OFT REPORT

Corporate greed must be nipped in the bud

From Mr D. J. Essen

Our company specialises in pharmacy stocktaking and I run an agency for the sale of pharmacies. In 1987 when last there was a "free for all, open where you want" attitude, we saw the creation and the demise of many pharmacies. We, as a company took many losses as pharmacies closed. Many of today's owners have built up their pharmacies from little to something that was to finance their retirement. In 1987, I took plenty of calls from would-be "blow everyone else, I'll take someone else's hard sweated living for nothing" persons. Now the Office of Fair Trading has handed such people the opportunity of starting all over again. Why can the National Health Service not refuse a contract? Supermarkets have already killed off most of the bakers, butchers, greengrocers and plenty of other independent traders. Why should they have all and sundry bowing to their every wish?

It is no secret that there is a shortage of pharmacists and particularly of those able to run their own businesses. Supermarkets are open late and so will probably need two pharmacists to take care of the hours of one store. Will this inspire any up and coming pharmacist to buy a business? Indeed, what will attract anyone to become a pharmacist, when their only form of employment after years of study is to work unsociable hours in anything but a sterile environment.

I think that the whole point that is being missed is that the good pharmacists are those that are moved not so much by profit, but by being caring of their patients. I have worked in both independent and supermarket environments and pharmacists who work in the supermarkets give one an impression of feeling cheated out of their role of listening to a patient's ills, and using their skill and judgment to help those in need. In one supermarket pharmacy where I worked, pharmacists were instructed to accept baskets of shopping to tally up as well.

How long will it be before supermarkets allot part of their car parks for the building of doctors' surgeries, thereby ensuring the demise of the independent and larger community pharmacy companies in any given area? This is corporate business greed gone crazy, and I hope someone can nip it in the bud before it is too late.

Derek Essen
Essen Valuers & Co

Worried by potential loss of goodwill value

From Mrs J McMurray, MRPharmS

I write in response to the assumption made by John Evans of Asda that there were only three ways by which a 38-year-old pharmacist could have owned a pharmacy (*PJ*, 1 February, p158). I am a 37-year-old pharmacist who borrowed a considerable amount of money five years ago to finance the purchase of a pharmacy and I am sure that I am not the only one.

When the control of entry regulations commenced the value of goodwill increased and now if the regulations go the value will decrease. So what will happen to people like me who paid a lot as a result of a Government decision in 1987 and now face owning something that is potentially worthless (with a large loan outstanding) if the Government adopts these recommendations? I am worried.

J. McMurray
Oswestry, Shropshire

Moving towards extinction

From Mr C. R. Williams, MRPharmS

Taking into consideration the opinions of our members in relation to the Office of Fair Trading's report, it would be interesting to speculate on the future of pharmacy in a brave new world as follows:

- All general practitioners take on dispensing, employing anyone they like under the umbrella of delegated responsibility at an hourly rate of £5.50. GPs use any additional revenue to prop up a personal pension
- Supermarket chains try to get a foot in the door of dispensing surgeries by offering to help them financially in their new role
- The Royal Pharmaceutical Society extends its membership to cover technicians due to the flagging pharmacist membership
- Community pharmacies in small towns and villages become extinct
- Pharmacy students change to more reliable courses like plumbing and electrics

I have always believed that pharmacy is a vulnerable profession and acting in part as shopkeepers, selling toys and sweets, must compromise our integrity. I believe our own evolution is one of extinction.

Charles Williams
Crowborough, East Sussex

The public must make a stand for community pharmacy

From Mr J. P. Currie, MRPharmS

Following the Office of Fair Trading report on regulation of community pharmacy, the initial reaction from all the caring sectors of the profession must be one of insult. However, upon reflection, perhaps John Vickers and his team have handed local community pharmacy the greatest ever opportunity to demonstrate to the Government and Civil Service their true value to health care provision within the National Health Service.

Since publication of the report, I have actively promoted the issue within my local community and canvassed opinion of the potential outcome, following deregulation. The response has been astonishing: alarm at the long-term consequences of local pharmacy closures, and respect and support for pharmacy services.

