



Community
Pharmacy
Scotland

**CPS response to: the Health and Sport Committee's
call for views on
Draft Budget 2018-2019
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Who are Community Pharmacy Scotland (CPS) & what do they do?

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.



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1. Do you consider that the Scottish Government's health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?

We feel the priorities are broad but that allows for a broad scope. Once down to the national indicators we recognise areas where we can have an impact currently (e.g. reducing the percentage of adults who smoke through NHS smoking cessation pharmacy services) and other areas where we impact such as mental health indirectly through supporting people get the best from their medicines.

In general though we concur with Audit Scotland that the shift of funding from secondary to primary care has not occurred in reality. As part of the transformation of primary care workforce community pharmacy is willing to optimise what we do and embrace new ways of working to support the NHS and the public through accessible services. With this comes the need to fund new ways of working and at this time it is difficult to make sense of the new financial landscape between secondary care, primary care and HSCPs. The new HSCPs are still working through how best to engage and manage their budgets and are finding this challenging. Equally we find it challenging to engage.

2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

Currently as part of the new ways of working project in Inverclyde, community pharmacies are piloting the extension of the current NHS Minor Ailment Service to all patients in the area. Already the cost-effectiveness of these interventions in community pharmacy has been evaluated and proven. The MINA study demonstrated this. The evaluation of the pilot plans to look at people accessing community pharmacies appropriately and shifting these individuals to think 'Pharmacy First' thereby supporting GP and A&E colleagues to deliver appropriate care in their areas. We anticipate this evaluation to demonstrate a shift in the balance of the population to access pharmacy services and therefore deliver cost-effective and appropriate care. Should this evaluation come back as anticipated money should be used to fund this service extension and deliver cost-effective savings for the public.

Another area where community pharmacy teams could support the public and the NHS in Scotland is public health. Community pharmacy already successfully deliver NHS services in the areas of smoking cessation and sexual health. Other areas could be explored such as vaccination services. A variety of service providers providing access and advice at different times and locations will maximise outcomes and benefits for patients in areas such as flu, travel and other vaccination programmes. There is evidence from NHS England to suggest benefit for the public where flu vaccination is a commissioned service nationally for the community pharmacy network. The community pharmacy network is willing to play a bigger, more proactive role in public health and we feel additional resources could be effectively deployed to support this.

3. Is sufficient information available to support scrutiny of the Scottish Government's health and sport budget? If not, what additional information would help support budget scrutiny?

We feel that at the moment there is not enough information that is joined up for these integrated budgets to provide the detail that would allow sufficient scrutiny. A breakdown of allocations from Health and Social Care in all HSCPs in the one repository would be useful and then the projected areas of spend against National Performance Indicators or other areas.

4. What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government's desired outcomes?

We are not clear at this stage, as we allude to in answer 1, that as to the impact integration of budgets has had on achieving SG outcomes. We feel it is too early to say if there has been a positive impact and certainly from a community pharmacy viewpoint we are delivering our NHS services in much the same way as previously now. We agree that it would be desirable to have be able to measure the impact on health inequalities. It would also be good to be able to assess how effective preventative spend is. Community pharmacy would wish to be part of the preventative agenda debate as we feel we could be proactive working with others in this area.