

Primary Care Partnerships

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Real progress made on The NHS Plan but still a long way to go

The NHS Modernisation Board's annual report said significant improvements have been made since the publication of the NHS Plan two years ago, but there is still a long way to go.



Prof Jenny Simpson OBE

Successes included 84% of GP practices now offering patients an appointment with a GP within 48 hours and up to 6,000 lives being saved every year following an increase in the prescription of cholesterol-lowering drugs from 12.2 to 16.5million.

However, the board warned of the need for sustained investment to deliver the ten year plan and that there was still a long way to go.

Health Secretary, Alan Milburn said he welcomed the 'realistic assessment' of the state of progress in the NHS, and that capacity constraints, workforce numbers and the demand for more buildings and equipment still needed to be tackled.

He added: 'Unprecedented investment is reaching the NHS front line and is already making a difference.'

Professor Jenny Simpson, Chief Executive of the British Association of Medical Managers and a member of the 30-strong panel making up the board said the extra investment and energy going into the NHS was beginning to make a significant impact on parts of the service, with some 'truly innovative' new approaches to improving patient care.

She said: 'It is now crucially important that this energy and investment is sustained and in fact guaranteed, as originally set out, until 2008.'

'This is and always has been a 10 year programme of radical change. Whilst change is always unsettling, a great many patients, clinicians and managers have been encouraged for example by working in collaboratives by

redesigning services and by making radical changes to the way things are done.

'They need to know their very genuine efforts are appreciated and that their commitment and determination to make the NHS a patient-centred, excellent service, are matched by sustained investment by the government.'

Another board member, Heather Drabble, Chief Nurse, Sheffield Teaching NHS Trust, said: 'Behaviours and attitudes across the NHS and DoH are starting to shift. Many have embraced the change agenda and applied it to themselves while others are stuck in old behaviour patterns. Until we are all prepared to change, we cannot be surprised if the public struggles to see and believe the difference we are making.'

Dr Michael Dixon, OBE, Chair, NHS Alliance, said the board was right to emphasise that most of the problems still facing the health service were caused by historic under-investment, and that putting things right would inevitably take time. However, he was disappointed the board had 'missed the opportunity' to press for faster progress in the re-design of patient services and in changing attitudes, especially in the upper reaches of the NHS.

He added: 'We have to fully engage clinicians with the whole process of commissioning care instead of relying on traditional purchasing and contract systems that are so out of date no-one knows exactly what it is they are buying.'

continued on page 2

Editorial

Change is on everyone's lips, again. It is the key theme that appears to run through every article in this month's issue, from national to local initiatives.

The NHS Modernisation Board says there have been some 'truly innovative' new approaches to improving patient care. Now it is Scotland's turn to make sweeping changes. Its Health White Paper sets out a clear direction for the NHS in Scotland, abolishing NHS Trusts in the process, and setting up a 'Change and Innovation Fund' to help NHS Boards improve services (p.2).

On the CHD front, Dr Anthony Cummins reports on how the Wallasey Heart Centre made changes over two years in primary and secondary care to improve its CHD profile (p.3). And national heart Tzar Dr Roger Boyle's report shows how change on a national scale has cut death rates and improved services.

Helping people to quit smoking has been part of the CHD success story. Hambleton & Richmondshire PCT describe their successes.

But in the words of Heather Drabble (p1 lead): 'Until we are all prepared to change, we cannot be surprised if the public struggles to see and believe the differences we are making.'

Jenny Sims, Editor

NEWS IN BRIEF

£2 million more for complaints

People value access to free, confidential and 'most importantly' an independent complaints service according to feedback from £5million Independent Complaints Support and Advocacy (ICAS) pilot studies launched in August. They were to finish on 31 March but the government has given an extra £2 million to extend them until 31 July. They will be evaluated to decide the best method of future provision. See www.doh.gov.uk/complaints

Ricin exposure

Interim guidelines for all health professionals on the response to suspected Ricin exposure have been published by the Department of Health. Available at www.doh.gov.uk/publichealthlink/index.htm

New Diabetes Tzar

Dr Sue Roberts, Consultant Physician at the Diabetes Resource Centre, Northumbria Health Care Trust has been appointed new National Clinical Director for Diabetes.