A former Government minister who regularly visits my pharmacy informed me that if a member of Parliament receives from his constituents six to 10 letters on a subject, then there is an "issue" to be addressed. Over the past two weeks I have encouraged many of my patients to write to their local MP expressing their concern (providing them with a briefing paper and a stamped addressed envelope). I have had over 200 pledges of support, not to mention a petition with 1,500 signatures and addresses.

I have recently met my local MP, who was supportive and commented on the 60 letters he had already received on the subject. I feel encouraged that perhaps the Government may realise that health care provision should not be influenced by narrow sectional interests.

Now is the time for the public, not the profession, to demonstrate to the Government the major contribution community pharmacy already makes to patient care within the NHS. I encourage pharmacists to mobilise the communities they serve and seek the influence of their local MPs.

James Currie
Bradford, West Yorkshire

ADVICE FOR CORRESPONDENTS

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words. **The Journal** ***reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. Women correspondents should specify a preferred title otherwise "Ms" will be used.***

Letters are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform **The Journal** ***at the time.***

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.

OFT REPORT

Our leaders must engage in the battle sooner rather than later

From Mr G. Hall, MRPharmS

It is common knowledge that general practitioners are severely stretched, and a report due out next week will indicate the Government's own recruitment target may fall short by up to 10,000. The Department of Health in both the NHS plan and "Pharmacy in the future" views pharmacists as a huge untapped resource for the overstretched National Health Service. The DoH views the 12,000 "chemists shops" across the United Kingdom, easily accessible on the high street, as future "consulting rooms" or surgeries. Where, then, is the logic in losing a third of these premises, replacing them with less accessible pharmacies in out-of-town superstores, which is what could happen if the Office of Fair Trading recommendation is implemented?

There also appears to be little financial logic. The Cabinet Office estimates that if repeat prescribing was transferred from GPs to pharmacists this would release 2.4 million GP hours. If pharmacists were also able to take on one fifth of all GP appointments that are for minor ailments, and manage chronic diseases and drug treatment reviews, it would save the NHS £380m annually. This compares with the OFT estimate that deregulation would save consumers £30m through cheaper medicines.

The argument is partly about whether community pharmacists are clinical professionals or shopkeepers. The Health Secretary, Alan Milburn, declared his views at the most recent Labour Party conference: "I see pharmacists as clinicians, not as shopkeepers." The OFT clearly disagrees with him, seeing pharmacists as small shopkeepers running restrictive practices. But the argument is also about the real needs of NHS patients for rapid, open access to treatments for minor illnesses and chronic diseases.

This is a battle between the DoH and the Department of Trade and Industry. The arguments are clear, important to all patients, and have huge significance for our profession and the future shape of the NHS. Our leaders must engage in this battle sooner rather than later.

We need to put an eloquent and factual argument together if we are to persuade the Government of our case within the 90-day response period. We need to show this is a decision of big business power, namely the supermarkets, against the needs and development of the NHS.

Graeme Hall
Professional Secretary
United Kingdom Clinical Pharmacy Association

Freedom of choice must be based on evidence

From Mr R. C. Cooper, MRPharmS

During the outbreak of leapfrogging in the 1980s, I witnessed some appalling decisions which, although they made a few people a lot of money, did nothing to promote the profession, pharmacists or the service offered to the public. Decisions were made purely to maximise profit. Is it any surprise to anyone that the only companies to welcome the Office of Fair Trading report openly are grocery-based? The main point in favour of removing the control of entry regulations is to reduce the price of pharmacy (P) medicines. This is illogical and flies in the face of all of the reforms that have taken place within the NHS over the past few years.

What happens to the "new NHS" when the grocers decide that perhaps there is not enough profit in pharmacy and decide to sell wool instead? Most of the proprietor-owned pharmacies would have been driven out of business and there will be no one to pick up the pieces, except of course companies owned by general practitioners, who will take full opportunity to get rid of pharmacist owners, which is what they have been trying to do in rural areas for years. How will these GPs react when the grocers decide to have surgeries within their premises? Grocers have killed off newsagents, greengrocers, butchers and now they want pharmacy.

