

NHS GRAMPIAN

Delivering Sustainable Primary Care Access to Dispensed Medicines in NHS Grampian

1. Actions Recommended

1. The Board is asked to accept the recommendation of the Primary Care Integrated Management Group (PCIMG) having taken advice from the Area Pharmaceutical Committee (APC) and the GP Sub Committee, that the practices of Strathdon, Glenlivet and Rinnes at Tomintoul should continue to be required by NHS Grampian to dispense for all of their registered patients living within their agreed practice boundary.
2. The Board is asked to agree to the proposed review for the six remaining dispensing practices in Grampian i.e. Portlethen, Skene, Rhynie, Gardenstown, Udney Station and Auchenblae, to determine which patients of each of these practices, continue to have a serious difficulty in accessing prescribed medicines and appliances from a pharmacy as defined in the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 Paragraph 44 of Part 3.

2. Strategic Context

The norm in primary care in Scotland, along with the rest of the UK, is that General Practitioners prescribe medicines and community pharmacies dispense those prescribed medicines. This is supported by the regulatory framework applicable to both General Medical Services and Pharmaceutical Services.

In some parts of rural Scotland, the NHS relies on General Practitioners to provide dispensing services to their own patients who are unable to secure the services of a community pharmacy. In these cases the dispensing doctor service plays a vital role in the provision of NHS medicines.

Scottish Government amended the regulations governing the award of new community pharmacy contracts in Scotland to include an assessment of the impact of a proposed new pharmacy on existing NHS service provision including the impact on dispensing doctor practices. These amendments do not apply retrospectively where a pharmacy is already established.

Following the review of dispensing by the Haddo Medical Group completed in 2015 the Board accepted a recommendation to conduct a review of general practice dispensing across Grampian. This review would assure the Board that, where a Medical Practice has been required to dispense, this is in line with existing regulations. NHS Grampian currently has nine dispensing practices.

3. Key Matters Relevant to Recommendation

Legal Authority

NHS Grampian must act in accordance with the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 Paragraph 44 of Part 3. The regulations permit the Board to require dispensing only for those individuals who have a serious difficulty of access to a pharmacy.

This Board's authority does not extend to considering the potential impact of any decision to restrict or end dispensing services from a general practice, regardless of how long such arrangements have been in place or the nature of the impact. To do otherwise would expose the decision to judicial challenge.

Practices where dispensing services should continue

It is the opinion of the Primary Care Integrated Management Group (PCIMG) that the practices of Strathdon, Glenlivet and Rinnes at Tomintoul should continue to be required by NHS Grampian to dispense for all of their registered patients living within their agreed practice boundary

All the patients of these practices are considered to share a serious difficulty of access to a pharmacy based on distance. Each of these practices serve populations that are designated remote and rural (based on the Scottish Government Urban/Rural classifications), are in the lowest deciles for geographical access deprivation, have a travel distance from the practice to the nearest pharmacy of eleven miles or more (Strathdon 18 miles, Glenlivet 11 miles and Tomintoul 19 miles) and have generally poor public transport links.

Practices where a review of dispensing services should be undertaken

The Board is asked to agree to the proposed review for the six remaining dispensing practices in Grampian i.e. Portlethen, Skene, Rhynie, Gardenstown, Udney Station and Auchenblae. In agreeing to the review the Board is asked to note the following:

- There has been interest in making an application for a pharmacy in Rhynie. If this application develops to the point where a public consultation is initiated before the review it is suggested that any review of Rhynie is postponed until after the outcome of the application is known.
- The Practice at Gardenstown (Banff and Gamrie) is now linked to Macduff Medical Practice. The practice in Gardenstown has not been operating for several months due to staffing issues but a collection service has been provided for community pharmacy dispensed prescriptions from the practice premises. Legal advice will be sought as to impact of the practice closure on the assessment of serious difficulty for this practice population given that in future this population will have to travel to Macduff for medical services where there is a pharmacy a short distance from the practice.

Roles and Responsibilities

Accountability for the review lies with the Grampian NHS Board as the General Medical Services regulations cite the Board as the decision making body. Responsibility for delivery of the review will lie with the Primary Care Integrated Management Group (PCIMG) on behalf of Integration Joint Boards (IJBs).

Leadership and oversight for delivery of the review will be provided by a Steering Group, chaired by the Lead for Primary Care Services with membership to include Director of Pharmacy, Associate Medical Director Primary Care and representatives from IJB management, finance, corporate communications, and public health.

A Review Group will be established to undertake the review. Membership of the Review Group is set out in Appendix 1.

In addition:

- Corporate Communications will be responsible for leading the design and delivery of all planned communications related to the public consultation and to delivering the analysis of the consultation and provision of a report detailing the key themes and conclusions for the Review Group.
- Public Health Intelligence will support the provision of information to both the Steering Group and Review Group.
- The Associate Medical Director (Primary Care) and Director of Pharmacy will provide professional advice and support to the Steering Group and Review Group as required.

