



Lewis Macdonald MSP
Convener, Health and Sport Committee
Scottish Parliament

Friday, July 3rd, 2020

Supply and Demand for Medicines report

Dear Lewis

We are writing to you on behalf of our members from across the profession to express concerns and substantial disappointment regarding the recently published Health and Sport Committee report into the Supply and Demand for Medicines.

Both our organisations were pleased to support the Committee with this inquiry and did so through our provision of robust written and oral evidence. As respective organisations we have previously raised concerns about elements of the prescribing and dispensing system in Scotland, not least around the inadequate provision of digital technology available to support this area of work. We viewed the Committee's inquiry as an important opportunity for members to fully explore all aspects of this complex system and we looked forward to receiving your final report and recommendations. We have therefore been left disappointed by the tone and focus of the final report, which we feel unfairly reflects the challenges facing our members and the wider healthcare system and perpetuates a blame culture – levied primarily at clinicians – which is unfair and unhelpful.

We were particularly concerned to read the Committee's concluding remarks that clinicians and other medical professionals simply "reach for their prescription pad" when considering care options for patients. GPs always strive to deliver the highest standard of care for their patients, which is built around the principles of Realistic Medicine and shared decision making, and they do this day in, day out in often very challenging circumstances. GPs are trained to consider the whole person, rather than the single condition, taking into account the values and beliefs of individual patients, and the evidence base for any treatments offered. They do all of this within the confines of a ten-minute appointment, which in many cases is simply not long enough. This kind of sweeping generalisation does little to help progress solutions to the issues raised, or indeed help devoted professionals feel part of the solution, rather than simply dismissed as the cause of the problem.

A practical example of the challenges facing our profession is found in patients presenting with mental health difficulties. Despite our desire and preference in many circumstances to provide non-medicine

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alternatives, our options in reality are severely limited. As the Committee is well-aware, waiting times for access to mental health talking therapies are too long and many of the voluntary and third sector agencies in the community that we have come to rely on have precarious and time-limited funding. Our patients, understandably, are desperate to feel better quickly. We frequently find ourselves resisting a wider cultural norm of “pills for all ills”. The levels of mental distress that we are seeing during the COVID-19 pandemic are only set to increase and we urgently need to identify ways to support patients with the difficulties that they are experiencing, where medication is not the answer. We cannot do this alone.

The report focusses a great deal on the suggestion that there is insufficient monitoring or evaluation of GPs work and the solution to this is to go back to a system of incentivising particular actions, accompanied with a high degree of scrutiny. We are clear that such an approach would be a substantial backward step, reintroducing the kind of time consuming and futile ‘box-ticking’ bureaucracy that reduced the time GPs got to spend with patients and left them overworked and frustrated. The removal of QoF was called for by the profession and widely welcomed at the time by GPs and stepping back towards it would be a major concern. Indeed, QoF could also encourage drug interventions that were not always appropriate – such as statins in the very elderly. This approach also mistakes simply monitoring or incentivising for the more rounded, whole system solutions that are instead required.

From a BMA point of view in particular it would seem there is some confusion around the role of the GMS contract. Indeed, the report in some places suggests that the increased involvement of the pharmacists and the pharmacotherapy service are the right approach, yet also criticises the contract. To be clear, these elements are key parts of the GMS contract. Of course, workforce issues are a challenge, but we should be focussing on solving them, rather than revising a contract which promotes the kind of multi-disciplinary team working which increases the involvement of pharmacists and solves some of the issues the report identifies. Indeed, the contract is specifically designed to give GPs more time to focus on patients and have the fully rounded, Realistic Medicine led discussions with patients which we all agree is vital.

Also we have consistently called for action to be taken to increase the number of GPs in the workforce, which would in turn allow for GPs to move away from 10-minute appointments, providing more time for patients and clinicians to more fully explore the treatment options that are available to them.

On a more positive note, we welcome the report’s focus on the need for urgent action to be taken to improve health IT systems. We are behind other parts of the UK with our outdated paper prescribing systems and need to urgently move towards paperless prescribing as a safer, more efficient process. We also need to see our IT systems improved in terms of reliability, speed, and interoperability to allow health care professionals working in different parts of the system to share data quickly and safely.

But finally, we feel it is important to conclude by commenting on the timing of your report and its impact on the morale of the profession. As we emerge from the peak of the Covid pandemic, GPs and their teams have spent the last few months working tirelessly to tackle this virus in the community, our very first line of defence. Many will be feeling exhausted, having faced real and ongoing concerns about their own and their family’s welfare and the impact of their work. To be then publicly and unfairly criticised by politicians in such a generalised way – with the blame for system-wide faults in the supply of medicines laid firmly at their door – will be a significant further blow to morale. With a second wave still a distinct possibility, where we will again be relying on GPs to go above and beyond what it is required, it is clear this is both unhelpful and potentially very damaging.

To conclude, we would like to emphasise that we do accept there are system wide issues that need serious attention and welcome the steps you have taken to address them. However, we would welcome your reflections on the serious issues we have raised, and the chance to consider them further as you reflect on the report in its entirety.

Yours faithfully

Dr Andrew Buist
Chair, BMA Scottish GP Committee

Dr Carey Lunan
Chair of RCGP Scottish Council