

BCC community pharmacy presentation

Introduction

Thank you for inviting me along today to present on behalf of Burntisland Community Council and the people of Burntisland whilst it is quite nerve wracking it is also a huge privilege.

I am here today because I personally believe that Burntisland does need an additional community pharmacy and it is very clear that the majority of the people of Burntisland are in support of an additional provision.

I am absolutely not here today to attack the current provider, Lloyds or the work they do but to highlight that one community pharmacy is not enough to cater for the needs of a bustling, thriving town like Burntisland.

Firstly, I would like to briefly share a little bit of my background and why I feel so strongly about this matter.

I am a Burntisland resident and a Forensic Scientist. I work for the Scottish Police Authority. My area of specialism is the investigation into serious sexual crime. Recently, I have worked very closely with the Scottish Government via the CMO Taskforce. The aim of this work has been to improve the provision of forensic medical services to those who have been the victim of rape or sexual assault. Although on the face of it this may not appear related to today's meeting, I will refer back to this later when discussing the importance of the community pharmacy.

The importance of the community pharmacy

The community pharmacy plays a vital role in public health, promoting public health across Scotland. The community pharmacy should be much more accessible than the local GP and seen as the first line in accessing health care within the community.

The CP should provide an informal environment with a level of anonymity that is more conducive to discussing health issues, reaching those groups who are vulnerable and harder to engage with. It provides a safe space where someone can discuss issues that they feel unable to discuss with the family GP.

This leads me back to the work I have been involved in with the CMO Taskforce. I have been working closely with all the health boards in Scotland, including Fife, in the run up to self-referral SO service 'going live'. For those here today who aren't familiar with this – the NHS now have the responsibility to provide a forensic medical examination to victims of rape/SO. They also have the responsibility of providing a 'self-referral' service where victims of SO can access a FME without having to engage with the police. This is a massive step forward in providing a victim centre approach.

So, what has this got to do with the community pharmacy? You might have noticed posters or leaflets in your local pharmacy promoting SARCs? This is what I am referring to. The community pharmacy can play a really important part in raising awareness of this but could be the first port of call for someone who needs help – a victim of SO or domestic abuse may not feel able to approach a Dr but might open up to their local pharmacist. The local pharmacist who builds strong relationships within the community might notice tell tale signs that something is not right and be able to help.

This kind of relationship cannot thrive if a pharmacist is too busy with competing priorities and if the shop is often very busy with long queues.

This is just one example of what can be achieved if the pharmacy environment and provision is appropriate for the size of the town.

Fact and figures supporting an additional community pharmacy provision

Mo has given a very comprehensive run down of the supporting figures so there is no need for me to do the same however I will point out some figures that show the strong support for an additional service.

Mo referred to the Community Action Plan which achieved over 500 responses from local people. The main priority from theme 4 “better local services” was the “inadequacy of having one small community pharmacy in the town” which prompted comments like “The Lloyds chemist in town always appears to be busy and at times under pressure”

Looking to a more recent dataset the Consultation analysis report (CAR) from 2020 also provides support that the feeling within the community of Burntisland is the requirement for an additional pharmacy provision.

451 people responded to this consultation. If you are to assume that these are interested parties from Burntisland which I think is a fair assumption, this equates to 6.8% of the population of approx. 6600. In a previous appeal the Lloyds representative is quoted as saying a response of 7% is the highest he has seen in a consultation, and he would describe that as a good response. I think its fair to say the response to the 2020 consultation is therefore a good response.

1. 85% of respondents felt there were gaps/deficiencies on the existing provision of pharmaceutical services.

Citing issues like.

Long/unacceptable waiting times

Medications being unavailable

Existing pharmacy seemed unable to cope with demand.

Existing pharmacy is restricted to their availability of suppliers.

2. 85% of respondents felt an additional community pharmacy would have a positive effect on the neighbourhood. I think it's important to note that 17/40 who felt it would have a negative impact put that down to an additional Methadone service being brought into town which in fact would not be the case.
3. Other comments from the respondents supporting an additional community pharmacy are.
 - Reduce waiting times
 - Relieve pressure on GPs
 - Provide choice for locals
 - Is essential due to growing population – we have heard from Mo regarding the growth of the population in Burntisland, but it is also worth noting there are new developments currently underway or in planning – Kirkton Lea, Grange distillery, Greenmount

Anecdotes from local people

Reiterate this is not an attack on the existing provider but reflects that that they do appear to be stretched due one community pharmacy not being sufficient for the town.

Real life examples to illustrate the need.

1. Best friend was terminally ill with cancer and receiving pain medication to allow them to manage illness at home. Lloyds became unable to provide require pain medication, so the lady had to go into a hospice to receive pain medication. This was against her wishes to die at home, and she died in a hospice. Highlights the perils of a pharmacy that is tied to a single supplier.
2. Queueing/weight times whilst those are receiving opioid substitute. Told to return later. Also, intimidation from some who receive opioid replacement therapy making some residents unwilling to visit the pharmacy. A second pharmacy with no opioid replacement programme would provide an alternative, non-threatening space.
3. Queues and wait times in general for prescriptions – wait times of an hour are not uncommon. I have experienced this when visiting the pharmacy with my mum. She had taken a dizzy spell and obtained an emergency GP appointment due to her age. She was confused and scared. We went to get her prescription and was told it would be at least 45 mins. Luckily, I was with her and took her for a coffee, but she was very anxious and upset. I would have preferred to get her prescription and get her home where she felt safe. Instances of being told the wait will be 2-3 hours or to come back the next day.

There is also strong support for an additional community pharmacy provision from local councillors.

Kathleen Lesley (Scottish Conservatives) – “both welcome and a necessity”

Lesley Backhouse (SNP) – “fully supportive of the campaign”

Former Counsellor Gordon Langlands (Scottish Labour Party) – “believe residents require a second pharmacy” laid sown reasons which have all been raised today

Julie MacDougall – (newly elected counsellor for Scottish Labour Party) – “fully supports” second pharmacy in town.

Conclusion

There has been active engagement with the community for several years regarding the need for the provision of a second pharmacy. The most recent consultation and feedback from the community shows support for a second pharmacy has not diminished and that the provision is in the community’s eyes not only desirable but essential and the BCC fully support this proposal.