Freedom of choice is a wonderful thing. In health care, freedom of choice must be based on clinical evidence, not market share. The new contract could be the lifeline for our profession. We have the opportunity to deliver more than boxes with labels on them. Those of us involved in training or management know how hard it is to find pharmacists who can talk to members of the public, advise them on their condition or medication and enjoy the encounter. There are too many pharmacies under the control of pharmacists who do not usually spend more than two days in the same place.

I agree that competition is necessary to prevent the profession from stagnating. I agree that pharmacies need to be more in tune with the needs of their patients. I do not agree that the profession is best served by flooding the market place with sub-standard services just to capture market share.

Who will open on Christmas day and bank holidays? Who will supply addicts, needle exchange, supervised consumption, trusses, hosiery, expensive items? Who will keep the unprofitable lines that people expect in pharmacies? Those of us who remain committed to our patients and the profession will.

We need to control the provision of pharmaceutical services. Primary care trusts have a legal and moral responsibility to ensure adequate provision within their area. If they think it necessary they can grant any application. Why do we need a free for all? Is it just to satisfy the City?

Robert Cooper
Elmswell, Suffolk

Ending control of entry cannot be allowed to proceed

From Mr A. B. Sutherland, MRPharmS

I draw to your attention a rather interesting article that appeared in *The Guardian* on 24 January ("Find a new prescription", p21). Did anyone notice the crux of the article, relating to the end of control of entry? I was quite impressed by Polly Toynbee's grasp of the issue, and wonder if the Royal Pharmaceutical Society's Council also realises the gravity of the situation. Put simply, ending control of entry cannot be allowed to proceed lest we see an end to local pharmaceutical services.

Market forces are all well and good in large markets, where staffing is not an issue. However pharmacy is a narrow and specialised market which at the moment cannot satisfy current demand for pharmacists. How will the profession cope with a massive proliferation of outlets all in need of a pharmacist, all in need of a few FP10s more, to make that target? What kind of quality of care will we see then? I dread to think.

Adam Sutherland
Pharmacy Department,
Nottingham City Hospital

Medicines are not ordinary articles of commerce

From Mr R. Blyth, FRPharmS

I was pleased, but not surprised, to see the National Pharmaceutical Association suggesting pro-supermarket bias on the part of the Director General of Fair Trading (*PJ*, 1 February, p139). I had previously suspected an anti-pharmacy bias in the mind of the director general, which was surely indefensible in someone entrusted with a task that demanded a balanced judgement.

My concern was a front-page report in *The Times* of 18 January, in which the director general claimed that the number of pharmacies had remained static despite increasing demand from patients. The average annual net entry had been just four pharmacies a year and that was against a total of 12,250.

There is more to it than that. After the 1939–45 war, pharmacy numbers peaked in 1954 at 15,413. The following year saw the start of a steep decline. Although only 11 closed in 1955, by 1980 the number had fallen to 10,623. A rebound occurred and by 1984 the number had risen to 11,107. When it became known that the government was proposing to limit the number of National Health Service contracts for pharmacies, the number of pharmacies bounced up to 11,974 by 1987 when limitation was imposed. Because it was Parliament's intention for economic reasons to stabilise the number of pharmacies by means of limitation, it

is hardly surprising that the number of pharmacies is now only 12,250.

Incidentally, the reason for the large fall in the number of pharmacies after 1954 was the emergence at that point of cut-price competition from supermarkets. In August 1954 pharmacists were complaining about a new "supermarket" in Edgware, Middlesex, in which various branded articles were being sold at cut prices be Express Supermarkets Ltd. A system of discount houses (or cut-price shops) was already in existence in the United States, some 6,000 of them by 1954.

So, are we now to see the supermarkets completing the cull of the traditional pharmacies? Let us hope that the Government will think otherwise and decline to feed the "greedy grocers" (Patience Wheatcroft's apposite description in *The Times* of 14 January).

Magnus Linklater's trenchant criticisms of the "superstore oligarchy" and some of its malign effects upon the community in *The Times* of 15 January ended with a quotation from Tim Lang, professor of food policy at City University: "The Competition Commission needs to be given social criteria, not just narrowly defined economic criteria, by which to judge the public interest." For Competition Commission, read Office of Fair Trading. As Magnus Linklater concludes: "It is high time consumers asked themselves whether the superstores have passed their sell-by dates."