Out-of-hours £100million

More than £100 million over three years has been allocated to PCTs as part of the reconfiguration of out-of-hours services envisaged under the new General Medical Services contract.

Cancer progress reports

The Cancer Services Collaborative published progress reports on 7 March with other materials for the six main cancers.

Available at: www.modern.nhs.uk/scripts/default.asp?site_id=26&id=5622

3 At The Top

The NHS Alliance Conference for PCT PEC Chair, PCT Chair and CEOs will be held 16 May, Queen Elizabeth Conference Centre, Central London. Details from Yvonne Hunter, Health Links on 0121 248 3399

NHS Dentistry Workshops

The DoH has asked MMS to organise a series of four one-day workshops for PC Ts and all those leading dentists who want to share the future of a modernised NHS Dentistry service. The workshops will mark the start of the DoH's engagement with the NHS on the change agenda for NHS Dentistry and will build on the work that has already been undertaken in developing PCT competence for dentistry. Visit www.medman.co.uk for further details.

Smoking cessation

The charity PharmacyHealthLink has launched a new model Patient Group Direction (PGD) for smoking cessation which GP surgeries and primary care organisations can adapt for their needs. Copies are available from the PharmacyHealthLink on 020 7572 2265 or e-mail: pharmacyhealthlink@rpsgb.org.uk. Alternatively the PGD can be downloaded at: www.rpsgb.org.uk/pdfs/pgdacccsmokcess.pdf.

Scotland's Health White Paper

NHS Trusts to be abolished in Scotland

The Health White Paper sets out a clear direction for the NHS in Scotland and tackles health inequalities. Dr Charles Swainson, Medical Director, Lothian University Hospitals NHS Trust welcomes it*.



Dr Charles Swainson

Key for me is the emphasis on change and innovation, and there is new money to support it. There is quite a bit of reform, an emphasis on improving health rather than health services and reducing inequalities – a big issue in Scotland, where a man living in Glasgow is likely to live 12 years less than a man in Edinburgh.

The aims are to modernise and improve services through redesign, better integration within the NHS and health and social work services working more together. I think that's fine and a very sensible direction to go down.

NHS Boards will bring forward plans to dissolve NHS Trusts. This should lead to the

joining up of services and hospitals supporting each other.

The document emphasises the strength of clinical leadership and managed clinical networks, as well as putting a much greater emphasis on partnership. There is also a welcome emphasis on young children and community health partnerships where you can make a real difference.

Overall, there are the same policy drives as in England, including: devolving decision-making to frontline staff. There are no surprises, except for the strengthening of clinical leadership - and allowing more clinicians to sit on NHS Boards!

Box 1. Key proposals include:

- Unified NHS Boards, abolition of NHS Trusts and new requirements to devolve authority to frontline staff and to involve professionals.
- New Community Health Partnerships, more accountable to local communities, better matched with social work services and better able to represent local interests within the NHS Boards
- A new Scottish Health Council to involve the public in NHS Scotland.
- A Change and Innovation Fund to help NHS Boards improve services for patients
- A new guarantee of treatment on time, initially for certain heart surgery but to be extended to services with national waiting time targets. New clinical and local service targets.
- A Patient Information Initiative and a new complaints procedure, to give patients and carers better information and a stronger voice.
- A radical approach to improve health - a Health Improvement Challenge focused on four groups: children in early years, teenagers, people at work and communities.

*Legislation will be needed to implement some of the changes.

* *Scotland's Health White Paper, Partnership for Care* available at: www.scotland.gov.uk

LETTER: OFT report on retail pharmacy

The OFT report is too narrow in its focus on retail activity and does not fully consider the wider health dimension associated with the provision of pharmaceutical services.

The potential savings identified in the report are relatively small.

The current regulations have probably outlived their usefulness and there is need for review but this review should be based on the healthcare needs of the population and not on retail activities.

There are considerable risks to service delivery and this could seriously jeopardise achieving the aims and objectives of the

Scottish Executive Health Department policy document, *The Right Medicine*.

Destabilising the existing network of community pharmacies could adversely affect access, especially for vulnerable sections of the population and cause a shift in the manpower base to the detriment of the hospital service.

