



Association of Scottish
Trust Chief Pharmacists
(ASTCP)



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Our Ref: PM/PJFP

Date: 28 February 2003

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Mr Ronnie Fraser
Scottish Executive Health Department
Directorate of Service Policy and Planning
Primary Care Division
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Dear Mr Fraser

Office of Fair Trading (OFT) Report: *'The Control of Entry Regulations and Retail Pharmacy Services in the UK'*

The Association of Scottish Trust Chief Pharmacists (ASTCP) welcomes this opportunity to comment on the above report. This submission represents the views of members in determining the likely impact on services should the recommendations from the report ever be implemented.

The report makes a number of assumptions in reaching its conclusions and the methodology adopted is questionable. Comparisons made of potential savings appear not to take into account the impact of the abolition of Retail Price Maintenance (RPM), are based on a very limited sample size and do not consider the availability of non-branded medicines as alternative to more expensive branded options. The focus remains on the availability of Over-The-Counter (OTC) at discounted prices and less on the importance of NHS services and the inappropriateness of promoting medicines as marketable commodities alongside shampoos and toothpaste. Recent reports from Government, the Department of Health and the Audit Commission highlight the risk of harm to patients through the inappropriate use of medicines and the subsequent costs to patients and the NHS of failures to pick up adverse events. It also fails to recognise the professional advisory role of the pharmacist and particularly the public health role in supporting health promotion campaigns and advising on healthy lifestyles.

The regulations currently in force were introduced in 1987 to counter the 'free for all' approach then in place and now proposed in the report. These brought a marked degree of stability to the market with the pharmacy network attracting a considerable level of private investment in the intervening period. The benefits gained from this constancy and confidence within the network would be jeopardised in the abolition of control of entry.

The report gives no consideration to the effect of removal of the control of entry regulations on the implementation of health policy. The NHSScotland policy document launched on 4 February 2002, *'The Right Medicine – a strategy for pharmaceutical care in Scotland'* places considerable reliance on the community pharmacy network to deliver on these strategic aspirations. The success of proposed future developments, likely to include pharmacist prescribing, management of minor ailments, repeat supply arrangements and chronic disease management, all designed to improve patient care, will be threatened. The OFT report would destabilise the network and jeopardise the delivery of this strategy.

The NHS relies heavily on the community pharmacy network to provide key services to a specified locality. Patients and customers appreciate the accessibility of pharmacies and the development of services to suit the needs of that community. Pharmacies are well positioned to provide services to the most disadvantaged and less able within a community with the pharmacist often the only healthcare provider serving that local population. This is particularly relevant to the elderly, mothers with young children, those with chronic conditions and those people living in rural communities. Supermarket pharmacies are generally less likely to participate in supplementary services, particularly in the provision of needle exchange and supervision of methadone. Many pharmacies operate outwith normal trading hours and increasingly over 7 days per week. As this dedicated local service would be less viable after deregulation, many pharmacies will contract trading hours to the minimum required or will close completely.

A proliferation of community pharmacy openings will have a marked effect on the pharmacy workforce. Evidence already exists of a shortfall in pharmacist numbers. Any increase in demand from one sector would have an impact on another. If de-regulation were to be implemented, an influx to the community pharmacy network would be at the expense of hospital pharmacy services.

Although the regulations currently in force governing control of entry have a number of limitations, it would be inappropriate to advocate total abolition of present arrangements. Greater benefit would result from building on the system's strengths and modifying these limitations. Services could be more effectively planned and targeted to better suit the needs of a locality. Elements of the new pharmacy contract, currently under negotiation, will likely accommodate necessary changes to the system with potential to incorporate accreditation and performance measurements. This would lead to direct improvement in standards and help deal with underperformance. These features are unlikely to be supported by the community pharmacy network if threats to the infrastructure continue to exist.

In conclusion, members of the Association urge Ministers and the SEHD to strongly oppose the main recommendation from the report. Total abolition of the control of entry regulations would threaten the existing network of community pharmacies, jeopardise the ability to deliver on health policy and drastically impair the quality of care to patients. Policy should be derived to suit the particular health needs of a population. The people of Scotland will not be well served by this report with those in greatest need and the disadvantaged likely to suffer most from its implementation.

Yours sincerely



MRS PAT MURRAY

CHAIRPERSON, ASSOCIATION OF SCOTTISH TRUST CHIEF PHARMACISTS