I would only add that medicines are far from being ordinary articles of commerce and that is why the pharmaceutical profession exists.

Robert Blyth
Milton Keynes,
Buckinghamshire

John Vickers should have taken no part in inquiry

From Mr P. Jenkins, FRPharmS

The current Director General of Fair Trading, John Vickers, had been a paid adviser on mergers for supermarket groups in the 1990s (*PJ*, 1 February, p139). Although there is no suggestion of present financial links, his past connections must have given him a particular feeling for the directions in which the supermarkets wanted to grow their businesses. The results of the latest Office of Fair Trading report will facilitate these business opportunities.

It would have been proper for him to have taken no part in this investigation and this should have been obvious to all those concerned with setting it up. It is a slight to our profession that nowhere along the line did anyone raise this. It does not reflect well on the officials involved, since many of them must have known his previous career.

There was a glitch in the resale price maintenance investigation that resulted in a rerun of part of that case which cost pharmacy money at the time. Is this a variation on a similar theme? Surely it should be ensured that these inquiries, which affect many individuals' livelihoods as well as the health provision across the United Kingdom, should be conducted in a scrupulously fair manner and, equally importantly, be seen to be fair.

The National Pharmaceutical Association has commented publicly but there is, as yet, no statement from the other national bodies. Surely they will follow this up.

Already there are questions being raised as to the benefits to be gained if the report's findings are implemented in full. We cannot be sure any changes will be made to the report or that, if there are, we will approve of them, however the background of the director general must add to the questioning. There is no way that his opinions, coloured by his experience, could not have had an effect on the report's outcome.

Peter Jenkins
Cardiff

The economics do not stack up

From Mr N. Cumming

People should be aware that even if pharmacy is reduced to "simply a matter of supply, demand and pricing", the Office of Fair Trading's arguments still do not stack up. Market forces mean that consumers value "perceived benefits" and that markets can be manipulated to give perceived benefits which are of purely superficial value. For example, a pair of training shoes reduced from £200 to £150 is a perceived saving, encouraged by the free market, but it hardly reduces the cost of footwear.

The "benefit" most valued by National Health Service prescription consumers is location relative to the surgery or health centre. This stimulates a market response by pharmacies to get as close to the doctor's surgery as possible, and to cluster round health centres. To say this could be controlled through the remuneration system does not fit with any rational analysis of competition theory, or of the market forces affecting pharmacy. Contract limitation was brought in to control NHS costs. Its removal will inevitably lead to wasted resources and higher NHS costs.

The price savings from supermarkets are grossly overstated. The £25m saving is based on a "10 per cent to 30 per cent saving on all medicines, depending on the supermarket", but these price reductions only apply to a limited selection of "known value items", not medicines in general.

Economic and marketing theory tells us that increased competition will cause the market to grow. To think that playing with the NHS market in order to facilitate supermarkets taking a larger market share will bring consumer savings is to confuse promotional activity with real savings. It can be confidently predicted that more supermarket pharmacies will mean higher consumer spending on medicines. That the spending is more likely to be damaging than beneficial to public health is a health rather than an economic argument.

Nigel Cumming
Managing Director,
Lindsay & Gilmour Chemists

Services vetoed?

From Mr A. C. Gush, MRPharmS

Our local health group has rolled out a patient group direction across our local network of pharmacies. One large supermarket has decided not to participate in this service to patients. I am concerned that, if the recommendation in the Office of Fair Trading report were accepted in Wales, this liberalisation could not only reduce access to pharmacies, but services could be further restricted by supermarkets choosing to veto services after performing an impact assessment on their shopping trolley value.

Andrew Gush
Bridgend, Mid Glamorgan

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OFT REPORT

Supermarkets should come under scrutiny

From Mr A. Patel, MRPharmS

It has been estimated by the Office of Fair Trading that the benefit to consumers would be around £30m per annum through deregulation. Indeed, if the OFT really has consumers' interests at heart and wants them to benefit even further, why does it not look critically at the excessive net profits made by large supermarket chains in the United Kingdom compared with those on the continent and in the United States? A figure of £30m seems insignificant compared to the billions of pounds of profits produced by these same supermarkets from these same consumers.

