



The Scottish Parliament
Pàrlamaid na h-Alba

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Health and Sport Committee
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Dear Jonathan,

Health and Sport Committee – Supply and Demand for Medicines Inquiry

Thank you once again for giving evidence to the Committee on 28 January and 4 February 2020. The Committee appreciates your time and the information you have provided.

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

When discussing the project taking place in your pharmacy on asthma and the conversations taking place with patients on their inhaler use, you said:

“At the moment, we need to write that down on paper, and we need to figure out a way of sharing that with our asthma nurse and GP colleagues. That should form part of the IT that I am working with; I should be feeding back that sort of information routinely. We speak a lot about access to records, which is important, but one aspect of access to records involves giving health professionals, be they district nurses or community pharmacists, the ability to share back what we are revealing in our communities about what patients are and are not doing with their medicines and their conditions.”

The Committee would welcome further detail from you on what is preventing pharmacists from feeding back to nursing and GP colleagues now and what role the Royal Pharmaceutical Society can plan in bringing about the changes to information sharing and IT systems you are describing. You also spoke extensively throughout the sessions with the Committee on the good work community pharmacy does at the heart of the community in discussing medicines and prescriptions with patients. However, it is not clear to the Committee whether these conversations are simply good customer service in a retail environment, or whether they are being recorded

and the information provided to prescribers to assist with the ongoing medical care of patients. The Committee is particularly interested in this in the context of patients choosing not to take a medicine following a discussion with a pharmacist and then returning to discuss this further.

On 4 February, you suggested discussions with prescribers are necessary because you do not have access to patient notes. The Committee is sympathetic to the view notes and information could be shared more widely to achieve better outcomes for patients, but is interested to know more about patient confidential data being shared in the context of the current arrangement. Are prescribers able to share more information with you over the phone and what protections are in place for the personal data of patients?

On managed repeats, you said pharmacies had a tendency to “micromanage” the preparation of medicines trays. Could you please provide further detail for the Committee as to what is involved in this? The Committee would also welcome elaboration on how prescribers and pharmacists can “tightly control” some prescriptions for delivery and how patients can have more autonomy in other circumstances.

On waste, you made an interesting point about the prescription of nutritional drinks and how where these are prescribed for individual patients in care homes, they cannot then be reused within the care home should that patient no longer require them. The Committee welcomes your comment this could be changed and asks why this has not already happened, what would be required to allow this to happen and who is responsible for such a change in policy?

The Committee was concerned to hear systems in place in pharmacies cannot comprehensively and accurately account for medicines, particularly when this results in the NHS paying for medicines which have not been issued and which can then be reissued by the community pharmacy. Could you please provide further detail on what would be required to improve the audit processes within pharmacies and why this is not being undertaken.

The Committee would appreciate detail on the percentage of medicines which are wasted within a pharmacy through going out of date.

The Committee was interested in your comments about scanning technology which can be used to detect counterfeit medicine and would welcome detail on whether this could be used on returned medicines to ascertain their status and condition. If the technology is not currently able to do this, is it the view of the Royal Pharmaceutical Society this may be possible in future?

You mentioned a lot of work is required on the career pathways of pharmacy staff. The Committee would welcome detail on what the Royal Pharmaceutical Society is doing in this regard.

You also stated: “It is not an understatement to say that where we are at with our systems does not do justice to the hard work that they put into keeping our population safe”. The Committee would welcome further detail on what you mean by this. It was suggested to the Committee that it can take 3 hours for a pharmacist in hospital to fulfil a prescription. The Committee requests your view on why this is the

case and what can be done to improve this. Why are pharmacists in hospitals having to put in so much effort to achieve in 3 hours what their community pharmacy counterparts achieve in minutes? What are the barriers for them and how can these be resolved?

You expressed frustrations regarding the nature of the supply chain and the time required by pharmacists in procuring medicine. The Committee would welcome your view on why it is a pharmacist and not another member of staff such as a technician or admin colleague who is undertaking this role. As the customer, what can community pharmacies do to encourage better models from wholesalers?

During discussion of non-medical prescribers, you said pharmacist prescribing has “gathered pace”. The Committee would welcome the detail of this, including the relevant figures you mentioned.

You raised concerns about the reuse of medicines which had left the control of a hospital or prescriber due to a lack of knowledge of the storage conditions. The Committee would welcome further detail of which medicines have stringent storage requirements which compromise their efficacy if not handled correctly. The Committee is seeking to ascertain whether this represents a significant proportion of medicines.

The Committee would welcome detail of your estimate that 5% of prescriptions contain an error, including the studies you mentioned on rates of error in prescribing.

During discussion on incentives for prescribing, you promoted the value pharmacists add “through conversations with patients, oversight activities and so on.” It is not clear to the Committee whether this does represent added value if community pharmacists are not recording this information or sharing it routinely and consistently with prescribers. You have asserted this is due to the lack of IT infrastructure, and the Committee would welcome your view on why the lack of suitable technology is a barrier to this taking place altogether as opposed to a tool which would make the processes which should exist easier. Furthermore, it is not clear to the Committee why the Royal Pharmaceutical Society cannot take a leading role in development of the tools required. Are you looking to the Scottish Government for action in this area and if so, the Committee would welcome details of the discussions you have had on this issue. You mentioned communicating via Post-Its and sending medicines back to prescribers. The Committee would welcome further detail on why this is deemed the most efficient way to communicate an issue with a prescription, what could be done to improve this, who is responsible for leading on such improvement, what role can the Royal Pharmaceutical Society play in that and what level of delay is the current system causing for patients.

The Committee was interested in your view community pharmacies are an “integral” part of communities, particularly in those where other local services such as banks and post offices are no longer physically present. As private businesses, what incentivises community pharmacies to operate in areas where other businesses have deemed it no longer viable? What is to stop a community pharmacy in a remote area from closing? What additional functions can a pharmacist perform which would improve viability?

The Committee has taken an interest in the impact of online pharmacy and would welcome detail of the view of the Royal Pharmaceutical Society on such sites and how they are regulated.

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 ink color.

Lewis Macdonald
Convener, Health and Sport Committee