William Templeton,
Development Pharmacist
East Ayrshire LHCC
Strathlea Cottages
Holmes Road
Kilmarnock

Progress on NHS Plan (continued from page 1)

David Hunter, Professor of Health Policy & Management University of Durham, said: 'This is essentially a political report. Though hardly surprising, it is a serious weakness. There have been positive achievements but an air of unreality hangs over the report.'

'Managers and practitioners weary with ever-changing structures and struggling with budget deficits which divert attention from the real change agenda (modifying cultures

and mindsets and workplace practices) would scoff at the comment that "change fatigue" is abating.'

'There remains a need for a more open and honest dialogue with the NHS and the public than this report offers. Otherwise the real and legitimate gains made get lost in political "spin".'

*The report is available at: www.doh.gov.uk/modernisationboardreport2003

Achieving the NSF for CHD

Award-winning Wallasey Heart Centre's achievements are 'nothing short of outstanding' according to Heart Tzar Dr Roger Boyle. The centre's Clinical Director, Dr Anthony Cummins describes what they have done.

There have been major changes within primary care in the last few years, in relation to the various National Service Frameworks developed by the Department of Health and in the altered and altering relationship between primary and secondary care services.

Wallasey, with a population of 80,000, is part of Wirral peninsula which divides Liverpool from Chester and north Wales. The peninsula is itself neatly divided longitudinally by the M53 motorway into a largely affluent, employed, healthy west side and the opposite side with its much higher than UK SMR for CHD as well as other poor health statistics. Wirral is a living modern example of the Black Report but things have been changing over the last two years.

How did Wallasey effect the changes that have brought about improvements in its CHD profile?

We identified a gap in the delivery of cardiovascular care to people with or at risk of CHD. Prior to developing the service, patients with angina (but no acute MI) or diabetes could not be referred for rehabilitation: there was no funding for this. Those at risk of developing CHD could be catered for through our GP Exercise Prescription Scheme (set up in 1993) and similarly patients post-MI or cardiac surgery could be enrolled in rehabilitation.

Access to pre-existing secondary care-based cardiac services was variable: geographically distant for patients depending on public transport and also having long waiting times. We needed a strategy that would be

comprehensive, inclusive, accessible and responsive. Partnerships were set up between various bodies named above and the GPs and Practice Nurses of Wallasey PCG with funding from Wallasey's PMS Pilot Project & the Himp Performance Reward Scheme. The nurses were given additional training in cardiovascular medicine through our rolling symposium *Cardiac Care in the Community*.

The Wallasey Heart Centre was born on 16th October 2000 and has become a comprehensive, near-patient service with Specialist GP assessments; Cardiac Rehabilitation programmes and Exercise & Lifestyle service as well as ECG, ambulatory BP and Cardio-Memo services.

Successive audits over the last two years have shown:

- Non-referral to secondary care of 80%
- High patient satisfaction
 - Actively involved in their care through:
 - Information sessions are held both in 1:1 and group formats
 - Patient-Held Records for blood pressure
 - BHF information packs are given out at consultations
- The CHD SMR for Wallasey has for the first time, fallen to below UK average. The rate of decline in the SMR for CHD in Wallasey is faster even than that in affluent healthy west Wirral.

Is this achievable elsewhere? It seems so: it has been adapted by other PCTs around the UK and used as a framework for CHD care by the National Primary Care Development Team. Our service will henceforth be funded directly by the PCT and we are developing additional services such as specialist nurses in chronic heart failure, peripheral vascular disease and diabetes.

* Wallasey Heart Centre involves Birkenhead & Wallasey PCT, Wirral HeartBeat, Wirral Borough Council Leisure Services/Healthlinks, and Wirral Hospitals Trust.

CHD report

Heart patients are receiving better treatment after three years of investment, according to a progress report published by Dr Roger Boyle, the National Clinical Director for Heart Disease, who recently visited Birkenhead and Wallasey PCT to congratulate them on their work.



Dr Roger Boyle

The report highlights progress since the government launched its National Service Framework for Coronary Heart Disease (CHD) three years ago.

It records a one-third rise each year in the number of statin prescriptions to reduce cholesterol levels and large falls in the waiting times for heart surgery, with no patient waiting more than 12 months for surgery.