Ajay Patel
Potters Bar, Hertfordshire

Deregulation will not deliver the benefits promised

From Mr K. C. Patel, MRPharmS

So John Evans has written a myth-busting article in support of the Office of Fair Trading report (*PJ*, 1 February, p158). I am not convinced that this article represents his owns views, rather they are the views of Asda management who have lobbied hard in favour of deregulation. In my view, deregulation will not deliver the benefits promised in the OFT report and will ultimately prove detrimental to all pharmacist.

First, doctor dispensing will increase substantially. Any practice generating a large volume of prescriptions will be tempted to set up a pharmacy. Once this occurs, even those pharmacies that are adjacent to a health centre will notice a difference.

Supermarkets have lobbied successfully to remove resale price maintenance. They were keen for the OFT investigation to take place and they stand to benefit hugely from deregulation. The next item on their agenda is the removal of the requirement for supervision by pharmacists; plans no doubt are already in place. After all, pharmacists are the most expensive part of the dispensing process. Once supervision is removed only trained technicians will be needed in order to dispense. Those surgeries that have established dispensaries within their practice will welcome this move since they will no longer have to employ a pharmacist and those surgeries that have not done so may be tempted.

It is in the interest of all pharmacists to lobby effectively and make their views known if they are opposed to deregulation. The National Pharmaceutical Association has sent out letters outlining action that can be taken. Protect you jobs, your livelihood and your profession. No one else will.

Kiran Patel
Rayleigh, Essex

LOCUM PHARMACY

2003 — the year of the pharmacist

From Mr S. J. Taylor, MRPharmS

I read with interest the letter from David Blake (*PJ*, 1 February, p153) regarding locum rates and mileage payment and would like to make a few of my own points in response.

Mr Blake suggests that 2003 could be the year of the locum. I would contend that 2002 was the year of the locum, with many locums raising their rates as soon as demand increased slightly. This brought about the ludicrous situation of locums asking for fees in excess of £25 per hour over the summer period, when a week or two before their rates were £18.50 per hour. Not only that, but many locums also asked for "travel time". This meant that, even if the journey they had to make was only 20 to 30 minutes, two hours' travel time was also demanded along with door-to-door mileage payments.

Mr Blake also suggests that payments should be sought for work within 48 hours of completion of an engagement. And how exactly is this meant to be accomplished other than by the dubious means of paying money from the till? A pharmacy manager is paid four weeks in arrears, along with all other staff. Why should a locum be treated differently?

It is a sad fact that locums have a great deal of power over pharmacy owners, whether independent or multiple. I would like to say to all owners that you should pay nothing above £18.50 per hour, but if I did that I would leave myself open to accusations of "fee fixing".

Let us make 2003 the year of the pharmacist — professional, hard working, caring, giving excellent customer service and error free dispensing.

Please let us not see the money grabbing attitude that reared its ugly head in 2002 ever again.

Stephen Taylor
Coalville, Leicestershire

HOSPITAL PHARMACY

Hospital pharmacist pay is market-sensitive

From Mr R. G. Pate, FRPharmS, and Mr B. Jones

Although we share many of the concerns expressed by the Association of Scottish Trusts Chief Pharmacists with the Government's proposal to modernise the pay system for National Health Service staff (*PJ*, 18 January, p80), it is worth mentioning a couple of key points. We would therefore like to assure your readers that the points made have not been lost on the Guild of Healthcare Pharmacists and in particular in respect of the emergency duty commitment allowance, and where pharmacists will ultimately sit in the new pay scales.

In discussions still ongoing in "Agenda for change", we have expressed concerns that too few pharmacists' jobs have been involved in the evaluation and profiling process and that much more work needs to be done to correct this. In addition we have highlighted that hospital pharmacist pay is market sensitive and we believe this has now been acknowledged in the application of recruitment and retention premiums in recent announcements on "Agenda for change". We are making the point that when applied to pharmacy these need to be at a high percentage if the service catastrophe predicted by the Scottish trust chief pharmacists is to be avoided.

