Community Pharmacy Scotland (CPS) understands the reasons behind the Health Medical Supplies Bill having previously contributed to views on the Statutory Scheme consultation last year at a UK level. The output from that consultation is one of the aspects of the overall Bill.

This Bill has important implications on potential drug/medical supplies costs and value to the NHS. In recent times Audit Scotland has produced information on the increasing drugs costs being borne by NHS Scotland and any Bill that can support value and control costs in a reasonable and proportionate manner is to be welcomed by all who value our NHS.

It makes sense for the four devolved administrations to work collaboratively and CPS agrees that this is a positive development. CPS also agrees that the powers in the Bill are in the best interests of NHS Scotland. This may increase the workload for the devolved administrations in terms of engaging with manufacturers and wholesalers around the new powers that the Bill will bring. I do note however that Scottish Government considers it disproportionate for Scotland to have specific powers across the whole supply chain so any uplift in workload may fall largely in England.

Through our arrangements with the Scottish Government, CPS works in conjunction with the Pharmacy and Medicines Division and the Information Services Division (ISD) to deliver a quarterly drug pricing inquiry survey which then informs the reimbursement arrangements on the purchase of drugs from community pharmacy contractors. This has to be delivered on a devolved basis due to separate contractual and drug tariff arrangements in NHS Scotland. Our understanding after discussions with our civil servant colleagues is that our current methodology is robust and would not require significant change after introduction of this legislation. However CPS is always willing to work collaboratively with the department to ensure the methodology being applied is fair and robust. We would therefore not anticipate the workload for our organisation around this being increased.

CPS understands that not all dispensing contractors are currently required to participate in these inquiry arrangements (e.g. dispensing doctors). This may be something that can be explored to widen the scope of the survey in Scotland.

Overall CPS sees the developments as positive and having little material impact on our members from what is currently experienced.