

CHIEF PHARMACEUTICAL OFFICERS' QUESTION TIME

Devolution and its effect on pharmacy

On 16 September, the chief pharmaceutical officers for England, Wales and Scotland answered questions from Conference participants. The session focused largely on devolution and control of entry. Clare Bellingham reports

THE impact of devolution on pharmacy was the main theme of the question time session with the chief pharmaceutical officers for England, Scotland and Wales.

What do the chief pharmaceutical officers think about the perception that "things are done better" in Scotland?

Bill Scott, chief pharmaceutical officer for Scotland, suggested that in fact things are done "differently" in Scotland. It is easier to have shorter lines of communication between the various leaders of the profession than in England, a country with 10 times the population, he said. "Also we have a can-do attitude and are quite happy to take forward ideas and try them out," he added.

Dr Jim Smith, chief pharmaceutical officer for England, agreed that there are differences in approach between the different countries. "There is also a difference in political philosophy," he said. "Ministers in England are strongly committed to a devolved National Health Service [to a local primary care trust level] so there are strong constraints on how directive we can be from the centre." This approach of "shifting the balance of power" did not appear to be present in Scotland, he added.

Wales found itself in between, said Carwen Wynne Howells, chief pharmaceutical adviser for Wales. Wales does not have the same degree of independence that Scotland has but neither is it the size of England. "We can find that we develop services but are then constrained by England/Wales legislation; like it or not we are still tied to England," she commented.

Another political difference between Scotland and England is that members of the Scottish Parliament are more easily accessible than their English counterparts, so pharmacists have more opportunity to influence them, according to Mr Scott. When this difference is coupled with the fact that more time in the Scottish Parliament is spent on health and education, it means that the profile of pharmacy in Scotland increases.

Miss Wynne Howells agreed. "Devolution has made us closer to the political process," she said.

CONTROL OF ENTRY

Control of entry provided an example of one area where policy has diverged in the three countries.

"Our ministers took a different judgement and decided that they were not comfortable with the Office of Fair Trading's proposals but that there was a case for an element of competition," said Dr Smith. This resulted in the "balanced package of measures" which is currently under consultation. Acknowledging that not everyone is

happy about the package, he added: "I can only repeat what has been said already — about not doing anything that would seriously damage the community pharmacy network." However, Mr Smith believes that it is a "perfectly reasonable package" that will allow "choice and competition" to be considered by primary care organisations, alongside the "necessary and desirable" criteria, when making decisions about new pharmacies.

Although the OFT proposals have been rejected in Wales, Miss Wynne Howells said: "We have to be mindful of the response in England." This is because there are a number of companies that operate in both England and Wales and what happens in England to them might have a knock-on effect in Wales. "It is still our intention that we need to preserve the community pharmacy network. Inevitably we have to recognise that there will be some fall-out from the way England handles it."

Mr Scott said: "Our ministers reflected on what would be good for Scotland and decided to reject the OFT proposals but they do not reject the idea of competition." He added that he believes pharmaceutical care should be an integral part of the NHS and therefore a new pharmacy contract is needed to support this.

However, Mr Scott warned: "Just because we have rejected the OFT proposals it should not be read that we are accepting the status quo. We will look at NHS pharmaceutical services and we want to produce a package of measures that strengthens the role of pharmacy practitioners working there."

Another area of policy divergence is in self-care. In Wales, the policy is to abolish all prescription charges in the hope of increasing equity of access to the NHS, explained Miss Wynne Howells.

In Scotland, pharmacists are able to prescribe treatments for minor ailments on the NHS. "We are rolling out the minor ailments scheme under a policy of social justice so people will have more access to medicines," said Mr Scott.

Do the chief pharmaceutical officers ever work together? "Yes we do," said Dr Smith. "But inevitably, given the degree of divergence of the NHS across Great Britain, a lot of work is done separately. This is a direct consequence of devolution."

Miss Wynne Howells added: "Perhaps this is one aspect of our work that we are not



Chief pharmaceutical officers (left to right): Jim Smith (England), Carwen Wynne Howells (Wales) and Bill Scott (Scotland)

overt about. We meet at quite regular intervals and engage with others too, such as the Royal Pharmaceutical Society."

PHARMACY PLANS

The three pharmacists were also questioned about their pharmacy plans. Why had England replaced its pharmacy strategy with a new vision? "The vision is very much a stock-take in recognition that a huge amount has changed in the past three years [since the pharmacy plan was published]," said Dr Smith. He pointed out that there had been omissions in the original plan, in particular public health, and a clearer view on information technology had been needed. Dr Smith stressed that there is no significance that one document has been called a "strategy" and the other a "vision".

The Welsh pharmacy plan was issued as a consultation document and Miss Wynne Howells confirmed that responses have been collated. An action plan will be put in place later in the autumn, she said. The fact that it had been a consultation document had not stopped work on taking forward various elements of the strategy, she added.

Are pharmacists overwhelmed with bureaucracy? Dr Smith said that ministers are acutely aware of this problem, but the difficulty is that initiatives need to have an application process. Paperwork is being minimised wherever possible, he added.

Mr Scott stressed that one of the principles of the negotiations of a new contract for pharmacists in Scotland is based on low bureaucracy and high trust.

The chief pharmaceutical officers also touched on divisions within the profession. Mr Scott said that if the profession divides into small interest groups then it becomes more difficult to get a message across.

Dr Smith agreed: "The message sometimes gets blurred and this makes it easy for government to do nothing so the profession does need, wherever possible, to speak with one voice."