

ASSOCIATION OF INDEPENDENT MULTIPLE PHARMACIES

# Co-operation needed for overall benefit

*The Association of Independent Multiple Pharmacies (AIMp) held its second meeting on 16 May in Leicester. Digby Emson, chairman of the Company Chemists Association, was the guest speaker*

**T**he Company Chemists Association and Association of Independent Multiple Pharmacies should work together, according to DIGBY EMSON, chairman of the CCA. Many of the issues facing the CCA and AIMp were the same, he said. These included error reporting and skill mix. "I am concerned that we do have a good dialogue with AIMp," he said. "Our overall objective should be to ensure that the [pharmacy] market is large. If we spend too much time fighting each other then the market won't be large enough." He advised that AIMp should develop clear and well-researched consensus documents on the important issues in pharmacy.

Recent significant changes in the National Health Service had caused the CCA to review its role. This had resulted in the association producing a vision for 2001-04:

- 1 Community pharmacy should be a first port of call for patients accessing the NHS
- 1 Greater integration of community pharmacy within the primary health care team
- 1 A more positive and significant presence for community pharmacy within the NHS

The CCA's vision is built on a concept of "strong pharmacy". This means that members should work together to create a strong and viable community pharmacy market. "Above the internal competition, we want to work in a co-ordinated way to grow the pharmacy market," Mr Emson said. If the total pharmacy market does not grow then it would be a smaller cake for all pharmacy companies to share, he added.

The CCA also wants to increase its own profile, through playing a strong political role in lobbying for pharmacy. He pointed out that although pharmacists had had reasonable success in gaining a role on primary care trust executives, "the profession has singularly failed to get representation on strategic health authorities." The CCA had also had a recent change in structure in order to have a truly independent voice (see *P7*, 20 April, p521).

## CPD

The effects of continuing professional development on manpower need to be addressed, said KIRIT PATEL, Day Lewis, and AIMp vice-chairman. Research suggests that uptake of CPD in people aged over 50 years is poor, so mandatory CPD might result in pharmacists in this age group coming off the register. This could lead to a manpower shortage, he said. He also point-



*Digby Emson: work in a co-ordinated way*

ed out that the proposed introduction of CPD was IT-oriented and that a paper-based system was also needed.

## CONTRACTS

A frightening prospect in the NHS plan was the introduction of 750 one-stop primary care centres by 2006. "In the definition of primary care centre, it is not clear whether they will all have pharmacies although the NHS plan does say that a significant number will have," Mr Patel said. It was not clear whether pharmacy contracts for primary care centres would be new or relocations of existing contracts.

Control of entry was another important area. Mr Patel said that originally he had believed that for supermarkets there was a 60 per cent probability that control of entry would be lost, a slightly lower probability for high streets and a 100 per cent probability it would be lost for out-of-town stores. However, now he thought that 40 per cent was more realistic for supermarkets. "There is a 5 per cent chance of a complete free-for-all," he added. The OFT would make a recommendation before the end of September, although it would not be implemented immediately.

However, participants expressed concerns that a free-for-all might happen. There

## Aims of AIMp

AIMp was set up earlier this year to represent the interests of multiple groups that are not part of the Company Chemists Association (see *P7*, 19 January, p48). The organisation now has 808 members with a further 247 who are currently having their membership applications processed.

was general agreement that members of parliament should be lobbied now.

## LPS

DAVID VANNS, H. I. Weldrick, said that he was applying for two pilot local pharmaceutical services schemes this June. However, he was the only participant at the meeting who was submitting a bid.

Some PCTs were ready to receive applications while others had said that they would not be ready in time for June. "We must be involved in the first round even if we are rejected," Mr Vanns said. "The next round [in November] will be more aggressive." Pharmacists could not wait to see what others were doing when up to 20 per cent of their income could be at stake. He suggested that pharmacists needed to find areas where there were unmet pharmaceutical needs and target these with LPS services.

Concerns were also raised that there would not be funding available for LPS services because of the pressure that PCT budgets were under.

## ETP

The introduction of electronic transfer of prescriptions, so that by 2005 half of all prescriptions will be transmitted electronically, meant that the volume of prescriptions would increase, said KIRIT PATEL. In terms of the current ETP pilots, he expressed concern over the fact that Pharmacy 2U were taking advantage of the pilot to register patients through putting posters in doctors' surgeries.

## FINDING A CAUSE

PETER CATEE, Peak Pharmacy, and AIMp chairman, suggested that AIMp found a "cause to pursue". Among his proposed causes were tackling misrepresentation of performance in pharmacy, slow progress on the patient pack initiative and the problem of switched prescriptions.

Switched prescriptions are those moved from the exempt to the paid bundle at the Prescription Pricing Authority with no chance to check this has been done correctly. One contractor reported switches happening because the tick was not "contained accurately in the exemption box", he added.

The Office of National Statistics is misrepresenting the pharmacy sector and had done for a long time, he said. A number of reasons, including the exclusion of large retailers from data collection, meant it over represented performance in pharmacy. The Confederation of British Industry also gave the impression that pharmacy was performing better than was actually the case.