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Dear Ms Farnfield,

### **Control of Entry Response**

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practice. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

The Royal Pharmaceutical Society of Great Britain welcomes the opportunity to participate in the review process – although it does urge caution that it may be too soon after the legislative changes for any significant effect to be noticed.

The views of the Society are based on the principle that any reforms do not damage the network of local community pharmacies that exist and serve the public not only in areas in which they shop, but also in areas in which they live and work. The concern of the Society has always been that changes to the entry controls must not result in people from less commercially attractive areas having reduced access to a local pharmacist, particularly vulnerable patients who may not be in a position to travel, such as the elderly or those with long-term illness. The Society has also always been concerned that an increase in pharmacies opening more than 100 hours a week does not result in a destabilisation of the local community pharmacy network and place additional, unmanageable strains on the pharmacy workforce. These concerns also apply to the exemptions that apply to one-stop primary care centres.

One of the intentions of the reforms was to promote an increase in consumer choice but the Society has yet to see any evidence that this has occurred, other than a rise in the number of applications for new pharmacies mostly in urban areas. According to recent research,<sup>i</sup> 70% of recent applications met criteria exempting them from the 'necessary and desirable' test. The Society's concern is the effect that these new 'exempt' pharmacies might have on the existing community pharmacy network.

This community pharmacy network already provides a substantial public health role. The Government recognised this in *Choosing Health through Pharmacy* (Department of Health, 2005) when it quoted research that showed 94% of the population visits a pharmacy at least once a year and that priority groups such as older people, families with young children and those living in inner cities or rural areas are amongst the most frequent visitors. The Government paper acknowledges these groups are likely to have greater health needs, may not have access to a car and rely on local pharmacies to meet their need. In order to capitalise on this unique public health role the paper advises that PCTs "should consider the location of pharmacies in relation to areas of social deprivation and health need, and review the range and distribution of pharmacy services". The new regulations have introduced an instability into the marketplace that risks destroying this valuable public health network in favour of one where pharmacies exist only in clusters around more 'profitable' areas further increasing health inequalities.

The coming together of GP practices into large primary care centres has the potential to exacerbate the effect of the 100 hour pharmacies. There are real fears that community pharmacies that are located away from these centres would lose the majority of their prescription business and hence become unviable. The combination of the centralisation of general practice and loss of community pharmacies would leave large areas devoid of local healthcare support. The effects of the loss of local pharmacies in a community was highlighted in the New Economics Foundation report "A lethal prescription – Ghost Town Britain".

The Societies concern about automatic exemptions is that they only serve the users of that particular outlet and encourages the opening of new pharmacies based on their ability to be commercially successful and not on their ability to serve the interests of the whole of a locality. The awarding of a single contract cannot be considered in isolation, as these exemptions allow, but must be considered in the context of pharmaceutical services across a whole health economy. The Society would like to see these exemptions to the 'necessary and desirable' test removed.

Under the new legislation PCTs have been asked to perform pharmaceutical needs assessment. Recent research <sup>i</sup> highlights the fact that while most PCTs have carried out a pharmaceutical needs assessment, many of them have not made direct use of them in their commissioning. There is little point to these assessments if PCTs cannot develop the local community pharmacy network to meet identified and future needs because existing pharmacies are being rendered unviable from the awarding of contracts exempt from the 'necessary and desirable' test.

The New Economics Foundation<sup>ii</sup> is an organisation that works to construct a new economy centred on people and the environment. In its report "Ghost Town Britain – A Lethal Prescription – The impact of deregulation on community pharmacies"<sup>iii</sup> it warned that an increase in pharmacies in this deregulated manner may lead to a loss of local, accessible pharmacy services as they become less viable.

This network of community pharmacy was recognised in the Governments own recent White Paper *Choosing Health: Making healthy choices easier* (Department of Health 2004) which

stated community pharmacies “Working at the heart of the communities they serve, they have a real opportunity to offer health messages and advice”. This was also noted in the document *Choosing Health through Pharmacy* (Department of Health, 2005) which stated, “In some communities, the pharmacy, perhaps with the post office, is the main community resource.” Yet it is this vital public health network that is in danger of being destroyed by these reforms and the resultant inability of PCTs to properly plan local pharmaceutical services.

The Society is also concerned about the assumption that increased competition automatically equates to increased benefit for the patient (rather than the consumer). In its report, the New Economics Foundation warns against equating a free market with wider accessibility. While the argument that an increase in competition may lead to cheaper over-the-counter medicine it ignores the social function that the current community pharmacy network fulfils. Looking at pharmacies from the limited perspective of retail potential misses their central purpose. This purpose is identified in the Department of Health introduction to the new contractual framework for community pharmacy which states “The New Community Pharmacy Contractual Framework will improve the quality and range of services that pharmacists offer. For members of the public it will mean a greater choice of health provider, and improved access to services. In addition, the new contractual framework will help to support people with long-term conditions and will promote health improvement through the introduction of signposting to other service providers, support for self-care and provision of healthy lifestyle advice. In all of these ways, the new framework will help to shift the focus of the health service towards health improvement, self-care and disease prevention”.

We would argue that there is a need for a collaborative approach amongst community pharmacists rather than an increase in competition. The development of pharmacists with a special interest and of pharmacist prescribing will lead to the increasing development of specialist community pharmacists. The potential of pharmacists with a special interest will only be fully exploited if other pharmacists are encouraged to refer patients to these pharmacists with a special interest. This requires a collaborative approach among pharmacists that is unlikely to occur were the Control of Entry requirements further relaxed.

We would wish to encourage the sort of collaboration among the profession where local pharmacists work together to develop new clinical services that can benefit patients across a PCT or locality area. This would benefit all the patients in an area rather than simply those served by a single pharmacy. Some competition is healthy but we are concerned that removal of controls will inhibit collaboration and undermine pharmacists confidence to invest their money in developing new services. It must be emphasised that community pharmacies use private finance to invest in new services and need to be confident that this is a secure investment.

In response to the proposed new reforms; The Society supports in principle the introduction of reasonable charges to assess applications.

With regard to the second reform, i.e. allowing PCTs to take into account the improvements applicants would bring to the provision of, or access to, over-the-counter medicines and other healthcare products and advice. As discussed above any application should not be considered in isolation but in the context of local pharmaceutical services.

In conclusion, it is the view of the Society that these reforms are potentially damaging to the existing community pharmacy network. Awarding contracts based purely on commercial viability risk destroying the local community pharmacy network. This in turn places in jeopardy many of the aspirations for pharmacy service development the government has identified in various policies (such as *A vision for pharmacy* and *Choosing Health: Making choices easier* and *The new contractual framework for community pharmacy*).

We hope you find these comments useful.

Yours sincerely

David Pruce  
Director of Practice and Quality Improvement

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<sup>i</sup> Elvey R, Bradley F, Ashcroft D, Noyce P. Commissioning services and the new pharmacy community pharmacy contract: (1) Pharmaceutical needs assessments and uptake of new pharmacy contracts. *Pharmaceutical Journal* 2006; 277:161-163

<sup>ii</sup> [www.neweconomics.org](http://www.neweconomics.org)

<sup>iii</sup> The New Economics Foundation. *Ghost Town Britain – A Lethal Prescription – The impact of deregulation on community pharmacies*; 2003