

THE HEALTH BILL 2005

A pharmacy briefing



**Royal
Pharmaceutical
Society**
of Great Britain

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the regulatory and professional body for pharmacists in England, Scotland and Wales.

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the regulatory and professional body for Britain's pharmacists. As the only organisation that works with all pharmacists in Great Britain, the RPSGB safeguards the public and promotes the development of the pharmacy profession, whose unique knowledge and skills play a key role in the health of the nation.

INTRODUCTION

The Royal Pharmaceutical Society of Great Britain (RPSGB) welcomes the fact that the Health Bill 2005 addresses important provisions that aim to underpin improved delivery of healthcare and to enhance public health. However, the RPSGB has a number of reservations and concerns, which are set out in this briefing. An issue that runs through all the RPSGB's concerns is the fact that so much of the Bill will be enacted by means of regulations (SIs) rather than through clearly identified provisions that appear on the face of the Bill.

The RPSGB has set out its core concerns below.

PART 1

Smoke-free premises, places and vehicles

The RPSGB takes the view that the legislation on the smoking ban, as framed, misses a major opportunity to radically improve the health of the nation. We urge the Government to reconsider its position and to legislate for a complete ban in enclosed public places. In particular, the RPSGB will be pressing for amendments to be made to clause 3 of the Bill, which exempts certain clubs and licensed premises.

The RPSGB takes this view for a number of reasons.

Firstly, community pharmacists are committed to offering a full range of services to members of the public who want to stop smoking. A piecemeal ban which would still enable people to smoke in pubs and bars not serving food would not support smokers who genuinely want to quit. There is good evidence that totally smoke-free public places and workplaces lead to reductions in prevalence of smoking as they create an environment that encourages smokers to cut back or quit.¹ The RPSGB is concerned that the piecemeal nature of the ban will cause confusion amongst the public and convey a very clouded public health message. A blanket ban in enclosed public places would be the best way forward, both in terms of clarity of policy and in terms of public health benefits.

The RPSGB is also concerned at the inconsistency of the policy as presented. A full ban has been successfully agreed in Scotland and Northern Ireland. In Scotland, the ban, agreed unanimously by Scottish Ministers, will be in force by the spring of 2006. In Northern Ireland, Shaun Woodward MP, Parliamentary Secretary at the Northern Ireland Office, announced that a full smoking ban will come into effect in April 2007. The RPSGB therefore does not understand why the same provisions will not apply to England and Wales, particularly, as the Northern Ireland provisions were agreed by Westminster-based Ministers.

¹ Effect of smoke-free workplaces on smoking behaviour: systematic review: Caroline M Fichtenberg and Stanton A Glantz; BMJ 2002;325:188-

PART 3, CHAPTER 2

Medicines and pharmacies

The RPSGB has long campaigned for changes in working practices in community pharmacies to allow pharmacists to make best use of their skills and expertise for the benefit of the public. The RPSGB welcomes the fact that the Bill addresses many of the issues of concern relating to requirements about supervision and responsibility in a pharmacy.

The Medicines Act currently requires the pharmacist to be in “personal control” of key pharmacy functions. This effectively prevents the pharmacist from leaving the pharmacy, even for a short period, during the opening hours of the pharmacy. It also deters appropriate delegation and acts as a barrier to modern working practices. The Bill replaces this requirement with a provision for a ‘responsible pharmacist’ who will have professional accountability for all processes in the pharmacy. This allows the pharmacist to be temporarily absent from the pharmacy in order to carry out professional duties such as visiting housebound patients, meeting with local GPs, etc. Another provision is for the supervision of certain activities to be delegated to appropriately trained registered pharmacy technicians. Allowing suitably trained and registered staff working in a pharmacy to supervise the preparation, dispensing, sale and supply of medicines, without direct supervision of a pharmacist will help ensure that pharmacists can use their skills and training to offer a wider range of services.

The Bill allows for much of the detail of these changes to be written into Regulations. These detailed Regulations will need careful consideration if they are to deliver benefits while maintaining patient safety. While the RPSGB would prefer to see the new measures set down on the face of the Bill, it will be seeking to be actively involved in the process of drawing up the regulations through which the obligations of the pharmacist and the framework for responsibility are clarified.

The RPSGB takes the view that the legislation should clearly define those activities that can only be undertaken when the responsible pharmacist is present and should include:

- Clear lines of accountability;
- Provisions for the responsible pharmacists to be contactable when absent and in a position to return without undue delay;
- Provisions for the responsible pharmacist to have to justify any absence from the pharmacy.

The RPSGB has a number of concerns about the wording of this part of the legislation as it stands and will be seeking, at Committee stage, to clarify and amend where necessary. Patient safety is the RPSGB’s primary concern and some tightening of the legislation will be required to ensure that proper safeguards are in place.

For example, the RPSGB believes that, under clause 25 on the control of pharmacy premises, it is vital that the responsible pharmacist is responsible for no more than one pharmacy in other than very exceptional cases, such as in an emergency. There could be significant financial incentives that could mean that a loosely-worded or -policed exception could become the rule.

In addition, the RPSGB notes the provisions to allow the responsible pharmacist to remotely supervise in another pharmacy. Again, the RPSGB believes that this level of supervision should only apply in very exceptional circumstances as there is a risk that patient care could be compromised if pharmacists were trying to supervise both the activities in the pharmacy in which they were present and a remote pharmacy.

PART 2

Health care associated infections

Part Two of the Health Bill deals with the management and eradication of health care associated infections. The RPSGB is broadly supportive of the Government's proposals to set out a Ministerial code of practice setting out measures to combat these infections.

In 2003, £12 million was allocated to hospitals to recruit pharmacists to ensure the safe and effective use of antimicrobials. The initiative is being overseen by the specialist advisory committee on antimicrobial resistance (SACAR) and has been highly successful.

The RPSGB is keen to ensure that Government recognises the significant investment made on this project and ensures that SACAR's findings are incorporated into any code of practice drawn up by the Secretary of State. We are concerned that the funding of this initiative is about to come to an end. We are aware that many NHS Trusts have significant financial difficulties and may not choose to continue to fund these posts when the central pump priming money runs out. This runs the risk of undoing the significant work that has been undertaken by pharmacists to manage the use of antimicrobials.

PART 3, CHAPTER 1

Supervision of management and use of controlled drugs

The RPSGB has actively been involved in work to address many of the issues raised by Dame Janet Smith in Part Four of the Shipman Inquiry. This section of the Bill relates to the need for legislation based on that inquiry.

Following Dame Janet's report, the RPSGB was made to understand that, from April 2006, the routine monitoring and inspection of controlled drugs in community pharmacies was likely to become a role undertaken by the pharmacy inspectorate of the RPSGB. The key advantage that Dame Janet and the Government had identified about moving the RPSGB's inspectorate into this role was that this field-force largely comprises pharmacists with up-to-date knowledge on the legislation, ethics and good practice guidance that govern the profession of pharmacy.

The RPSGB is therefore surprised to see, in Clause 18 of the Health Bill, reference to "a constable or authorised person" being able to enter premises. Given the preparations for the transfer of this role to the RPSGB inspectorate, the RPSGB is keen to receive urgent clarification on this issue.

CONCLUSION

The RPSGB is working up a detailed position on the Health Bill for Committee Stage but is of the view that these broad areas set out above should be raised as areas of concern at Second Reading.

Of overall concern is the sheer volume of detailed provision that will be enacted through regulations as we are aware that statutory instruments offer little scope for amendment once they have been made. We hope very much that the Government will want to set out as much detail as it can on the face of the Bill to encourage debate.

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