

Responding to section 3: Planning and provision of Pharmaceutical Care Services.

To extract a short piece from the news release of the Scottish Executive rejection of the OFT report:

26 March 2003

EXECUTIVE REJECTS OFT REPORT ON RETAIL PHARMACIES

Deputy Health Minister Frank McAveety today announced that the Scottish Executive would not be accepting the Office of Fair Trading (OFT) report on pharmacies.

“Our current network of community pharmacists already plays a key role in helping improve the health of the people of Scotland and providing care for patients. This is due to the welcome commitment of the profession to deliver our pharmaceutical strategy.”

The Scottish Executive obviously supports the current network of community pharmacies. This was proven by its rejection of the OFT recommendations to deregulate.

A community pharmacy is not only a clinical, healthcare entity but also a business which is usually only in existence due to its viability. If pharmacies exist in clusters – over provision – they must all be viable or they would, by natural selection, disappear. Likewise in areas of under provision, if a pharmacy would be viable in that area, it would exist. Not enough is made from dispensing fees and NHS income to cover salaries and overheads, as I am sure the recent Cost Survey will reveal.

To all independent contractors, who have invested usually many years of hard work and money in what is to be their ‘pension scheme’ when they retire and sell that business, the threat of being granted only a ‘holding contract’ instantly restores that uncertainty that the OFT enquiry initially instilled in us all. The Health Minister himself referred to the ‘current network’ as being important to health promotion and patient care in a unique setting.

Another area of concern is the mechanism in which over or under provision will be determined. Who will decide this? Will local pharmacy committees have some input? I would hope that the current system of Pharmacy Practices Committees will be improved upon, where decisions are often being made by lay members who do not listen to experienced pharmacist advice and who are swayed by many promises lavished upon them by applicants/opposers, such promises having no place at all during the application but once heard are usually not ignored and obviously influence decisions.

There should also be in place a method of monitoring applications and appeals so that such promises are fulfilled or the whole thing is open to review.

Far better to let the areas of so-called over provision self-limit under the present arrangements of applications having to be ‘necessary or desirable’ (these definitions

should also have some measure of constancy along with the 'neighbourhood' which should not be elastic during an application) or of commercial viability.

The Scottish Executive would be far better served in looking more at the ways of dealing with 'under provision' in remote & rural areas and inner city districts of deprivation. Why not channel LIFT and Joint Venture schemes to cover this, when these schemes are also seen as a threat by smaller, independent contractors who have well established pharmacies, often at the heart of a community?

There are also unique and innovative ways that West and North coast areas, currently served only by dispensing doctors, could be provided with pharmaceutical care, medicine sales and healthcare advice to people many miles from the nearest pharmacy, who can only buy GSL medicines from the local store/post office without access to any clinical input, or have to pay a full prescription fee for items which would normally be sold on the recommendation of a pharmacist from a pharmacy at a cheaper price.

Perhaps the methods of paying dispensing doctors could be more consistent and transparent so there would be no suggestion of conflict with some community pharmacists who feel that there is a measure of unfairness in the way both styles of prescription provision are re-imbursed in different ways, or with doctors who rely on dispensing for part of their income.

A review of the Essential Small Pharmacy Scheme should be undertaken, giving a more reasonable and supportive approach to the funding of pharmacies in areas of under provision. In any size of community, a healthcare professional with five years of training should be able to expect a reasonable salary or return on their own, usually considerable, financial investment in a community pharmacy.

If the Scottish Executive wishes to involve pharmacists as valued members of the Primary Care Team and expects us to work towards a new contract involving a total change in our ways of working, insisting on the issuing of 'holding contracts' will straightaway destabilise the current, valued network of community pharmacies and instil not only feelings of insecurity and distrust but also jeopardise its own commitment to the implementation of The Right Medicine.

Caroline Mitchell MRPharmS
Community Pharmacist
Vice-chair Highland Area Pharmaceutical Committee
Secretary, Highland Pharmacy Contractors Committee
Mitchells Chemist
Main Street
Golspie
Sutherland
KW10 6TG

Responding as an individual, my response may be made public, with name and address available. I am happy for the SE to contact me in the future.