



The Scottish Parliament
Pàrlamaid na h-Alba

Matt Barclay
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Health and Sport Committee
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Dear Matt,

Health and Sport Committee – Supply and Demand for Medicines Inquiry

Thank you once again for giving evidence to the Committee on 28th January and thank you also to your colleague Campbell Shimmins for attending on 4th February. The Committee appreciates your time and the information you have provided.

The Committee has several points it wishes to pursue with you further.

On outcomes, you told the Committee:

“...supply data on what the patient comes into the pharmacy to pick up, on how they use it, on whether they use it appropriately and on adverse events are probably captured quite haphazardly throughout the system, and not in a routine way. That is definitely one area in which we can improve.”

The Committee seeks further information on why this information is not collected in a routine way, what are the barriers to doing so and what role Community Pharmacy Scotland can play in ensuring pharmacies are collecting this information.

In response to questioning as to opportunities for curtailing the prescribing budget and replicating successes in primary care in secondary care, you stated:

“..from Community Pharmacy Scotland’s perspective, there is a need to look at the medicines care review and, potentially, to contractualise that slightly better in order that we focus on a proper medicines review so that we have conversations with patients and record the outcomes. At present, we have the conversations, but we do not record the outcomes. Our doing so would allow us to cement our place.”

The Committee would like to understand whether this information requires to be contracted to be gathered and used, and what leadership role Community Pharmacy Scotland can take in initiating such action.

The Committee is interested in the evidence it has received from both Community Pharmacy Scotland and the Royal Pharmaceutical Society on the discussions which are taking place with patients in community pharmacy settings on their medicines. You suggested “As long as information is shared, the system as a whole benefits”. However, it is not clear to the Committee if this information is always shared, whether there is a formal feedback process from the community pharmacy to the prescriber following these discussions or which body has primacy in terms of the advice provided to a patient.

During a discussion on waste you suggested information on why medicines are being returned could be captured in community pharmacies and the Committee would benefit from further information as to why this is not already happening.

On 4th February, your colleague Campbell Shimmins told the Committee pharmacists attend people’s homes to “double-check that the medicines are getting to the patient, that the patient is doing all right, and that the medicines are being used appropriately”. The Committee would welcome further information on this scenario, including how a pharmacist would check the patient had the medicine, the professional guidelines to follow regarding home visits, the required safety checks for both patient and pharmacist and regularity (although Mr Shimmins mentioned this was not usual practice). What is preventing the development of a formal home visit service and why is this thought to be a “long way off”?

You spoke about the need to reach “consensus” and the Committee would welcome further detail about how this is achieved between the prescriber and the pharmacist.

The Committee would also appreciate detail of how reviews and checks are carried out on the medicines of patients to whom they are always delivered.

On compliance aids, Campbell Shimmins suggested patients reviews would be more efficient and cost effective. If this is the case, what is preventing these from happening? What role can Community Pharmacy Scotland play in ensuring these happen?

The Committee was interested to hear there are no Key Performance Indicators (KPIs) for waste of medicines in community pharmacy settings. The Committee is curious as to why this is the case and what benefits Community Pharmacy Scotland believe such a system could have.

Campbell Shimmins also undertook to send research commissioned by Community Pharmacy Scotland on the operation of the minor ailment service and the Committee would appreciate this.

Finally, the Committee would welcome detail of the evidence based formulary being developed by Community Pharmacy Scotland, including when this will be ready for use, how the evidence has been developed, gathered and reviewed and whether this can be used in other parts of the NHS.

The Committee requests a response by 2 March 2020 and I look forward to hearing from you.

Yours sincerely

A handwritten signature in blue ink that reads "Lewis Macdonald". The signature is written in a cursive style with a blue underline for the first letter of "Lewis".

Lewis Macdonald
Convener, Health and Sport Committee