Although "Agenda for change" is progressing with some speed, there is still much to negotiate. Indeed, the Guild of Healthcare Pharmacists will also be submitting a pay claim for 2003–04 and while this will incorporate issues raised previously, the opportunity will be used to relate this to "Agenda for change" and the need to modernise grading definitions.

Clearly it is in everybody's interests to recruit and retain high quality staff to the service. If "Agenda for change" does not fully take into account the impact it can have in respect of this it will not have succeeded in its ultimate aim in ensuring the NHS can recruit the staff it needs and provide adequate reward to retain their services. It is therefore the guild's intention to consult members over this proposed deal.

In conclusion we are grateful to the Association of Scottish Trust Chief Pharmacists for highlighting the issues in such an eloquent way. However, much of "Agenda for change", including job evaluation and pay scale assimilation, has still to be concluded and clarified.

Ron Pate
Chairman

Barry Jones
Section General Secretary Staff Side
Pharmaceutical Whitley Council

DISPENSING

Is preparation of simple formulae really beyond pharmacists?

From Mr C. M. Wragg, MRPharmS

I was surprised to see that the younger generation of pharmacists appear to need instruction in the preparation of chloroform water and peppermint water (*PJ*, 1 February, p172).

In the same issue (p146) there is a request for someone to prepare a batch of lotio alibour, which, according to an old edition of 'Martindale' that I have consulted, consists of a simple solution of zinc sulphate and copper sulphate in camphor water. Is the preparation of such a simple medicament really beyond the capabilities of any pharmacist? Clearly extemporaneous dispensing is a skill which is rarely required nowadays, but surely it should still be taught.

Christopher Wragg
Bakewell,
Derbyshire

HEART DISEASE

What about fish consumption?

From Mr H. A. Tyrrell, MRPharmS

The recent continuing professional development article on primary prevention of heart disease (*PJ*, 18 January, pp86–88) provided a useful overview of the subject. However I was puzzled at the absence of comment regarding the value of including fish in the diet. It is well established that regular consumption of fish can significantly reduce cardiovascular disease and mortality, probably due to the presence of omega-3 fatty acids and their effects in lowering triglycerides and risk of thromboses and arrhythmias.

Both the British Heart Foundation and American Heart Association advocate the regular inclusion of fish in the diet, although current United Kingdom advice from the Food Standards Agency is to limit this to two servings per week (including one of oily fish) owing to concerns over possible contamination of fish stock by industrial pollutants.

It would also be interesting to have the authors comments on the value or otherwise of incorporating soy protein in the diet as a means of reducing cholesterol levels.

H. Tyrrell
Horsham,
West Sussex

HELEN WILLIAMS, DUNCAN McROBBIE and RHIAN DAVIES reply: We thank your correspondent for his interest in our article, which focused primarily on areas in which drug therapy might be employed, alongside lifestyle change, to address cardiovascular risk. Coronary heart disease is a multifaceted disease and primary prevention should always start with lifestyle adjustment, which would include a healthy diet.

The most recent summary of primary prevention strategies from the AHA advocates consumption of a variety of fruit, vegetables, grains, low-fat or non-fat dairy products, fish, legumes, poultry and lean meats and refers specifically to the role of unsaturated fatty acids from fish, vegetables, legumes and nuts.[1] Epidemiological studies and clinical trials have established the role of omega-3 fatty acids in reducing the incidence of cardiovascular disease, although the ideal intake has not yet been clearly established. As your correspondent pointed out the current recommendations are to limit this to two servings of fatty fish per week.[2] Soy protein is a rich source of omega-3 oils, and there are data to indicate that soy protein may have a role in improving the lipid profile. Although this may support the inclusion of soy protein within the diet, it does not match the reductions possible where statins are appropriately employed.[3]

When considering the data to support the inclusion of individual foods within the diet, advice should be tailored to the individual patient. It is well recognised that lifestyle modification is difficult and the recommendations made must be realistic and achievable.[4]

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THE PROFESSION

Negative press

From Mr P. Williams

Non-readers of *The Sunday Express* may be concerned to learn that "the Government is encouraging people to use unqualified pharmacists" rather than give more resources to doctors (19 January, pp18–19).

