Community Pharmacy Scotland Response to the Health and Sports Committee Call for Views on NHS Corporate Governance

Prepared by
Amanda Rae
Head of Policy and Development
Community Pharmacy Scotland
amanda.rae@cps.scot
Who we are

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

We are empowered to represent the owners of Scotland’s 1256 community pharmacies and negotiate on their behalf with the Scottish Government. This covers all matters of terms of service and contractors’ NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

What we do

We work with the Scottish Government on the development of new pharmaceutical care services and 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 pharmacy contractors and their employee 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.

CPS is pleased to respond and contribute to the consultation. The consultation has been approved by our Board, each member of which is an elected member of the contractor network in Scotland.
In compiling our responses to this Call for Views, we have considered in the main, the issues which affect community pharmacy teams and the patients under our care.

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?

Not on every occasion.

Decisions are too often based on financial restrictions, targets and outcomes and not driven by a focus on patient care.

Community pharmacies are, on occasion, expected to deliver service levels for insufficient or no financial recompense, resulting in an overall cost to the community pharmacy business to deliver NHS care.

Occasionally, when a local cost-cutting decision is made which could have a negative impact on patient safety, pharmacists are placed in a challenging professional situation and will choose to maintain service standards for reduced remuneration to minimise the risk to their communities. This practice damages relationships between community pharmacy committees and health boards and could be minimised by co-production of an impact assessment for any proposed change.

- Are NHS board decisions open and transparent?

Yes, for matters involving community pharmacy (CP) where, in the main, meetings are held between CP representatives and key health board (HB) personnel to reach decisions on the best plans and outcomes for patients with in the HB area.

- How accountable do you feel NHS boards are?

For matters involving community pharmacy, the level of accountability is not achieved to the same standard across the various health boards. Too often the decisions of the health board are driven by the financial outcomes, as opposed to the best patient outcomes.

Occasionally, poor local understanding of Community Pharmacy’s national financial framework leads to policy and formulary decisions which may provide short-term savings but ultimately have unintended consequences for businesses and NHS Scotland as a whole.
• **How effective are NHS boards at delivering health services and improving the health of their population?**

For matters involving community pharmacy, decisions are too often heavily weighted to finance, and unnecessary time is spent in negotiation and meetings trying to reach a satisfactory outcome.

A number of years ago Boards were charged with developing pharmaceutical care services plans within their areas. This was completed with great variability across the fourteen Boards. The result was generally confusion or ambivalence on the production and communication of these plans. The latest pharmacy strategy, Achieving Excellence in Pharmaceutical Care alludes to giving Boards greater responsibility over local service provision. We would ask that transparency and consistency is applied across the Health Boards when this is approached in the next few years. Local pharmacy networks should also be approached to co-produce the solutions to meet the needs of the populations they serve.

Data on population health is also captured in Scottish Index of Multiple Deprivation (SIMD) areas and this data should be used to inform service provision to a greater degree. Again, with community pharmacies well placed in the heart of communities, the use of this data could be developed alongside local networks to get the best for local populations in terms of improving outcomes. Many community pharmacies are situated in areas of high deprivation, often with no other healthcare provision available, and therefore have the opportunity to contribute greatly in improving outcomes in these areas.