

Pharmacy closures

Pharmacists and pharmacy technicians and the pharmacies in which many of them serve and care for patients and the public are highly valued within communities. Access to pharmacy services is an issue of utmost importance to patients, carers and their families.

Pharmacy closures can therefore be distressing for all involved, and potentially may raise concerns for patient safety, particularly if people cannot access the medicines and other pharmacy services many rely on. Closures can also impact on different groups or communities in different ways.

The causes behind the level of closures that we are seeing are both complex and multifactorial, including financial, commercial, labour market and contractual factors. The GPhC is committed to playing its part in working with stakeholders across the system, to understand and address this important issue.

Design and delivery of NHS services

As the independent pharmacy regulator, we do not have a role in planning or authorising where pharmacies should be located, when they open or what they offer. We do not regulate the market itself or have the jurisdiction to decide how many pharmacies are needed, should be available in any given area or when they are open.

Community pharmacies are private businesses, albeit contracted to deliver NHS services in the vast majority of premises.

- In England, there is a market entry system and applications for new premises must be made to the local NHS England Area Team. Most routine applications for a new pharmacy will be assessed against the Pharmaceutical Needs Assessment for the area, prepared by the Health and Wellbeing Board (HWB).
- In Scotland there is control of entry for new pharmacies wishing to open, which is based on necessity and desirability. The health boards are responsible for consulting on this and then deciding whether to grant an application.
- In Wales there is also a control of entry that is based on the Pharmaceutical Needs Assessment. Health Boards have a duty to consult on any new application.

Procedures for reporting closures

We do not have a direct role in relation to authorising, logging or investigating pharmacy closures, nor in monitoring opening hours.

There are established procedures for reporting pharmacy closures to the relevant NHS organisation in each country. Pharmacy owners have to notify the relevant NHS organisation if a pharmacy has to close unexpectedly during its contracted opening hours or cannot open at all. This includes:

- NHS England & NHS Improvement (NHSE&I) regional teams in England
- The local NHS Board community pharmacy contracts team in Scotland
- The Local Health Board community pharmacy team and NHS Wales Shared Services Partnership in Wales

Meeting our standards

Our focus in regulating pharmacies is on patient safety and whether a pharmacy is operating safely and effectively. Pharmacy owners and pharmacy professionals should make sure they are meeting our standards at all times, including when managing closures of pharmacies.

Any action to maintain service continuity needs to take into account that restricting services in certain circumstances *may* be appropriate if it is necessary in the interests of safety. We have a role in empowering and supporting all involved, including Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners and all pharmacy team members, to fulfil their legal and professional responsibilities in relation to patient safety.

The following **standards for registered pharmacies** are particularly relevant in this context:

- The risks associated with providing pharmacy services are identified and managed (standard 1.1)
- There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided (standard 2.1)
- Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public (standard 2.3)
- There is a culture of openness, honesty and learning (standard 2.4)
- Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff (standard 2.6)
- Pharmacy services are accessible to patients and to the public (standard 4.1)
- Pharmacy services are managed and delivered safely and effectively (standard 4.2)

Where a pharmacy has to temporarily close, we would expect the pharmacy to make sure that they have made arrangements so that patients can get the medicines and pharmaceutical care they need. It is essential that the pharmacy also communicates these plans to appropriate stakeholders (including local GP practices, other local pharmacies who may be affected, addiction services etc.) and to the relevant NHS organisations.

Individuals (including responsible and superintendent pharmacists) also need to meet our **standards for pharmacy professionals** in this context. This includes communicating effectively (standard 3), using professional judgement (standard 5) and speaking up when they have concerns (standard 8).

We expect pharmacy professionals and pharmacy owners to be honest and candid when communicating the reasons for any pharmacy closures to patients and the public and to other stakeholders including NHS commissioners.

Any concerns about pharmacy closures (for whatever reason) should be reported to the relevant NHS organisation who will look into this as appropriate. These organisations oversee the provision of pharmacy services in line with contractual commitments.

We will also look into any concerns that pharmacy owners and pharmacy professionals are not meeting our standards when closing a pharmacy. Any concerns raised with us are of course considered on a case by case basis, in accordance with our statutory process and our published policies.

Locum rates and other arrangements

We are aware that locum rates and arrangements have recently been referenced in the context of pharmacy closures. We do not have a regulatory role in relation to the rates agreed between locum pharmacists and pharmacy owners.

Rates for locum bookings must be individually agreed between the locum and the pharmacy owner, or through a locum agency. This is an important element of a free-market arrangement. It would be inappropriate for the GPhC as the pharmacy regulator to play a part in setting or influencing locum rates.

It is unlawful for anyone (including pharmacy owners, agencies or locum pharmacists) to seek to manipulate market rates and inhibit free market conditions, for example by working with others to 'fix' rates. Any concerns that anyone is seeking to manipulate or fix locum rates in either direction should be referred directly to the Competition and Markets Authority (CMA), as the lead competition enforcer in the UK. As well as being unlawful, any such activity could undermine public confidence in pharmacy or even potentially affect patient safety.

Both pharmacy owners and pharmacy professionals must make sure they are meeting our standards at all times, including when arranging locum bookings.

We have in the past received queries from both pharmacy owners and locum pharmacists about whether they should raise a fitness to practise concern about a pharmacy professional (either the locum or an employee working on behalf of the pharmacy owner) who in their view has behaved unprofessionally in connection with a locum booking.

Employers should consider the difference between conduct by a pharmacist which relates to contractual arrangements, which require action by an employer, compared with conduct by a pharmacist, which raises concerns about a pharmacist's fitness to practise. Failure to honour a locum booking is unlikely to raise concerns about a pharmacist's fitness to practise.

Working in collaboration across GB

We are committed to supporting and taking part in ongoing discussions about workforce matters (including pharmacy closures) with key stakeholders across the three countries that we regulate.

We are aware that NHS England and NHS Improvement (NHSE&I) are working to mitigate pharmacy workforce issues at a national level and we are contributing to those discussions, where possible.

We are also working in collaboration with colleagues across Scotland to understand the workforce challenges facing pharmacy and consider how best to work together to make progress. We participated in the first meeting of the National Pharmacy Workforce Forum in June, hosted by Scottish Government and the Directors of Pharmacy. We discussed and described the landscape in Scotland and identified the key issues and priorities in each sector of pharmacy in Scotland. The forum will also support bringing different stands of work together to ensure that pharmacy has the necessary workforce required to deliver core and specialist pharmaceutical services as well as the increased healthcare capacity required. Scottish Government published the National Workforce Strategy for Health and Social Care staff which will further support strategies to grow the pharmacy workforce at the same time as transforming how pharmacy works. Our Director for Scotland will continue to monitor this work, actively participate in future forum meetings and ensure that our role to ensure safe and effective care for patients and the public is considered throughout.

In Wales we are working collaboratively with the Welsh Pharmaceutical Committee, the Welsh Government, HEIW and others to understand the challenges faced across the workforce the length and breadth of Wales. We understand that the CPhO and Welsh Government have put together a working group to look at the workforce issues that are specific to Pharmacy and that they hold their first meeting shortly. This is in addition to the Workforce strategy for Health and Social Care that has recently been published by HEIW and Social Care Wales. Our Director for Wales will continue to monitor the situation and meets regularly with our key stakeholders on a range of issues that impact the sector in Wales.