Dear Sirs,

I met with Mrs Lewell-Buck on Friday to discuss plans announced by the DOH on 17th December to cut funding significantly and re-organise the community pharmacy network nationally. The DOH itself estimates, and intends, that between 1000 and 3000 pharmacies will close nationally as a consequence.

I have furnished everyone who required one a copy of the DOH consultation. I am informed that it is a treasury led document and that our negotiators at the PSNC (Pharmaceutical services negotiating committee) are not negotiating with NHS employers, who they usually would, but with top DOH officials. This implies that the discussions are treasury led I am led to believe.

I am a community pharmacist who has worked in South Tyneside for over 30 years. In that time we have had many challenges to overcome and have proved ourselves equal to the challenge. We constantly innovate and are more than willing to take on new roles to improve patient care, frequently working directly with GPs. I myself have worked in GP surgeries directly with patients, with GPs to establish formularies based on hard evidence of cost effectiveness (the average reduction in spend by a practice at the time was £100,000 in the first year of this role. Money released to be spent on patient care) and have achieved prescribing qualifications which enabled me to prescribe for and treat drug addicts in my pharmacy and manage all detoxes at the Phoenix House Rehabilitation unit for two years prior to it's subsequent closure when the lease expired.

A robust evaluation of emergency care in south Tyneside established pharmacy as a cost effective and accessible service which has been continually improved by involvement of commissioners as they have attempted to meet the needs of patients.

I don't need to labour the point about the contribution pharmacy makes to patient care. However I am seriously concerned about the impact of the magnitude and speed of imposition of the proposed cuts. Particularly in the light of the crisis in primary care that is general practice.

I shall be writing to DOH to make my views known before the Feb 12th deadline and they will include the following:-

1) The cuts are too much too fast for a sector that has delivered billions of pounds worth of efficiencies in the last 5 years. Those imposing them don't fully understand the model and seem to believe that medicines are normal articles of commerce (in contradiction of an ECJ judgment in 2006). I currently have a request from a local GP to assist in supporting the elderly and hard to engage patients on her list by asking our delivery drivers to report back on such issues as demeanour, appearance and reports of distress. This cannot be done by an Amazon style of delivery of medicines as proposed in the DOH document

2) Pharmacy has never been afraid of innovation and efficiency. However the model of distance selling/dispensing of medicines failed on a biblical scale over christmas when thousands of patients were denied critical medicines over the bank holiday and well into January when a DOH preferred model , Pharmacy2U, was overwhelmed by technology problems. Every pharmacy in the country was written to by DOH with requests for help for these poor unfortunate patients. The company's integrity was already enhanced when it was fined £130k for selling confidential patient data to a third party.

3) Every sector of public service has been forced to work smarter and accept cuts. However the proposals in the DOH paper are very thin on detail and there is no proposal as to what funding will be available to support the enhanced clinical roles the DOH wishes pharmacists to perform. If there is no means of linking the reduction in income proposed with investment in new services in a way to minimise financial attrition, there is only one thing a pharmacy can do when rent, rates and utility bills cannot be cut and that is to sack staff. Staff in whom there has been considerable investment in acquiring skills such as accuracy checking technicians are at more risk than lower paid staff. Losing such workers will place a burden on state finances in social security payments but will lose from the NHS, vital skills required to develop primary care.

4) The 2005 pharmacy contract was intended to encourage commissioning of "enhanced" services at a locality level. Services such as smoking cessation, supply of emergency hormonal contracttion and the local minor ailments scheme have resulted and continued to prove their worth in public health. However the coalition "reforms" of 2010 have resulted in funding for what was once NHS service (certainly NHS money!) being handed over to local authorities who themselves have been subject to diminished funding. In Gateshead and York such services have been de-commissioned as LAs have sought to plug funding black holes.

5) These cuts are being made at a time when the public is being advised to consult pharmacists more frequently to relieve the burden on GPs whose service is currently in crisis. Reducing pharmacies will at a stroke direct large numbers of these patients straight back to A&E and GP surgeries.

6)This re-engineering is taking place when another sector, general medical practice is melting down. For too long there have been barriers and boundaries between sectors when perhaps the best way to address primary care is en masse. Taking into account the individual skills and the overlapping skills of all working in primary care. If pharmacists were to manage patients on behalf of surgeries and take over repeat prescribing, management of long term conditions, management of minor ailments patients visiting surgeries would mainly be those who were ill and potentially seriously ill. GPs would see patients for a diagnosis but be managed by other services. Their waiting lists would be slashed and their time per patient increased. Hospitals would see fewer patients reducing the cost of secondary care. Savings that could be released into the NHS. The PSNC has a detailed plan with costings and time scales. It hasn't been cobbled together in a  smoke filled room as a hasty response to this crisis, it's the result of years of research and consideration. The fact that it's presence is unknown to DOH is because DOH has never seen fit to discuss such proposals.

I am writing to request that Mrs Lewell-Buck gets letters from the Chairman of the Local Pharmaceutical Committee and the Chief executive of the Clinical Commissioning group, articulating any concerns they may have about the DOH proposals, particularly in the light of a complete vacuum of information re how they intend to bring in their new positive proposals and the only detail being the attrition visited on pharmacies. If Mrs Lewell-Buck receives these communications demonstrating that she is not just speaking on my behalf but on behalf of all pharmacists and an important commissioner it will give her submission more authority.

Yours sincerely