

**Fraser R (Ronnie)**

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**From:** Julienne Johnson [eas96109@strath.ac.uk]  
**Sent:** 27 February 2003 11:01  
**To:** ronnie.fraser@scotland.gsi.gov.uk  
**Cc:** Howard McNulty  
**Subject:** Comments on OFT Report

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**Glasgow and West of Scotland Branch Royal Pharmaceutical Society of Great Britain**

Ronnie Fraser

Primary Care Division

Room 1 East Rear

St Andrew's House

Edinburgh

EH1 3DG

**Comments on the Office of Fair Trading Report on the Control of Entry Regulations and retail pharmacy services**

The Branch has over 1100 pharmacist members including those who are NHS managers, hospital, community and academic pharmacists and locum tenens, who live or work in urban and rural environments from Glasgow and Paisley to the Mull of Kintyre and Oban.

We accept that the present system of awarding pharmacy contracts is not perfect and needs improvement, but are surprised to see that other constructive suggestions already made to the Dept of Health jointly by the RPSGB, National Pharmaceutical Association and Pharmaceutical Services Negotiating Committee have not been considered at all in this report. (Pharmaceutical J Dec 13 1997 p 947 + supplement.)

We agree the need for the service to meet growing patient needs for pharmacist's professional services and commend the recent Scottish Executive Health Department publication "The Right Medicine" as the way forward for pharmacy in Scotland. Deregulation proposed by OFT will reduce the ability of the NHS to plan future pharmacy services and undermine many of the proposals in this strategy for much of Scotland.

We do not feel that the OFT report has adequately address what is a highly complex service and many of the wide and growing range of services provided for patients have been ignored. We therefore wish to draw the following points to you attention.

1. The OFT report has judged its decisions mainly on sales of medicines to customers and projects **maximum** savings to customers of £25M on medicine sales and £26M on reduced administration costs to the NHS and commerce. In comparison to the OFT estimated pharmacy turnover of £8.6 B **these savings are 0.6% of the total**. With an estimated 6M visits to pharmacies a day in the UK, the actual savings to individual customers will be miniscule. This magnitude of benefit does not merit potentially destroying a finely balanced professional infrastructure.
2. The report largely talks of **customers** and rarely uses the word **patients**. It has largely ignored patient's needs and the main business of NHS dispensing as no savings can be shown by their proposals here. We believe the NHS Pharmaceutical Service should meet the needs of patients rather than customers.
3. Many of the professional roles provided by pharmacies are missed by the OFT review. Professional services not counted in any statistical way by the NHS include health promotion and advice, urgent call outs where no supply is given, collection and destruction of patient's unused medicines, planned discharge liaison with hospitals and reviews of patient medication in nursing and residential home.
5. There are many new contributions from pharmacy to the team approach to patient care and many of these are more advanced in Scotland. Again the implications for these services have not been properly considered by OFT. Areas of developments include providing free medicine supplies to exempt patients using Patient Group

Directions, patient therapy monitoring for chronic conditions for GPs, pharmacy control of repeat dispensing, provision of free Emergency Hormonal Contraception as part of the Family Planning Service, pharmacy run smoking cessation clinics as part of the Health promotion network, patient assessments for monitored dose systems and provision of free head lice treatments. These require community-based services where continuity of care is given. Continuity of care is less easily available in more remote supermarkets that often operate with several different pharmacists employed at different times of the day and week.

5. Supermarkets are excellent for healthy car owners wanting to buy medication or to obtain regular routine prescription items when shopping and for access out of hours, but they are not ideal for sick pensioners living alone, mothers unable to leave home or those with poor local transport needing urgent prescriptions. Some essential services are not always provided by or well suited to supermarket environments, such as supervised methadone administration in the pharmacy or provision of free needles and syringes to chaotic drug misusers.
6. GP medical services are not located or run solely according to market forces. With pharmacies increasingly providing similar or complementary patient focussed professional services for communities neither should they be located using only commercial decisions.
8. Rural and deprived issues are much more important in Scotland and these have not been addressed well in the report.
10. The additional manpower required to meet OFT proposals of almost 2300 supermarkets would be around 4 - 5000 pharmacists. There is already a shortage of pharmacists and further reductions would undermine existing hospital services and remote or less profitable pharmacies.

In summary, we agree the present system for awarding new contracts needs to be improved, but we do not feel this report adequately addresses the needs of patients particularly those in remote and rural areas, it is a report mostly about customers. Patients and customer groups have very different needs for pharmaceutical care. The projected savings do not merit the potential damage to patient services that the recommendations will produce to hospital and community based services. Supermarket pharmacies do offer some benefits for some services but they are not the panacea that the report seems to promote. There must be better and less destructive solutions to meeting patient care needs than a return to a free for all where profits rather than patient care will dictate pharmacy locations.

Yours sincerely,

B. Julienne Johnson, MRPharm S

Honorary Secretary,

Glasgow and West of Scotland Branch,

Royal Pharmaceutical Society of Great Britain

Dr BJ Johnson,

6 Albany Drive,

Burnside,

Glasgow G73 3QN

**Glasgow and West of Scotland Branch Royal Pharmaceutical Society of Great Britain**

[ronnie.fraser@scotland.gsi.gov.uk](mailto:ronnie.fraser@scotland.gsi.gov.uk) <<mailto:ronnie.fraser@scotland.gsi.gov.uk>> ronnie.fraser@scotland.gsi.gov.uk For email to Glasgow MSPs and to SEHD

email: [ronnie.fraser@scotland.gsi.gov.uk](mailto:ronnie.fraser@scotland.gsi.gov.uk)