

Supermarket pharmacy provides time for proper discussion with patients

By John Wilson

So, the Office of Fair Trading has reported at last. I have been mildly surprised at the relatively muted tones of the correspondence from pharmacists — is deregulation seen by many as a *fait accompli*? This is in marked contrast to the vehemence of much of the correspondence many years ago when the first supermarket pharmacy, at Asda in West Bridgford, Nottingham, was first proposed.

Since retirement a few years ago, I have sampled a variety of different pharmacies as an occasional locum. Many are little more than prescription factories, with large numbers of prescriptions collected from the surgery and the packages of dispensed medicines delivered to the patients' homes by a van driver. The pharmacist rarely has any contact with either patient or carer, except when they telephone to complain that something is missing. As often as not the item was not prescribed because the patient or carer did not order it in the first place. Bendroflumethazide, atenolol, amlodipine, Cardura XL and a bucketful of lactulose — many prescriptions are pretty much the same and it sometimes seems that it might not matter too much if we get the patients' names mixed up because they all have the same medicines anyway. Occasionally I am asked for my advice, but it is given in the knowledge that there are still 20 more multiple-item prescriptions to check and the van driver is due at 3pm.

However, recently I have had a new experience: the practice of pharmacy in a large supermarket. Like many pharmacists, I have had my prejudices about such pharmacies, but was pleasantly surprised. The pharmacy keeps the same hours as the supermarket — 90 hours per week. No worries about Sunday rota: it is open from 10am to 4pm. However, to keep the service going requires a small squadron of pharmacists.

There are, as far as I am aware, few prescriptions collected from local surgeries and there is certainly no delivery service. I have done several evenings on the "graveyard shift" until 10pm and the service, although not exactly quiet is certainly less rushed than in other pharmacies where I have worked. One advantage is that patients will often leave their prescriptions for dispensing while browsing round the store (and, it is hoped, buying a few items as well). Because I am not rushed, there is time for some real patient counselling, and the discussions with patients are always interesting and sometimes quite illuminating. There is a chance to demonstrate good inhaler technique, for

instance, and to discuss medications and health problems generally. Several times, patients have expressed concerns about the over-use of antibiotics (the store does seem to attract a largely educated, middle-class clientele).

I am not one for hiding in the dispensary, preferring to stand behind the counter. (I often see friends shopping in the store and they will stop for a chat.) I have discovered

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the most valuable opportunities for health promotion in its broadest sense are those that arise quite casually, as a shopper with a laden trolley stops to talk to me. Incidentally, I usually wear a long white laboratory coat (now unfashionable among pharmacists) when working in a pharmacy. However, not wishing to be mistaken for the manager of the produce department, I always wear a suit in the supermarket pharmacy, along with my "pharmacist" badge.

Discussions with passing shoppers are often quite surprising. Recently, I have diagnosed (I hope, accurately) a case of acne rosacea. A woman had what she described as a wart on her knuckle. I decided that it was a cyst and referred her to her general practitioner (shades of a recent legal case hung over me). I have seen several cases of impetigo and various other assorted rashes, in addition to the usual crop of requests for cough and cold remedies. Importantly, I was not hurried and so was able to give time to the patients. This is a good thing, really, because I have found my clinical skills, knowledge and expertise stretched as never before in a community pharmacy.

A woman, not one of our patients, telephoned one evening, expressing great concerns about her medicines. Her usual pharmacy was long since closed. She was clearly confused and I spent about 20 minutes discussing her medication problems and her other worries. I referred her to her GP for one particular medical problem and to her usual pharmacist to sort out some difficulties with her

medicines. One evening, a man arrived at about 9.45pm to buy a medicine that was urgently required by a family member. He was much relieved that we were open; he had tried another supermarket pharmacy only to have arrived a few minutes after its closing time of 9 pm. He praised our service and left happy and relieved with his purchase. Herein is one of the advantages of a supermarket pharmacy which is open for extended hours. The other is that, not being too rushed, there is time for proper discussion with patients, not the hurried few words that often have to pass for patient counselling.

So, what are pharmacists afraid of, if the OFT gets its way and deregulation comes? Will we return to the bad old days of leapfrogging as in the 1970s and '80s, which led to the restrictions on contracts in the first place? I think not. Lest we forget, a pharmacy is not a pharmacy unless a pharmacist is present. There, I feel, is the rate-limiting step — the availability of pharmacists.

A significant number of pharmacists, perhaps 800 to 1,000 or so, are now engaged in a variety of activities that can be classified under the generic term "pharmaceutical adviser". The ending of the "fallow year" seems not to have diminished the demand for locums; indeed, at least one large multiple has imported a number of pharmacists from Spain to ease its staffing problems. Moves to set up new schools of pharmacy will certainly not ease the problem in the short term because those students beginning their courses at a new school of pharmacy this October will not be qualified until the end of the decade.

So, if we deregulate, and all the supermarkets get pharmacies, what impact will it have? Probably very little. Their prescription numbers will be relatively low overall, and they will require large numbers of pharmacists to maintain the long supermarket opening hours. Thus, there will be far fewer pharmacists anxious to open a pharmacy nearer to your local surgery than yours. Overall,

the effect of deregulation may not be felt much. How many of the threatened 5,000 pharmacies actually closed after the withdrawal of resale price maintenance, for example? The only fly in the ointment is if we persuade the powers that be that a pharmacy can safely dispense prescriptions without the direct presence of a pharmacist. Then, we might have a real problem with excessive numbers of "pharmacies" (prescription factories?) opening all over the place. And really, it would be our own fault, would it not?

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