Health and Sport Committee

NHS Governance – Corporate Governance

Submission from the National Pharmacy Association

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Do you have any comments on how NHS boards operate and make decisions, for example:

☐ Do you trust NHS Boards to make decisions that are in the best interests of the public?

☐ Are NHS board decisions open and transparent?

☐ How accountable do you feel NHS boards are?

☐ How effective are NHS boards at delivering health services and improving the health of their population?

The National Pharmacy Association

The NPA is the body which represents the majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. This spread of members, our UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. In addition to being a representative voice, we provide members with a range of professional services to help members maintain and improve the health of the communities they serve.

The NPA welcomes the opportunity to respond to this inquiry. We have limited our comments to the discussions with our Scottish NPA members when directly asked the four questions above.

☐ Do you trust NHS Boards to make decisions that are in the best interests of the public?

In addition to the National NHS Scotland community pharmacy services, community pharmacy contractors operate a number of pharmacy services specific to their NHS Board area. These services provide quality pharmaceutical care, designed around local need, to patients under the supervision of a pharmacist committed to ensuring person centred care. Pharmacy contractors and pharmacists have demonstrated for considerable years that they are keen to participate in the provision of these services, trusting that they are in the best interests of patients.

☐ Are NHS board decisions open and transparent?

In recent discussions with our members, it was highlighted that patient safety reasons are often used for NHS Board’s changes of decisions, in particular in relation to a preferred product being supplied with NHS local services. Our members feel these preferred product decisions are often reversed or switched subsequent to price increases in the cost of the product. Our members understand the need for efficiency within NHS supply of medicines and appliances to patients, and would respect financial prudence being cited as a reason for NHS decisions if no patient safety concerns were involved.
Each NHS Board has a Community Pharmacy Health Board (CPHB) Committee which is available to discuss and provide advice on the implementation of potential and sustainability of existing community pharmacy services in their area. Each CPHB Committee includes pharmacy contractors from a range of pharmacy business models including independent and corporate pharmacy whose expertise can be used to support planning or development of all NHS Board community pharmacy services. CPHBs negotiate Service Level Agreements (SLAs) for local services with the local NHS Board pharmacy leads. These SLAs can vary significantly in remuneration between Boards, examples being methadone supervision services which was highlighted by numerous NPA members, care home and care at home services and extended minor ailment services. Our members believe NHS Board negotiation should be more transparent to minimise disparity for contractors across Scottish NHS Boards.

Another area of disparity between Boards is the introduction of Branded Generic medicines which the NPA and our members believe is not in the interest of patients, NHS Scotland or pharmacy contractors. Branded generic prescribing is when an NHS Board use prescribing of a branded product in preference to the equivalent generic medicine. Prescribing of branded medicines can destabilise the supply of generic medicines, increase medicine prices, decrease shared profit margin agreed between NHS and pharmacy contractors and cause concern for patients.

The stability of the medicine supply chain is very sensitive to any changes in volume of demand. Sudden increases or decreases of supply of any product can result in medicine shortages and price fluctuations which in turn can lead to stockpiling which can only exacerbate the situation. Pharmacists across Scotland spend considerable time each day trying to secure medicine stock, hindered by unmanageable and obscure wholesaler quota systems, to enable patients to maintain their supply of medicines.

Pharmacy contractors, similar to the NHS Boards, try to achieve efficient purchasing of stock to meet their expected demand. Purchasing can be based on a minimum stock held and replenished as supplied, however for many fast moving medicine lines, pharmacy buyers will where possible, secure supply arrangements well in advance using forecasting direct with the manufacturers. Any unprecedented change in demand for those products can result in large excess stocks being held in the pharmacy. Our members discussed the NHS Board changing choice of first line nicotine replacement therapy products for the Community Pharmacy Smoking Cessation service and altering local prescribing formularies for preferred choice of inhaler, to have caused this in the past. The NPA would encourage the NHS Boards to provide an adequate transition period to implement changes to policy for product supply in primary care in order to reduce medicine waste for pharmacy contractors. The CPHB committee can advise NHS Boards, consulting with their members where necessary, on what would be deemed an adequate transition time.

How accountable do you feel NHS boards are?

NHS Community Pharmacy owners are independent contractors of NHS Scotland working within the terms and conditions of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009. Contractors are responsible for their own premises being fit for purpose for the provision of NHS services and
many have embraced improving the pharmacy facilities and processes, with a considerable financial investment to ensure a safe, patient centred environment capable of achieving the vision within the Scottish Government Pharmacy Strategy: Achieving Excellence in Pharmaceutical Care.

NHS Boards should be accountable for medicine supply decisions made without adequate planning which impact the business stability and future investment capacity of community pharmacies.

Our members consider that NHS Boards should fully involve their local CPHB Committee in all levels of service planning and that the CPHB committees should be used for all significant communications to pharmacy contractors.

How effective are NHS boards at delivering health services and improving the health of their population?

The NPA consider that the NHS Boards are effective in delivering community pharmacy health services. We believe that more collaborative planning and monitoring of services with local pharmacy contractors involved at all stages, using considered timeframes and sharing of information across NHS Boards would improve patient access, safety, efficiency and sustainability of local health services.

References:
The National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009
Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland