

# ALL-PARTY PHARMACY GROUP

*Chair: Dr Howard Stoate MP*

*Vice Chairs: Dr Jenny Tonge MP & Rt Hon Lord Newton of Braintree OBE*

*Treasurer: David Heath CBE MP*

*Secretary: Mark Todd MP*

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The Lord Hunt of Kings Heath  
Parliamentary Under-Secretary of State  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

21 March 2001

Dear Philip,

## **Innovation in community pharmacy**

Last year the Group visited the Pharmacy Department at St Thomas' Hospital, south London, where members heard about a range of beneficial service developments led by the pharmacy team. Following that exercise, we were keen to conduct something similar in a community pharmacy setting. To that end, we recently visited a community pharmacy in central London, and I am writing now to present to you our findings and highlight issues that arise.

On 28 February 2001, members of the Group visited a Boots community pharmacy in High Street, Kensington. We chose this pharmacy because it combines the provision of recognised pharmacy services – dispensing, supply of P and other OTC medicines, and so on – with a range of other services. We wanted to see how this pharmacy was succeeding in integrating services, and encouraging team working by pharmacists and other professionals. I should however stress that we regard the developments that have been implemented in this pharmacy as being only one of a variety of possible ways in which community pharmacy could evolve in the future.

Boots The Chemists in High Street Kensington is one of around 12,000 community pharmacies in the UK. It dispenses around twice the national average of NHS prescriptions, and, like all other pharmacies, it is a source of advice and counselling to patients and the wider public when in sickness or in health. It also provides other services that are increasingly familiar nowadays in community pharmacies, including blood pressure monitoring, smoking cessation and dietary advice.

The pharmacy's opening hours are not typical: seven days a week, 11 hours a day, six hours every Sunday. Such long hours promote accessibility, one of the key objectives in your pharmacy programme, but they also have significant resourcing implications. The team at this pharmacy includes two pharmacists, five dispensers a pharmacy assistant and five healthcare assistants. This excludes the pharmacy manager who is himself a pharmacist. The service developments that have been introduced at this pharmacy mean that in addition there are around 25 other health practitioners, including nurses, osteopaths, physiotherapists, nutritionists, chiropractors, and opticians all providing specialised services from specially designed facilities. There is also a herbal and homeopathic dispensary. The services provided by these professionals are managed by two further pharmacists.

A great deal of investment has been made in this pharmacy, and we are told that the early signs are encouraging. The public appreciate the combination of traditional pharmacy functions with a broader range of services, and they appreciate its accessibility. Like most community pharmacies, it has many of the characteristics that the government is seeking to replicate in walk-in centres.

The staff at this pharmacy, in common with others elsewhere, are keen to go further in developing the range of NHS pharmaceutical services available to the public. We were impressed by their keenness to see community pharmacy develop, and play its full part in modern primary care.

In particular, they echoed the call made by others in the profession for the early introduction of medicines management in community pharmacies. In this regard, we note your recent announcements about the Medicines Management Action Team and the PSNC-led medicines management research project. We encourage you to ensure that progress continues apace.

There was a similarly strong wish amongst the pharmacists we spoke to on this visit to see progress towards the introduction of pharmacist prescribing. There is acceptance of the need to finalise a variety of issues, but there is nonetheless an expectation that pharmacists can successfully provide a prescribing service of a consistently high quality. Again, we would encourage you to ensure that progress is made in this regard.

We were impressed by what we saw at this pharmacy. It has succeeded in integrating an innovative range of healthcare services in one accessible location, which is of direct benefit to patients. Its opening hours are such as to improve even further that accessibility.

However, we are conscious that many community pharmacies do not have the resources readily available to make the substantial investments that we saw on our visit, whether that may be to provide services similar to those available at the Boots store or others. As you know, many smaller community pharmacies provide an excellent service to the public. They are no less important to their local community, and no less keen to be part of the process of modernising and extending pharmaceutical services.

In order to ensure that the public throughout the country has access to the full range of modern pharmaceutical services, there is a need for the government to address a number of issues.

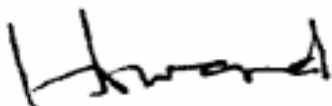
- How might you propose to assist community pharmacists in providing discrete quiet areas in pharmacies for the provision of counselling and advice linked to medicines management, pharmacist prescribing, and other services?
- What assistance might the government be prepared to give to enable community pharmacists, especially those who are single-handed, to take on an additional pharmacist to assist in the provision of new services?
- How might the government provide material encouragement to community pharmacists to undertake the additional training required for such services?
- Evidence suggests that there is currently a shortage of pharmacists. How can the government work with the relevant pharmacy organisations to tackle this problem, which might otherwise threaten the profession's ability to provide the new services it and the government are both keen to see it provide?

Our wish is to see community pharmacy respond positively to the challenges and opportunities in the government's pharmacy programme. All the signs are that community pharmacists are themselves keen to do so. It seems to us that you have their support and goodwill, a position that the government cannot always take for granted when it proposes major changes to the way a profession practices. Overall, we are encouraged by the action taken so far by the government, and pleased by the profession's response. The issues that arise in our minds following our pharmacy visit need to be seen in that context. We are motivated by our desire to see services develop and we want to see barriers – actual and potential – dealt with quickly and effectively.

I look forward to your response.

Kind regards,

Yours sincerely,



**Dr Howard Stoate MP**  
**Chair**

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