

RPS

## We need the RPS to represent us and fight our corner

From Mr M. J. Twigg, MRPharmS

I have noticed over the past few months that the Royal Pharmaceutical Society is trying a lot harder to represent the views of pharmacists in the media and I applaud this. The RPS has clearly come out fighting since separation back in September 2010 and is prepared to fight back in the face of other professional bodies.

I understand that it will take time to achieve the vision of a full media presence and that it is not yet possible to push out a representative the same number of times as, say, the British Medical Association. However, it is a start.

As local practice forum lead for East Anglia, I have also noticed another change in the RPS: one of professionalism with respect to the localities. The RPS has a clear image of what LPFs should and could achieve, but the difference from the old Society is that they are more willing to accept the views of members in the individual LPFs. Couple with this a more professional approach to marketing assistance for us and increased IT support, and we are well on the way to changing the local presence of the RPS for the better.

As an LPF, we recently sent out a survey to our members via email to see what they wanted from the steering committee. We are, after all, here for the members. Unfortunately, we only had a 10 per cent response rate, which was disappointing. However, I would like to suggest it was not in any way surprising. Pharmacy, in my limited experience, is a profession that is more reactive than proactive. People do not comment on things until it becomes a problem. I think it is time this changed.

The RPS is changing and I think now is the time for the membership to respond and to become the proactive profession that I know it can be. The reason I have remained as LPF lead for the past year is that I have faith in pharmacy as a profession and want to do my small bit for it, but I fail to see how it can survive in any form unless we unite behind our professional body. We need the RPS to represent us and fight our corner. Otherwise, who else will do it for us?

I encourage all pharmacists to join the RPS and fully engage with their local LPF to ensure that there is still a profession in the years to come.

Michael Twigg  
Norwich

The views expressed by Mr Twigg do not necessarily reflect those of the East Anglia LPF or the steering group. — EDITOR.

## Give the RPS the chance it deserves

From Mr S. K. E. Jetha, MRPharmS

Recent debates suggest some uncertainty over Royal Pharmaceutical Society membership renewals. The feeling is understandable since we at Avicenna have kept ourselves at arms' length in the past. That being said, the RPS is the only elected commonality across the profession and, having spoken to several senior representatives, I get a strong sense of feeling that it has a genuine desire to work with members in its new role. The RPS deserves this chance to settle and develop its support function and it would be a great shame to deny it this opportunity.

Salim Jetha  
Chief Executive Officer  
Avicenna

### COMMUNITY PHARMACY

## Pharmacy Voice needs to be fair and consistent

From Mr S. I. Dajani, MRPharmS

Ian facer, the chairman of the uniting voice of community pharmacy, assures us that Pharmacy Voice is an inclusive, professional and a unifying force for community pharmacy (*PJ*, 1/8 January 2011, p11). We are led to believe that it is not run by the multiples despite the heavy bias of its membership, that it equally represents independents despite the lack of the Independent Pharmacy Federation and that is an inclusive organisation despite the participation of neither our professional body nor the Pharmaceutical Services Negotiating Committee. Even if we ignore both the obvious and the facts, other things bother me.

Mr Facer states that Pharmacy Voice will not shy away from debating issues on which the multiples disagree, or fighting for unrivalled accessibility, value and quality for our patients. Bravo! On this we agree so I would be most interested in how Pharmacy Voice, so far annoyingly silent, is hoping to tackle direct-to-pharmacy distribution schemes when two of its key founder members own the biggest wholesalers. Countless letters have been written on these ridiculous anticompetitive

schemes that cause untold stress, costs, time and unnecessary bureaucracy for all of us. We are held hostage and yet have to trade with Alliance Healthcare.

What is Pharmacy Voice going to do now about Cyklo-F being available only at Boots, whose owners also own Alliance Healthcare?

Both of these developments are not in the spirit of health, the White Paper or in the interests of patients. The public and our patients rely on medicines being available through the whole profession. It would, therefore, be confusing for our valued stakeholders and ultimately harmful to the whole profession if individual manufacturers began monopolising supplies to individual pharmacies. I would like Pharmacy Voice to answer how either of the above schemes would offer unrivalled accessibility, value and quality for our patients when clearly they are anticompetitive, anti-community pharmacy, anti-professional and anti-patient?

If we are to have a pharmacy voice for community pharmacy, it needs to be fair, consistent, genuinely inclusive and not be silent when it suits its multiples members.

Sultan I. Dajani  
Wainwrights Chemist  
Bishopstoke, Hampshire

Mr Dajani is vice-chairman of the English Pharmacy Board and member of the Assembly. The views expressed here do not necessarily reflect those of the board or Assembly. — EDITOR.