Timescale of implementation

PCIMG are committed to work with all contractors to undertake the required reviews and determine which patients of each of these practices continue to have a serious difficulty in accessing prescribed medicines and appliances from a pharmacy as defined in the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 Paragraph 44 of Part 3.

The PCIMG will also ensure that any changes are implemented as quickly as is achievable i.e. recognising the local policy of a twelve month notice period but expediting implementation of decisions wherever possible.

A proposed timeline for the review is set out within Appendix 2.

Risks associated with the review

The Board should be aware of the following risks:

- That dispensing income can be used to cross subsidise general medical services. Any changes to well established dispensing arrangements may impact on General Practice finances. The potential issues relating to cross subsidy of GMS will require careful assessment. It is proposed that the income and cross subsidy associated with dispensing is assessed for all practices within the review in parallel to the review of serious difficulty of access for patients using these practices.
- There may well be legal challenge either on the basis of the proposed scope or around the current continuing requirement the Board places upon Medical Practices to dispense on their behalf.
- Undertaking six reviews simultaneously will require the provision of appropriate resources from the Health and Social Care Partnerships and the Board.

4. Risk Mitigation

A Steering Group will be established to oversee the review process and ensure that there is appropriate communication with members of the public, their representatives and the independent contractors affected by this review. The Steering Group will have input from senior Corporate Communications personnel to advise and offer guidance with regard to communication and engagement.

The Primary Care Contractor team hosted within the Moray Integration Joint Board will oversee the delivery of the review including preparation for the public consultation.

The Board will need to be assured that learning from the Judicial Review of NHS Grampian's decision making with respect to Haddo Medical Group has been acted upon in the planned review.

Key learning points include:

- any process must be fair and provide opportunity for those stakeholders to be engage with the review: and
- the Board needs to be very clear in defining those individual patients who have a serious difficulty of access to dispensed medicines from a pharmacy.

It is proposed that the review recommendations and an implementation plan will be taken initially to the Health and Social Care Partnerships for endorsement prior to any decision being presented to the NHS Grampian Board for approval. This will ensure that when the Board comes to consider the recommendations of the review it can do so with the benefit of a clear implementation and risk mitigation plan.

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

Responsible Executive Director

Dr Nick Fluck
Medical Director
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Chief Officer
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Contact for further information

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and Prevention
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Date: 25 May 2016

Appendix 1: Review Group Membership

Review group membership will be as follows:

- Representative of the Area Pharmaceutical Committee
- Representative of the GP Sub
- Senior Pharmacy representative from a Health & Social Care Partnership
- Senior Medical representative AMD Primary Care and Hosted Services, NHSG
- Representative of the Primary Care Integrated Management Group
- Primary Care Contracts Manager or representative
- Representative from the Public Forum (x2)

The Review Group will be chaired by a senior member of a Health & Social Care Partnership who is not a medical or pharmacy professional.

To be quorate the Review Group must have the Chair plus a representative from the public forum along with pharmacy and medical representation from the two professional advisory committees

Members from the Health & Social Care Partnership may come from a partnership other than the one the practice is situated in if that is agreed by the Health & Social Care Partnership within which the practice sits administratively.

The Review Group may call upon any advice and input it requires.

No principal interested party¹ shall normally be permitted to make verbal representation / presentation to the Review Group. Where an exception was to be made ALL principal interested parties would need to be offered the same opportunity to avoid an accusation of procedural unfairness.

No member of the Review Group should have a personal financial interest in a contractor named as an interested party.

¹ Principal interested parties are defined as: community councils covering the populations within the agreed practice boundary, dispensing practices whose authority to dispense is under review, community pharmacies that fall within a defined boundary (as used by the PPC arrangements if a pharmacy application was being considered at the practice address), relevant Health and Social Care Partnership, Area Pharmaceutical Committee and GP Sub

Appendix 2: Indicative Timelines for Review of Dispensing Practices

Completed Actions

- Advice considered by PCIMG at its February 2016 meeting and recommendations with respect to review process and scope agreed.
- Scope and process approved by the NHS Grampian Senior Leadership Team on 5th April 2016
- Scope and process approved by the Integration Joint Boards at their April 2017 meetings.

Actions for taking review forward

Action	Timeline
Steering Group set up under chairmanship of the Hosted Services Manager.	June 2016
Public consultation to be undertaken for 90 days	From 4 July 2016
Results of the public consultation to be collated and a report provided to the Review Group	31 October 2016
Meeting(s) of the Review Group to be held with principal interested parties invited to make written representations to the Review Group	November 2016
Steering Group to plan the implementation of the Review Group decision	Dec 2016/ Jan 2017
Recommendation of the Review Group along with implementation plan to be published to allow interested parties to provide written inputs to accompany papers to the Health and Social Care Partnership Boards	January 2017
Review Group recommendation, implementation plan and written responses from principal interested parties to go to IJB Boards for approval	February 2017
Subject to IJB approval the decision will be ratified at the NHS Board meeting	March 2017