

Pharmacists need to allay fears after recent health scares in the media

Participants heard that pharmacists are in an ideal position to support carers. **Steven Kayne**, a community pharmacist in Glasgow, reports

Listening to and communicating with patients are key skills, emphasised Angela Timoney, chairman of the Scottish Executive of the Royal Pharmaceutical Society. Media coverage of recent events involving adverse drug reactions and MMR vaccination has stoked up anxiety among members of the public and in some cases a mistrust of the Government, said Ms Timoney.

It is pharmacists' task to allay such anxieties and ensure patients are aware of these matters "within the context of therapeutic delivery", she said. Pharmacists' high visibility in the High Street and the advent of pharmaceutical care, minor ailment schemes and sup-

plementary prescribing means that pharmacists are uniquely placed to support health care delivery in Scotland on a much greater scale than ever, she added. She explained that the Scottish Executive of the Society is looking at ways of providing access to leadership development to ensure that pharmacists are well prepared to take a full and active part in the new community health partnerships that are replacing local health care co-operatives.

Turning to the devolution review, Ms Timoney said that she looks forward to its report and hopes the Council will have the courage to implement measures to strengthen the profession's profile in managing the health of Scotland's people.



Angela Timoney: allay public's anxieties

Consumers have economic, organisational and personal interests in pharmacy

Although pharmacists are generally highly regarded by consumers the mystery shopper campaign has revealed some flaws in their advice, particularly among independents, said Martyn Evans, director of Scottish Consumer Council.

He added that this is an area that needs attention because it damages pharmacists' reputation. Consumers have higher expectations in the quality of service delivery and are assuming a greater power in the marketplace, explained Mr Evans.

Mr Evans said his members had three key interests in pharmacy. The first interest was economic. He outlined his concerns about the Office of Fair Trading inquiry. He said that he understands the profession's concern surrounding the OFT report but suggested that the current practice of controlling entry makes it more difficult for young pharmacists to get a foot on the business ladder and goes against the Government's stated aim of improving access.

Mr Evans made a distinction between proximity of service, dependent on geographical location, and access of service involving the provision of a wide range of services and opening hours. In most cases independents and small local multiples were performing well on access to services compared with supermarkets. However, he added that existing independents were sell-

ing out for large sums to the multiples therefore restricting consumers' choice.

The second interest was organisational. Mr Evans believed that patients should have had more input into the contract negotiating process. He said that other stakeholders should also have been consulted, including carers and members of the public who, as taxpayers, footed the final bill.

The final interest of his members was personal, said Mr Evans. Uninformed consumers entering a community pharmacy are often vulnerable, having to rely entirely on what they are advised by the pharmacist or counter staff. This represents a huge responsibility, requiring competence, knowledge and ethical considerations. He said that generally the profession performs well and can be trusted to give an appropriate level of service.

According to Mr Evans, older consumers can appreciate the link between pharmacy and the NHS and tend to use the same pharmacy, trusting their local pharmacist implicitly. He welcomed the shift in emphasis from dispensing to health care delivery. However, he suggested that there is an emerging group of high earning business people who move from one pharmacy to another according to their circumstances. This does not give a pharmacist the opportunity to engage proactively in promoting and maintaining good health.

Mr Evans concluded by saying that he hopes that a way can be found to target this emerging group.

What is a carer?

There is a great deal of confusion as to what a carer is, according to Colin Williams, director for Scotland, Princess Royal Trust for Carers.

A carer is a person who, without payment, looks after or provides support to relations, neighbours or friends at home. There is a great need for carers to be recognised and given the respect they deserved, said Mr Williams. In Scotland 100,000 people act as carers for over 50 hours a week. This total includes approximately 16,500 carers under the age of 18. Their activities save the Scottish exchequer £5.7bn annually. Mr Williams described carers as being a hidden group of dedicated people who often assume their responsibility to a family member without seeking the help to which they are entitled. The Strategy for Carers introduced in Scotland in 2000 recognises that carers are important partners in health care and ensures that support is readily available.

Mr Williams said that pharmacists could play a "profound" role in providing information both proactively and reactively about where carer support can be obtained. There are 29 Carers' Centres across Scotland providing practical information and advice, emotional support and a link to support services. He reminded participants that they are in direct contact with carers on a daily basis, handing out, and giving advice on, medicines prescribed for patients whom they may not have seen for months. Mr Williams regards pharmacists as ambassadors for quality care for carers and their families as well as for patients and he looks forward to the new contract to facilitate the emergence of new services.

The Scottish Pharmacy Conference took place in St Andrews on 27 and 28 November