IAN FACER, chairman, Pharmacy Voice, responds: Pharmacy Voice is in complete agreement with Mr Dajani on the importance of the policy matters he raises and on the general point that seems to lie behind his concerns, namely that community pharmacy requires unity.

Developments in the medicines supply chain, including DTP and other limited distribution schemes are of great and continuing concern. I am happy to restate, for the record, my own view that the proliferation of such schemes is not in the interests either of pharmacy or of patients. The National Pharmacy Association has never ceased working to put this matter on the Government's



## Letters to the editor

### Letters are welcome from all readers

Letters for publication can be posted, faxed, or sent by email to letters@pharmj.org.uk and should not normally be of more than 400 words and should cover one topic only. *The Journal* reserves the right to abridge letters and to edit them for clarity and style.

All letters are considered on their merit and are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. This includes *PJ Online*. If the issue is of such significance that the correspondent has submitted the letter elsewhere, it is the responsibility of the correspondent to inform *The Journal*. Members of the Royal Pharmaceutical Society should supply their membership numbers. Correspondents who are not members are asked to make their status known. All correspondents should supply a contact telephone number.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent. Published letters will appear on *PJ Online* as a matter of course after publication.

agenda and was instrumental in new guidance stating that medicines should be supplied to pharmacies within 24 hours of an order being made. With the launch of Pharmacy Voice, the NPA will now continue to push for improvements in the supply chain alongside new partners, and with the same commitment and determination.

Although the Cyklo-F issue is not of the same magnitude, Pharmacy Voice called for all pharmacies to have an opportunity to supply tranexamic acid over the counter, and I am pleased to see that this now appears likely.

I would like to take this opportunity to invite Mr Dajani and, indeed, all *PJ* readers, to respond to the Pharmacy Voice document on the future of our sector "Community pharmacy: a blueprint for better health". Readers can view it at

[www.pharmacyvoice.com](http://www.pharmacyvoice.com). This is an open invitation to pursue with us a coherent programme of transformational change so that the whole sector benefits, along with the communities that

pharmacies serve. The independent sector cannot act in isolation any more than the multiples can. We have talked long enough about the need to work together. This time, with the launch of Pharmacy Voice, it is for real.

### Shifting public attitudes of pharmacy will take more than a week

From Mr S. Fishwick

Community pharmacy cannot stand still. The sector is on a journey, but it will be a pointless one if patients and public do not travel with us. Janet Krska and Adam Mackridge's **Broad spectrum** (*PJ*, 29 January 2010, p97) rightly emphasises the importance of shifting public attitudes to community pharmacy if it is to succeed in new public health and clinical roles.

The National Pharmacy Association's "Ask your pharmacist" (AYP) consumer awareness programme is dedicated to this purpose. The key messages — in sum that

pharmacies provide a package of care not just packets of pills — reached half of the UK's population. And this seems to have made an impact.

Pre- and post-AYP week consumer surveys showed a marked rise in awareness — a necessary if insufficient step in shifting attitudes. For example, before the AYP campaign, one in 10 people thought that no community pharmacies offer NHS stop smoking schemes. By the end of the week the number had halved. Before the campaign, 13 per cent thought that no community pharmacies offer consultation rooms. Again, the proportion had halved by the end of the week. The campaign also made a dent in the alarming proportion (pre-campaign, almost 50 per cent) that believed no community pharmacy offers screening for sexually transmitted infections.

When asked before the campaign: "When you are unwell, who would you first seek professional advice from?", only 13 per cent said they would go first to their pharmacist (most

said their GP). That this proportion had risen to only 15 per cent by the end of the campaign shows how much further there is to go.

It seems that a week is long enough to raise, albeit not necessarily to sustain, awareness. Shifting deeply engrained attitudes will take much longer, but is a challenge that must be met.

Stephen Fishwick

Head of External Communications  
National Pharmacy Association

### Blogs on *PJ Online*

You can read regular contributions from a number of bloggers on *PJ Online*. In addition to *The Journals* regular contributors Bystander, Didapper, Footler, Glow-worm, Hourglass and Prospector, we have contributions from *Clinical Pharmacist* columnists and from preregistration trainees and pharmacy students across the UK.



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## COMMUNITY PHARMACY

**We urgently need legislation with teeth**

From Mr V. Aggarwal

Under the Department of Health's guidance "Best practice for ensuring the efficient supply and distribution of medicines to patients" (*PJ*, 12 February 2011, p154), not only does it state that pharmacies should receive medicines within 24 hours of ordering them, but also that routine checking of proof of prescription is rarely acceptable.

I had cause to order a product (required for NHS dispensing) last week from two manufacturers that still, as a matter of routine, ask for anonymised prescriptions to be faxed to them. I am sure that there are many other suppliers that are still doing the same.

