

Press Release



24 November 2003

NPA's RESPONSE TO THE BALANCED PACKAGE DEMANDS REALISTIC CRITERIA

The National Pharmaceutical Association (NPA) has submitted a [detailed response](#) to the Government's *Proposals to Reform and Modernise the NHS (Pharmaceutical Services) Regulations 1992*.

New test of choice and competition

The NPA accepts that improving choice and competition is laudable – but demands that the new test of 'choice and competition' should be a proper test by which applications will be assessed against realistic criteria. The NPA considers that the proposals must not be allowed to thwart the purpose of the existing regulations. It calls for the new test and exemptions within the proposals to be defined and implemented in such a way that puts the needs of patients first, so that patients enjoy the benefits of a pharmacy framework that encompasses choice, competition and continues to assure ready access to services, with changes introduced in a targeted way that addresses hitherto unmet need. The general principle should be to grant applications on the basis of adequacy of services, measured against a “gap analysis” of existing service provision. The routine granting of applications which will inevitably flow from broadly drafted exemptions, could lead in the short term to an over – and unnecessary – provision of services, thereby frustrating PCTs’ ability to plan local service provision. Subsequent contraction of the market – which will only support a finite number of pharmacies will result in a skewed distribution of pharmacies, in extreme cases reducing access to pharmacy services.

The NPA believes that an assessment of “adequacy” of pharmaceutical services could form part of the baseline audit process supporting the development of the Strategic Services Development Plan (SSDP). The targeted use of more discerning exemptions could help speed up the gap filling process. In most cases, the most cost effective and least disruptive solution for plugging gaps will be by extending the services provided by existing pharmacies.

Where existing players are unwilling, or unable, to plug any gaps new entrants could be considered. Such a system would get round the problem highlighted in the OFT Report of some PCTs frustration at not being able to plan local service provision in a sufficiently responsive way to meet unanswered need. A needs assessment toolkit could be developed to help PCTs with this process. The NPA would welcome the opportunity to contribute to the development of this toolkit.

Exemptions

The NPA believes that the exemptions should be exceptions to the rule rather than the rule itself. Only then can the general thrust of the Government's policy – in favour of regulation – be carried through. The exemptions are very broadly drafted.

1. **15000 square metres** – access is undeniably a key issue for pharmacy services, but access should be viewed primarily from a healthcare, rather than retail, standpoint. The

emphasis on shopping centre exemption appears to cut right across the Government's stated view that pharmacists are clinicians rather than 'shopkeepers.'

2. **Pharmacies opening more than 100 hours a week** – assuring convenient patient access to pharmacy services is paramount and a factor that will need to be considered carefully by the PCT in formulating its SSDP. The impact of the 100 hour per week pharmacy could be to suck business away from existing pharmacies, to the extent that they are forced to reconsider the level and range of services on offer to local communities.

One-stop primary care centres (OSPCCs) – given their duty to plan local services, PCTs must have the ability to reject an application for a pharmacy in OSPCC where, in the PCT's judgement, this is not needed for the adequate provision of pharmacy services. The definition for OSPCC given in the consultation document is far too loose and, on a strict interpretation, could cover any GP surgery that engages a nurse and any member of the extended primary care team. Once covered by the definition, any such GP practice could then open a pharmacy and be exempt from control of entry. The exemptions should be exceptional to the norm. Accordingly, we believe a larger definition should be developed to give some bearing on both size and diversity of services provided by OSPCCs. The definition should see OSPCCs being large centres that go toward bridging the gap between a typical GP surgery and a secondary care unit.

3. **Mail order/internet pharmacies** – there is a need to respond to the potential demand for e-pharmacy services. However the definition should make reference to the need for the provision of appropriate advice or information associated with product supply.

Review

The NPA considers that it is pre-emptive to pin down a review date at this time. It proposes that sufficient time should be allowed for a proper assessment of the implications of the regulatory changes on overall service provision and PCTs' ability to plan and manage these. The Advisory Group should give consideration to the scope of the review as part of its deliberations.

New measures in context

The NPA also considers that the proposals must be considered alongside the many other issues that re-shaping the face of community pharmacy practice and support a more clinical role for pharmacists. These issues include the new contract, the pharmacy *Vision* document and the proposals for the future supply and reimbursement of generics.

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Notes to Editors:

1. The National Pharmaceutical Association (NPA) is the association that represents the professional and commercial interests of the owners of around 11,000 community pharmacies in the United Kingdom.
2. For more information, or if you have not received a copy of the full response, please contact the NPA Press Office on: 01727 858687, ext. 3227, 3265 or 3311 or email: press.office@npa.co.uk