

Royal Pharmaceutical Society of Great Britain

Scottish Department

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Mr Ronnie Fraser
Scottish Executive Health Department
Directorate of Service Policy and Planning
Primary Care Division
St Andrew's House
Regent Road
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28th February 2003

Dear Mr Fraser

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

Thank you for the opportunity to comment on the above report. The comments of the Royal Pharmaceutical Society in Scotland are enclosed.

Yours sincerely,

PP DR SHEILA M STEVENS
Secretary

Royal Pharmaceutical Society in Scotland

Submission to the Scottish Executive Health Department on
the Office of Fair Trading's (OFT) report,
*The Control of Entry Regulations and Retail
Pharmacy Services in the UK*

The Royal Pharmaceutical Society of Great Britain is the independent professional and regulatory body of all pharmacists in Great Britain. There are 4,000 members who practice in Scotland.

Pharmacy, as a forward looking and progressive profession committed to delivering high standards of care to the public, welcomes change and innovation where it can be shown to improve patient care. The Society would strongly oppose any development that threatens to adversely affect the quality of and access to pharmacy-based healthcare services to patients.

The OFT report has failed to demonstrate a genuine understanding of the nature and practice of community pharmacy. The report views community pharmacy as an industry focused on consumers. Community pharmacy is a substantial provider of services to NHSScotland focused on patients. In the future, community pharmacy will become more integrated within the NHS. This makes it atypical of other industries. The OFT principle that, '*competitive markets to which there are no barriers to entry generally serve best the interests of consumers*', should not be considered directly applicable to community pharmacy. The importance of community pharmacy as part of the wider team within the NHS has recently been recognised by the Scottish Executive Health Department (SEHD), which now encourages pharmacies to carry the NHSScotland logo

The Society is concerned by the limited consideration given in the report to *The Right Medicine: A Strategy for Pharmaceutical Care in Scotland*. Any substantial changes to the community pharmacy infrastructure could compromise the delivery of the strategy, which aims to use the community pharmacy network as a platform to deliver local clinical services for NHSScotland. To effectively undertake this role, community pharmacies need to be planned and managed to ensure they are sited in areas of patient need. It is questionable whether commercial drivers alone will deliver this objective.

The Society was pleased to read that the majority of the public believed access to their local pharmacy was good. This reflects data presented by the Scottish Consumer Council¹ that show the vast majority of people (90% of those questioned) find the locations of pharmacies convenient.

There has always/.....

¹ Scottish Consumer Council. Consumer Views of Community Pharmacies (September 2002)

There has always been a fluid movement of community pharmacies to meet local need. Within the current controls on NHS contracts, there were over 2,598 minor relocations of pharmacies across Great Britain between 1993 and 2002. Although, the total number of community pharmacies has remained relatively constant since the control of entry regulations were introduced, it would be wrong to conclude that the community pharmacy infrastructure is static.

In addition to the locality issues raised, the collateral effects of the proposed abolition of regulations must also be considered. Together with related healthcare providers, the pharmacy profession is experiencing a shortfall in workforce. The OFT's report predicts that deregulation in line with its recommendations would produce a large increase in the total number of community pharmacies. The expectation would be that this increase would, to a large extent, be pharmacies located in supermarkets, which tend to require a disproportionate number of pharmacists. This is unachievable in the short term: such an unplanned expansion in the number of pharmacies is likely to have a detrimental effect on the overall provision of pharmaceutical services, including the NHS's acute hospitals. Pharmaceutical care requires that there are staff and services at each stage of the patient journey, including those times when they may require hospital treatment.

In summary, the Society disagrees with the OFT's assumption that the best driver for the development of community pharmacy would be commercial attrition. It is our belief that the best interests of patients will be served if the provision of pharmaceutical services is reviewed by a partnership of the SEHD, NHSScotland, the profession and patients themselves. The SEHD has already committed itself to this approach, specifically in areas of high deprivation and in rural and isolated communities where there may be under-provision. Work is currently underway to develop an effective mechanism to ensure that the pharmaceutical care needs of a community or local population are identified

The Royal Pharmaceutical Society of Great Britain, through its Scottish Department, asks that the OFT report is carefully considered, and serious thought be given to the potential effects on the quality and access of healthcare services to the public that may result from the indiscriminate adoption of the report's recommendations.