It also shows:

- 84% of GP practices are now offering their patients an appointment within 48 hours
- 600,000 procedures previously carried out in hospitals were carried out by primary care staff in 2001-2002 and 650 GPs with special interests were in post by October 2002.

**Delivering Better Heart Services is available at www.doh.gov.uk/heart/progress2003*

Health and Social Care Bill published

Within four or five years every NHS hospital will be able to become an NHS Foundation Trust, Health Secretary, Alan Milburn confirmed on publishing the Health and Social Care (Community Health Standards) Bill.

The Bill is about strengthening the link between local communities and their local health services, said Mr Milburn. Foundation Trusts will be owned and controlled by local people with hospital governors directly elected from local communities.

'As Public Benefit Corporations they provide a new model for public ownership, firmly rooted in the co-operative and mutual tradition owned and controlled by local communities rather than by central government or private shareholders,' he added.

The Bill aims to:

- Decentralise the NHS
- Create a new form of public ownership
- Democratise the NHS
- Ensure better value and greater transparency for spending on health and social care.

There will be two tough new independent inspectorates for health services and social services and for the first time, private sector health care will also be subject to the same inspection regime as NHS hospitals.

The Bill will also bring the provision of NHS dentistry services under the aegis of Primary Care Trusts in England and Local Health Boards in Wales.

Rosey Foster, Acting Chief Executive of the Institute of Healthcare Management, expressed concern that Foundation Hospital Trusts would change the way the NHS operates.

She said: 'While we applaud the motives behind the concept – local democracy, high standards and budgets to meet local needs – we need reassurance that the NHS as a whole and patients everywhere, not just in the 'elite' hospitals, will benefit.'

She added: 'We will study the details in the Bill carefully and advocate especially hard for safeguards to ensure that pay and conditions for staff in Foundation Trusts remain within the NHS pay framework and that other trusts are not priced out of the market for the best staff.'

'We also hope that the experience of the first Foundation Trusts will be taken on board by decision makers as the programme is rolled out across the NHS.'

'With such a significant project, there are obvious risks and not everything will go according to plan first time round; the government must ensure that the NHS learns from the experience of the pioneer Foundation Trusts as the programme is rolled out more widely.'

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NHS (England) Summarised Accounts 2001-2

Overall financial performance of health authorities PCTs & NHS Trusts in 2001/02
Significant financial difficulties are being experienced by 46 NHS Trusts this National Audit Office report reveals. NAO Head, Sir John Bourne, has urged the Department of Health to 'make every effort to ensure that risk-management arrangements are fully in place and operating across the NHS as soon as possible.' He also says there is a need to complete fraud measurement exercises across all areas of NHS expenditure.
Further information at: www.nao.gov.uk

Waiting list accuracy

Audit Commission report

Spot checks at 41 NHS trusts, about 15% of the total, have revealed reporting errors in the waiting lists of more than half of them. In three trusts there was evidence of deliberate manipulation of the figures. Most problems arose from system weaknesses caused by poor management arrangements for recording data and ineffective or poorly integrated systems. **Available at:** www.audit-commission.gov.uk or call 0800 502 030.

The Challenge for Primary Care

By Nigel Starey

This book analyses the current and future directions of primary care in the UK and the challenge that it poses for the country's health and welfare systems, providing an essential introduction for newly-qualified professionals and for those working for the first time in primary care.

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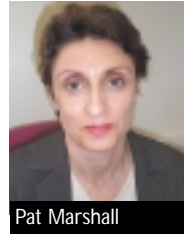
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Smoking prevention

How PCTs are winning the battle against smoking



Pat Marshall

Smoking is the single greatest cause of preventable and premature death in the UK, killing over 120,000 people a year. Pat Marshall, Specialist Adviser to Hambleton & Richmondshire Smoke-Free Alliance describes the wide range of approaches the PCT takes to help people quit the habit.

No Smoking Day each year is an opportunity to raise awareness of the benefits of stopping smoking. This year, in Hambleton and Richmondshire Primary Care Trust, practice nurses and health visitors worked with health promotion staff placing display stands in local pharmacies and supermarkets offering carbon monoxide testing and advice to smokers. No Smoking Day campaign packs were distributed to pharmacies; general practices and leisure centres.

