

**Fraser R (Ronnie)**

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**From:** glendalechemists@numarknet.com  
**Sent:** 25 February 2003 15:01  
**To:** pharmacy.report@scotland.gsi.gov.uk  
**Subject:** OFT

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Dear Sir

**O.F.T. Report on Community Pharmacy**

You will be aware of the recent O.F.T. Report on Community Pharmacy. As an independent pharmacist practicing in the local community, this report and its findings gives me cause for concern. Especially, the potential implications on the provision of pharmaceutical services to the local communities. These communities have already experienced a decline in general services following closures of traditional neighbourhood retailers. With de-regulation Community Pharmacies are at risk of closure.

Regulations were introduced in 1987 in order to:

- a) Secure a rational distribution of pharmacies throughout the community.
- b) To ensure ready and easy access to pharmacies in areas where people live.
- c) To deal with the counter productive clusters of pharmacies around doctors' premises and in areas of high customer flow e.g. shopping centres

These regulations have proved successful and have provided pharmacy owners with a stability which in turn has encouraged them to invest in modernisation and to introduce a wide range of additional services for their patients. These improvements came about by the fact that pharmacy owner was safe in the knowledge that another pharmacy could not open in their immediate area putting their existence at risk.

It is, of course, correct to re-examine regulations from time to time and, if the system is found wanting, to make changes for the greater good. There are many areas, particularly areas of deprivation, which would benefit from additional pharmaceutical services, more so than retail parks where private transport allows shoppers to pick and chose where and when they shop. However, in my experience, the majority of patients are, elderly, infirm, in poor health, carers for those unable to call in person and parents of children all of whom do not have access to or are unable to use private transport. They cannot afford the cost, time and general inconvenience of a limited public transport service.

The term 'Community Pharmacy' itself infers a close link and indentity with and commitment to the local community. Pharmacies are at the forefront of local healthcare in many areas not only dispensing N.H.S. prescriptions but providing advice, guidance and consultations to patients. In addition, support is given to- drug abusers through a number of programmes; the elderly and housebound with prescription collection and delivery services; MDS compliance aids for those needing help with their medication; patients who want to stop smoking with Stop Smoking Clinics. These are only a few of the additional services offered.

Continuity plays a major role. Many patients prefer to see the same people whether it be an assistant on the counter or dispenser or the pharmacist in person. Confidential patient records also play an important part of this continuity, allowing over the counter advice to be tailored to each individual. This degree of personal service is often sadly lacking in large retailers.

In my opinion the O.F.T. has failed to recognise the value of the existing network of pharmacies and seem to regard them as shops. They seem to be unaware of the role of the pharmacist in providing comprehensive pharmaceutical services regarding them as shopkeepers and not the qualified professionals they are.

The O.F.T. also seem to be at odds with other recently published reports that regard community pharmacies as professional healthcare providers. Indeed, the N.H.S. through its various Trusts actively encourages pharmacists to participate in various programmes and often provides support for development of services by organising meetings, seminars and training on a regular basis. Many pharmacists have close links with hospitals and other care centres.

They provide a valuable service that will be hard to replace should numbers and premises decline due to ill thought out de-regulation. The loss of their services would further impact on an already over strained NHS Service. It has been mooted for some time that the Community Pharmacist could help with the treatment of minor ailments therefore freeing up doctors' time for the major illnesses.

I therefore ask you for your support in this most important matter.  
Yours sincerely  
Anne Mclean

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