With negative press such as this, it is no wonder large numbers of patients with minor ailments are still consulting general practitioners rather than pharmacists (*PJ*, 18 January, p70).

Paul Williams
Preregistration Trainee
Chester

THE SOCIETY

Society's role in ricin story

From Mr M. W. Jackson, MRPharmS

In early January, whether by listening to the radio or viewing the television, I was bombarded with information about ricin, a product well known to pharmacists who have studied pharmacognosy.

There have been many interviewees speaking on this toxic substance but no pharmacologist or pharmacognosist. Pharmacists qualifying in the 1950s, as I did, studied the extraction of Ol Ricini from castor seeds and knew about the existence of ricin left in the cake after the oil had been expressed. Why was a pharmacognosist not chosen to input this knowledge to the public in greater detail than the "experts" on radio and television.

The answer is, I am sure, that the news media does not know of the existence of qualified opinion. Unfortunately, they regard the pharmacist as the chemist, meaning a corner shop or working in a supermarket.

I regard this as a failure of the Royal Pharmaceutical Society's public relations department to develop a liaison with the news media, because unless it does, the public will only regard the pharmacist as the person who counts.

Maurice Jackson
Brent Knoll, Somerset

JEAN-PIERRE MOSER, head of public relations and membership, Royal Pharmaceutical Society, replies: When the story in question arose, the Society's press office was able to direct the media to Professor Tony Moffat, the Society's chief scientist, for information and interview. He was interviewed by *Time Magazine*, BBC Radio Wales and BBC Radio Cambridgeshire. In addition, researchers from both GMTV and Radio 4's *Today* programme spoke to Professor Moffat.

The Society's PR unit works to inform journalists of the expert knowledge that pharmacists hold and to provide comments and spokespeople on appropriate issues. The decision whether to feature the Society's comment or to broadcast interviews with Society's spokespeople lies with the editors.

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THE SOCIETY

There should be separate bodies

From Ms R. L. Kloss, and others

We believe that the current plans for the modernisation of the Royal Pharmaceutical Society do not allow for the representation of the interests of pharmacists, and there should be a separate body, which does not have a regulatory function, for this specific purpose.

Rachel Kloss
Preregistration Trainee
Wrexham Maelor Hospital,
and 29 other preregistration trainees

ANN LEWIS, Secretary and Registrar, Royal Pharmaceutical Society, replies: There is no reason why the Society's modernisation programme should not allow it to continue, or even increase, its existing representational function of acting as an advocate for the profession and bringing influence to bear on any issue that affects the profession's ability to deliver a safe, high quality service.

However, the Society is not a trade union. It does not and cannot represent pharmacists' individual or sectoral commercial interests. This would bring the Society into conflict with the public interest. This is the situation now: the modernisation programme will not alter this.

There is currently no organisation open to all pharmacists that can represent their interests without qualification. This remains a significant gap which the Society is not in a position to fill. It is not clear to what extent others within pharmacy may be interested in taking this forward.

Will branch funding be complicated?

From Mr W. T. Brookes, MRPharmS

The letter from members of the Slough branch committee (*PJ*, 25 January, p117) about sponsorship and the new branch funding formula underlines the points I made in my letter on this subject (*PJ*, 18 January, p82). The new system, by bringing sponsorship monies into the £1,000 reserve limit, will effectively penalise branches like Slough that, by actively seeking sponsorship and managing their accounts in a responsible way, have built up a healthy reserve. This also applies to equipment reserves built up by prudent branches for items needed to carry out branch business more efficiently.

The brevity of Jean-Pierre Moser's reply to my letter on these points is equalled only by its lack of content and confirms my fears about the new system. The process should be simple and effective and provide branches with the funds needed to work on behalf of their members. Instead it looks like being complicated and bureaucratic, run from the centre, not addressing the real needs of branches and penalising those whose hard work provides additional resources from non-Society sources.