Research findings show that 64% of smokers questioned want to quit. With a wide range of nicotine replacement products and Bupropion available to smokers, for prescription charge only through local GP practices, this is a prime time for smokers to attempt to stop smoking.

Most practices now have a Registered Smoking Adviser trained to offer support and advice to patients to complement their drug therapy during the first four weeks of their quit attempt. In addition, group clinics are available - health professionals can refer patients or patients can self refer by contacting the North Yorkshire Stop Smoking Service on 01904 663310.

Last year the North Yorkshire Stop Smoking Service trebled the target for North Yorkshire for smokers quit after one month. Since its launch in 2000/1, the North Yorkshire Stop Smoking Service has trained over 400 health professionals to Registered Smoking Adviser status including: primary and secondary care staff; forces medical personnel; occupational health nurses; dentists and pharmacists.

The work of the smoking cessation services is complemented by the activity of the Tobacco Alliances, which were established in the four PCT areas of North Yorkshire as a result of the 1998 White Paper Smoking Killings.

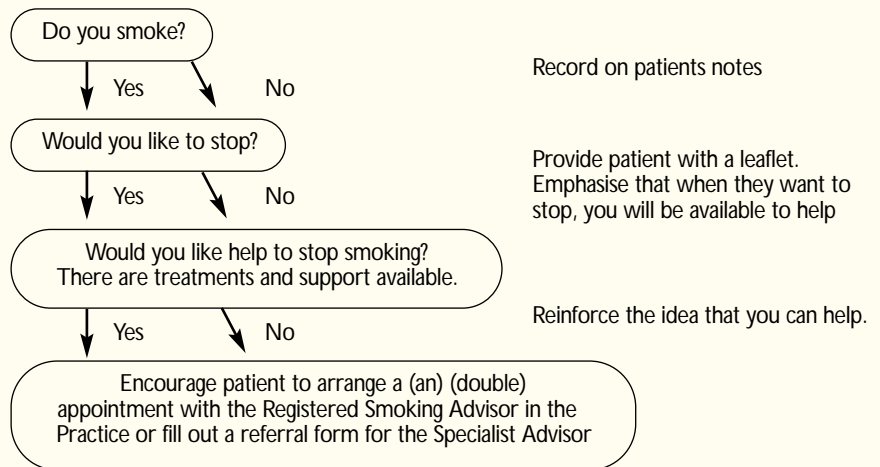
The Hambleton and Richmondshire Smoke-Free Alliance first met in July 2000 with the purpose of developing a multi-agency approach to the reduction of smoking and the promotion of a smoke-free environment. The Alliance includes representatives from primary and secondary care; local councils; Trading Standards; the North Yorkshire Dental Care Service and the Community Health Council.

Over the last two years achievements include the issue of over 60 Roy Castle awards to catering premises with smoke-free air or designated smoke-free areas; short sessions on a Licensees Training course locally to raise awareness of the effects of passive smoking; a health visitor-led project to raise awareness of the effects of passive smoking among health professionals working with families; poster competition in the secondary schools; working alongside the Healthy School Scheme to encourage the implementation of smoking policies and prevention education in schools and mailing of employers to encourage local businesses to implement smoking policies and to refer employees who smoke to support available.

As Department of Health quitter targets are increased steeply and dramatically over the next three years, it is essential that the work of the Stop Smoking Service is aided by GP referrals. Outlined below is a 30 second approach to a GP or nurse-initiated discussion on smoking. This brief practical intervention can relate to the consultation or be introduced at the end of the visit. The approach is positive and motivational and tells the patient that support is there if they require help.

Pat Marshall
Smoking Cessation Adviser
Co-ordinator of Hambleton & Richmondshire Smoke-Free Alliance
Hambleton & Richmondshire PCT

A 30-second approach to smoking cessation



Special Supplement on the OFT Report on Pharmacies

Supported by an Educational Grant from

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The Office of Fair Trading Report (OFT) on pharmacy control of entry regulations – Oh! what a misguided view

The recent Office of Fair Trading report on pharmacy control of entry regulations found that the pharmacy market is currently working well for patients. In particular, levels of access to community pharmacy are currently very good, customer surveys indicate high levels of satisfaction and there was no evidence of excess profits for pharmacy companies.

