

DICKSON CHEMIST

654, Old Edinburgh Road,
Viewpark, Uddingston G71 6HQ
Tel : 07957747994

RONNIE FRASER,

SCOTTISH EXECUTIVE

25th February 2003

Dear Sir,

I have four pharmacies in and around the East End of Glasgow and Lanarkshire. The geographical areas speak for themselves. There is not much money about.

We provide the usual range of services but our core business which accounts for about **90% of our turnover** is totally the provision of NHS services. These include dispensing, advice to care homes, Oxygen supply, free prescription collection and delivery service, free provision of personal reminder systems to allow individuals to manage their own medication, daily dispensing of Methadone and Needle Exchange (in 3 out of 4).

Rutherglen 80-90%;Uddingston 90%

Tollcross Road 90%;Bridgeton 99%

On 17 January 2003 the OFT published the report of its 14-month inquiry into pharmacy, *The Control Of Entry Regulations And Retail Pharmacy Services In The UK*. The report recommends that the control of entry regulations, which regulate where NHS dispensing pharmacies can open, should be abolished. The OFT argues that a free market in pharmacy services will lead to a reduction in the price of over-the-counter medicines, and improved services.

The Scottish Executive, along with the other health departments across the UK, has 90 days to respond.

Why the current system works

The current system, whereby the NHS Board grants contracts for necessary or desirable pharmacies, works well. The free market, as recommended by the OFT, is an inappropriate way to deliver NHS services.

Patients are not the same as consumers: The most important stakeholder in community pharmacy is the patient. The 'patient interest' is different from 'consumer interest' or the 'public interest' because patients are often less mobile and value local, convenient services.

This is very true in all four pharmacies where our "patient base" is mainly the disadvantaged, less able and the elderly. The pharmacy budget basically

remains the same and more NHS contracts would mean that each existing pharmacy would have to try to survive on less income. The result could be reduction in some of the services which we currently offer like Needle Exchange, which is not acceptable to lots of the public and which I'm sure loses us quite a lot of sales. The services I have mentioned are all NHS work

Why the OFT's case is flawed

I believe that the OFT's report is flawed because it **fails to recognise that community pharmacy is first and foremost an NHS service provider.**

Our business is 90% NHS service provision

The OFT says that the current regulations **cost the NHS approximately £10m a year in administration costs**, and that these will be removed if the regulations are abolished. However any benefits of this cash saving would have to be offset against the loss of the ability of the NHS to plan and control pharmacy services. A saving of 16p per person is a small gain to make for the loss of the ability to plan NHS services which dispense 208 000 prescriptions to NHS patients every day.

If the OFT report had become effective previously there is no way I would have felt able to provide the daily dispensing and needle exchange service which we now provide because of the possible adverse affect on my business locally.

Yours sincerely,

Jim Dickson MRPHARMS