

Press Release



1 December 2003

NPA REACTION TO THE DEPARTMENT OF HEALTH'S REMUNERATION OFFER

The NPA Board is extremely disappointed by the wholly inadequate offer made by the Department of Health for community pharmacy remuneration for 2003/04. The offer - a miserly 3.1% increase on the global sum - needs to be considered alongside a volume increase of 5%. Once again pharmacists are being asked to show increased productivity for less money. The lack of any formulated link between the global sum increase and increase in prescription volume highlights one of the significant reasons why a new contract is necessary to more accurately reflect what pharmacists actually do.

The remuneration offer comes at a critical time in community pharmacy development. Pharmacy contractors have just voted overwhelmingly in favour of a new contract structure which, provided it is adequately resourced, will see pharmacists taking on a much greater clinical role and providing an enhanced contribution to the delivery of local healthcare provision. In voting for a new contract, community pharmacists have demonstrated unequivocally their willingness and commitment to work with the Department of Health in providing a high quality patient-centred service, tailored to meet local needs. Whilst recognising that the current offer relates to the existing contract, the NPA is extremely disappointed that the offer does not provide any recognition of pharmacists commitment to engage in a huge process of change to enhance their role and improve services to patients.

The offer thus represents a "slap in the face" for contractors. It also follows hot on the heels of the recent generic consultation - which indicates clearly the readiness of the Department of Health to take money out of the system on a unilateral basis.

Meanwhile, pharmacy contractors face great uncertainty associated with the "balanced package of measures" - and the implementation of the proposals to introduce a new "choice and competition" test and a series of exemptions which could lead to considerable market fluidity and unplanned, unintended consequences.

Community pharmacists provide an outstanding contribution to improving health and well-being within local communities. In so doing, they already provide a range of services over and above those which they are contracted to provide or are remunerated for. If these services are to be built upon - and community pharmacists are committed to ensuring that they are - it is essential that they are properly resourced. Insufficient resource will inevitably result in a pared down service. Such an eventuality will frustrate Government policy objectives for pharmacy, as set out in the policy document *A Vision for Pharmacy in the New NHS*, but more importantly, will serve to deny patients the increased choice and access associated with a greatly enhanced pharmacy service.

The NPA acknowledges that there is to be an additional £1m added to the global sum for training of pharmacy support staff. Whilst welcoming the acknowledgement that there is a cost to training and that this should be met from central funds, the Board does consider the offer sum to be woefully inadequate. It amounts to around £100 per pharmacy, which will cover only the most basic of training courses. Either the Department of Health is not living in the real world when it comes to training costs, or it is suggesting to pharmacists that it will only part pay towards the costs involved. Either way, this is an unacceptable state of affairs, given pharmacy's dependence upon the NHS and the benefits pharmacy can and will deliver to improving overall NHS care. Moreover, the apparent unwillingness to invest in pharmacy services appears to cut across the Government's stated objective as set out in the Vision document for community pharmacists: to be - and seen to be - part of the NHS.

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