Thus from the outset it would appear clear that the current system operates in the patient's interest and any proposed major policy change would at least need sufficient evidence to substantiate it.

So, based on shaky evidence and leap of faith conclusions, what prompted the OFT to recommend complete deregulation of the pharmacy market? With its impact on local communities and anticipated reduced access to pharmacy services due to pharmacy numbers declining or migration to supermarket locations or clustering around GP surgeries, the consequences could be quite destabilising.

The OFT said that deregulation would:

- 1 Save consumers £25m to £30m in the purchasing of over the counter (OTC) medicines – equivalent to 50p per person per year
- 2 Save business £15.7m in costs
- 3 Save the NHS £10m in administration

The report however can be robustly challenged on five fronts:

A Community pharmacy and the Government health agenda

The report has focussed purely on a narrow economic agenda and in no part has it considered the importance of the rationale distribution of healthcare – in this particular case pharmacy. Health planning should not, nor indeed cannot, be left to the vagaries of the free market due to its impact on the vulnerable, such as older people and those in rural and deprived areas.

Indeed, a flaw in the empirical evidence gathered by the report is that it assumes that the entire population has similar healthcare needs and similar ability to access healthcare provision.

Despite the OFT's claim that it 'remained mindful of the public policy objectives of health departments in the UK for community pharmacy', there is little apparent evidence that the OFT has taken account of the position of pharmacy in a wider public context.

B Economic analysis

From the outset the OFT states that the pharmacy market is no different to any other market but in those instances free entry into a market is paralleled with incentives for cost reduction and innovation.

The key characteristic in the pharmacy sector is that for the products to which entry restrictions apply – NHS prescriptions – there is no scope for price competition. In other words, the primary instrument for competition is absent.

C Workforce shortages

The OFT estimates that there could be circa 400-500 additional supermarket pharmacies as a result of deregulation. This would require between 1200-1500 additional full time pharmacists, not to mention other support staff. The question to be asked is where do these people come from? Both hospital and community pharmacy^{1,2}, sectors are experiencing, along with other healthcare professionals within the NHS, serious recruitment issues.

The OFT indicates that this aspect will slow the deregulation process down – there is no evidence of this. Deregulation could in fact cause acute labour market distortions resulting in higher costs for business and taxpayers by creating wage inflation.

D Cost savings on OTC medicines

The report argues that patients will save between £25m and £30m on the purchase of OTC medicines as a result of increased competition. These are grossly overstated due to flawed methodology and unsubstantiated data employed by the OFT.

What is more, the analysis is only on a very small range of products and, not surprisingly, the twelve months after the period studied by the OFT supermarket prices converge with those of independent and multiple owned pharmacies.

E Cost implications for the NHS and business

The OFT calculated a cost saving to business of £15.7m. This figure is severely over inflated. Utilising our internal data we place the figure closer to £1.2m. Data supplied to the OFT by McKinsey and Co put the cost of administering the control of entry system by the then health authorities as £2.68m. The OFT calculated £9.3m!! Their explanation for disregarding the McKinsey estimate is weak.

However, it is surprising that a report from an eminent economic body such as the OFT only considers one side of the cost equation. No where does it address the cost of deregulation such as extra workforce costs, the impact on pharmacy remuneration or the funds required to ensure that incentives are provided for pharmacies to open in less attractive location.

The motivation for suggesting major upheaval to a system which works relatively well and protects patient's access to a local pharmacy service based on such tenuous data is irrational. Whilst it can be accepted that the current regulations are subjective and occasionally inconsistently applied the OFT's response is totally disproportionate to the problem perceived. More importantly the issue cannot be resolved in isolation to all other aspects which are currently impinging on pharmacy such as the negotiation of a new contract.

Let us hope that common sense prevails.

