components of the chronic medication service to ensure that patients are better looked after in care homes.

Our Response to the call for evidence

Does the regulatory system ensure care services for older people are providing good quality and appropriate care?

Can we be confident that the regulatory system is picking up on care services where the quality of care is poor?

Community Pharmacy Scotland is unsure whether the regulatory system can pick up on issues where the care services are poor.

In the first instance, community pharmacy contractors are not routinely asked their opinion of how they perceive a care service is getting on with the safe handling and administration of medicines. If for example a care home is running out of medicines for patients on a regular basis this could indicate pressure is occurring in the system and they are failing to achieve acceptable patient support.

In our experience pharmacy contractors also do not readily have sight of inspection reports of care homes. If a deficiency is found, in particular in the supply and/or quality of medicine administration, feedback on records is given second hand by the care home and sometimes clarification directly with the regulator would be beneficial for contractors to prevent further criticism of the care service and resolution of the issue.

Are there any particular weaknesses in the current system?

One particular weakness observed by Community Pharmacy Scotland is that a care provider can prepare a policy to satisfy the regulator which does not require any dialogue with providers to that service.

For example a social care service run by a local council is expected to have a medicines administration policy for patients it is providing medication support to at home. This policy is important as it sets out the parameters of what carers are allowed and not allowed to do for patients with medicines.

If the policy states that all medicines must be administered from a compliance aid then, when implemented, community pharmacy contractors are expected to prepare compliance aids for these patients. We have experienced situations where this has occurred and a local council has written their
medicine policy without consultation with the NHS Board or local pharmacy contractors resulting in increased workload to pharmacy contractors and cost to the NHS. There are alternative options available (e.g. MAR charts) which could satisfy the need for appropriate medication support for this group of patients, taking into account the individual patients’ circumstances and recognising the pharmacists’ expertise in medicines.

This policy when approved has however, satisfied the regulator.

Community Pharmacy Scotland is also slightly concerned that the rigorousness required of consent procedures may prevent service users from assessing treatment or support services. These service users especially those with impaired cognitive function may actually benefit from services. but due to inability to understand what is being proposed can’t assess the treatment or support.

**Does the system adequately take into account the views of service users?**

Community Pharmacy Scotland has no view on whether the current system adequately takes into account the views of service users. We would however, recognise this may be challenging in certain patient groups but recognise the importance of patient feedback on care services.

**Does the registration and regulatory system provide an appropriate basis for the regulation, inspection and enforcement of integrated social and NHS care in the community?**

Community Pharmacy Scotland believes the current system of registration and regulation needs to adopt a more supportive approach to regulation. We believe the inspection process around medicines handling and administration does not support the identification of good practice and subsequent dissemination.

This lack of dissemination does not therefore promote shared learning and improved patient care throughout Scotland.

We would be keen to engage more closely with the regulator to see these wishes come to fruition.

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