W. T. Brookes
Stoke-on-Trent

Branch network is needed

From Mr G. A. Largue, MRPharmS

A letter dated 7 October 2002 was sent to all branch secretaries informing them that there was to be a change in the way the branches were to be funded. That letter also informed us that the proposals would be discussed at the branch secretaries meeting on 16 October 2002. At that meeting it became clear that the proposals were already in place and that there was no way that the decision would be reversed. These proposals were a cut in the basic branch grant and branches would be able to apply for extra funding if necessary.

More recently, branch secretaries and treasurers received a mailing informing us how the new system would work. The basic branch grant would be paid in August along with any extra funding that was applied for and authorised by the membership unit. The only problem with applying for the extra funding is that applications for this money have a closing date of 25 April 2003. The application form for extra funding asks for a brief description of each activity for which extra funding is required and also for a copy of a branch programme to be attached. I would like to ask how many branch secretaries or committees will have a full programme for 2003–04 available in April 2003? I would say few, if any.

An accompanying form tells us of the criteria that any meetings should meet to be eligible for this extra funding, one of which is, "Will the meeting be of a priority subject (eg, skill mix, supervision etc)?" How can branches know in April 2003 if they are going to need a meeting in February 2004 that covers a so-called priority topic? Who decides what a priority topic is, Lambeth or the branch members?

What I can see happening next year is the Council informing us that not all of the branch funding has been used therefore it will be cut yet again. Is this a roundabout way slowly to reduce branch funding, until the branch network is no longer viable?

I believe the Council is trying to run down the branch network at a time when it is most needed with modernisation and the Office of Fair Trading report, both being big issues at present.

Gordon Largue
Secretary
Moray and Banff Branch,
Royal Pharmaceutical Society

JEAN-PIERRE MOSER, head of public relations and membership, Royal Pharmaceutical Society, replies: When taking its decision in December 2002 to change the way branches are funded, the Council reaffirmed its commitment to branches and regions. It is hoped that the new funding arrangements will help the network develop to meet the needs of the profession at local level. The Council has the responsibility of ensuring the best use of the Society's resources. In June 2002, it was found that nearly £200,000 was already being held across all branch accounts before the grant payments for 2002–03 were made.

Under the new system, all branches will receive a core grant in July. They can also apply for funding from the Society, of up to £250, to send first-time attendees to the British Pharmaceutical Conference and are entitled to have the expenses of up to two branch speakers paid for from central Society funds.

In addition, there will be extra funding available to support branch activities but this will be only made available to branches with less than £1,000 in their accounts as of 31 March 2003. The reason for this is that some branches have accrued considerable balances — in several cases, over £5,000 — which remain unspent while other branches struggle to fund their programmes. We are certainly not seeking to penalise branches that have built up large balances over the years but we do want to encourage them to use this money to support an active and engaging programme for their members.

In January, all branch secretaries were sent supporting documentation to help them plan for the changes. We are asking that applications for the extra funding be supported by a brief description of the planned activity together with the objectives of the meeting. However, we realise that this might not be possible in terms of the planning cycle so our guidance says that an outline proposal (eg, without confirmed speakers) is also acceptable. Proposals for extra funding should also reflect the Society's remit as a regulatory and professional body.

Any branch officers who feel they may encounter major problems as a result of these changes have been invited to contact the Society's membership unit.

THE JOURNAL

Blatantly biased?

From Mr A. Matalia, MRPharmS

Yet again pharmacists have been subject to biased articles in *The Pharmaceutical Journal*. We read three articles from people objecting to the Office of Fair Trading report and only one from a person supporting it (*PJ*, 1 February, pp156–160). I find it disgraceful that the *PJ* is so blatantly biased. It did not even publish more letters from pharmacists who support the OFT report.

Amit Matalia
Coventry, West Midlands

Two of the articles (one pro, one anti) that Mr Matalia refers to were commissioned by us. The others were unsolicited. We published all the letters we had received on the OFT report by the time last week's issue went to press, except two. One of these was subsequently withdrawn by the writer and we are currently seeking a response from the Royal Pharmaceutical Society on a point raised in the other letter, which was from Mr Matalia. — EDITOR.