¹National Hospital Pharmacy Vacancy Survey, NHS Pharmacy and Education Committee, 1999

²IPMI Pharmacy Personnel, Salary and Recruitment Survey 2002

Andy Murdock - Pharmacy Director and Superintendent Pharmacist, Lloyds Pharmacy Ltd

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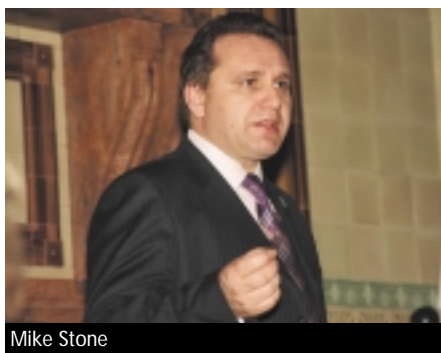
Patients Association Seminar - OFT Report

In March 2003, a seminar to discuss the Office of Fair Trading (OFT) pharmacy proposals was held in Westminster. Hosted by the Patients Association, the seminar was attended by MPs, senior pharmacists, large retailers and the media. Various key speakers led the debate, which culminated in a majority vote in favour of keeping entry controls.

The Patients Association is concerned that the abolition of entry controls would severely limit patient access to healthcare, particularly primary healthcare services. These effects are more likely to be felt in rural and socially deprived areas.

The Patients Association argues that the OFT recommendations run contrary to the Government's plans for pharmacies to lessen the burden on GPs. Vital primary healthcare services such as diabetes screening and blood pressure testing would be under threat.

Mike Stone, Chairman of the Patients Association, comments: "The Government must conduct thorough and comprehensive research before removing the current system of pharmacy regulations. We strongly advise the Government to consider the continuing need for such regulations, which we believe provide a safety net in terms of access to healthcare services that cannot be guaranteed by the open market."



Mike Stone

This argument was integral to much of the debate with many attendees highlighting the problem of combining free market economics with the principle of equal access to healthcare for all. To date, the entry controls have ensured that pharmacies are located in areas according to need so that all patients have easy access to the medicines they require. If the proposals were enforced in full, then pharmacies and the services they provide will be located according to economic advantage and not healthcare need.

An additional chapter in the influential 'Ghost Town Britain' report was also launched at the seminar. Compiled by the policy think tank - the New Economics Foundation - the report looks into the slow erosion of local communities and services.

The new chapter, entitled 'A Lethal Prescription', highlights the potential loss of frontline primary healthcare services if free market principles are left to dictate the location of pharmacies. The report states that over 6,000 community pharmacies could be under threat from supermarkets. If they follow the trend of other local services in Britain that have succumbed to larger scale remote retailers, we would lose about 4% of these essential health service providers a year or more than one a day.



Andrew Simms

Andrew Simms, Policy Director at the New Economics Foundation, said: "I think community pharmacies have been put up to be an essential part of the front line health service. It is part of the Government's NHS Plan that they are supposed to be taking the pressure off GP's surgeries and now if you undermine community pharmacies you're undermining your own health policy. The DTI and Department of Health are acting at cross purposes."

The 'Lethal Prescription' chapter also highlighted:

- A typical pharmacist gives free advice 2,500 times per month to - among others - mental health patients, pregnant women, the elderly, parents of young children and those recently discharged from hospital
- A local pharmacy serves, on average, 50 diabetics, 150 asthmatics, 500 people with high blood pressure and 20 cancer patients

- People in deprived areas make, on average, twice as many visits to the GP as those in affluent areas. While some visits obviously require a GP, a vast number of appointments are taken up by non-essential visits that could be handled by a pharmacist



Lord Borrie

Also in attendance was former Director General of the Office of Fair Trading and outspoken critic of the recommendations, Lord Borrie. He said: "The risk of less easy access is too great to justify what the Office of Fair Trading is suggesting. I do not think we should take risks with the health of the nation. The key public benefit of the current regulations is the ease of access. It is so important to the sick in general and the elderly sick in particular."

The general consensus at the seminar was that the Office of Fair Trading recommendations had not been properly thought out and that there were some very serious omissions and miscalculations. Interestingly, several commented that the old system was not perfect but did work relatively well.

One speaker suggested that PCTs play a much larger role in the regulation of pharmacies in their own area. It was suggested that this might further encourage a more integrated primary care health system. An interesting question would be to ask how community pharmacies and PCTs could work together to create a more integrated primary care system?