It is surprising — given that both the Association of the British Pharmaceutical Industry and the British Association of Pharmaceutical Wholesalers are signatories to this document and would have gone through a lengthy consultation phase — that many of their members continue to find this an acceptable state of affairs. When one hears the Pharmaceutical Services Negotiating Committee say that this is best practice guidance and holds no legal force, one has to wonder what the point is. We have been suffering these problems for over two years now and, as acknowledged by the BAPW last

week, things are only getting worse. We urgently need legislation with teeth. I sincerely hope that the Government will take note.

Vinesh Aggarwal

*Director**8PM Chemist Limited  
Willenhall, West Midlands***Pharmacy consigned to the history books**

From Dr T. J. Benson, MRPharmS

Pharmacy has always suffered from an identity crisis. Nobody in Government seems to realise what we do and how we do it. The sole reason for this is that we, as a profession, never present a united front to any authority. How can we expect the Government to sit up and take notice when we are so fragmented? One only has to observe the plethora of pharmaceutical organisations to see the degree of fragmentation. Is it any wonder that we are seen as easy targets for funding reduction because of this? For any cut of funding we seem to put up and shut up except for the odd flurry of letters in the pharmaceutical press at such times and which anyone outside the profession ignores.

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**FROM PJ ONLINE****Better to have restricted products on the market than no product at all**

If the only way to bring pharmacy medicines (that have been switched from prescription-only medicines) to the market commercially is for the manufacturer to make an exclusive retail deal (*PJ*, 29 January 2011, p90), then this is better than the products not coming to market at all. However, it would still be preferable for access to be as wide as possible and as many professionals as possible to gain experience in providing the treatment.

*William Horsley, Chester Le Street, County Durham*

Unless things change now I predict that, within the next 10 or so years, pharmacy will have been consigned to the history books. No doubt there will be many here who will contest this. To these individuals, I would say that remuneration received reflects the perceived importance of the job done. Based on that observation, a train driver is probably able to earn more than a pharmacist which, to me, speaks volumes.

T. Benson

*Whitland, Dyfed***THE SQUARE****An end to independence is not the solution**

From Mr R. K. Chopra, MRPharmS

A world-renowned institute founded in the mid-19th century that survived two world wars and five national economic crises is now facing the biggest threat yet to its independent status.

As a former student, the School of Pharmacy, London, is, for me, a teaching establishment that truly befits its motto "Salutifer orbi" (bringing health to the world). I was proud to be a part of an organisation that carried such heritage and reputation and yet adapted teaching to prepare us for the ever-evolving profession that we were entering.

By preserving the school's independent status, I believe that the revenue generated from the increased tuition fees and funding gained in research and technology will be put back into developing the future of the school rather than funding other departments of a bigger institution. My fears are that perhaps the mere threat

of a merger (*PJ*, 16 October 2010, p425) may signal the beginning of the end of a truly unique school dedicated to the teaching of one profession moulding future champions in the development of pharmacy as a profession. The nature, scale and economic costs involved in such a merger mean that, once such a plan is put into place, there is no turning back.

The impending decision regarding the future of the school will not only threaten the history of a centre of excellence and a teaching establishment drawing in academics from across the globe, but also a national treasure and standard for the rest of the pharmacy world to aspire to.

Raj Chopra

*Superintendent Pharmacist  
Guidebrook Ltd  
Kingston-Upon-Thames, Surrey***ADHERENCE****Calendar packs**

From Mr B. A. Miller, MRPharmS

The **Article** by David Pruce on adherence (*PJ*, 12 February 2011, p172) omits the first step that pharmacists should take: ensuring that the generic drugs they purchase are in calendar packs.

Brian Miller

*London***Email**

Email correspondents are asked to give a full postal address or membership number

**FROM PJ ONLINE****Too few or too many pharmacists creates problems**

I registered [at a time] when the pharmacy degree was three years and the preregistration pay was just about reasonable. I believe I was lucky that I did not have to pay a student loan and that tuition fees were free (1971–74).

I, therefore, totally understand the problems that are looming and I feel sorry for young pharmacists joining the profession.

I [would like to] draw [students and young pharmacists'] attention to another problem. There used to be a limit on the number of schools of pharmacy and I think the number of students was somewhat limited to the expected need in the workforce. I am, therefore, worried about [universities wanting to offer] the pharmacy degree (*PJ*, 5 February 2011, p123). A second and even bigger problem is the active recruitment of overseas pharmacists, which may mean that there are fewer jobs for home-trained students.

I have always believed that a profession should [have] the correct number [of people in it] and that too few or too many create problems.

*Dorothy Drury, Bridlington, East Yorkshire*