

An open letter to:

**Government Health Secretaries of England, Northern Ireland, Scotland and Wales;
Chief Executives of the National Health Service in England, Northern Ireland, Scotland and
Wales;
NHS Chief Pharmaceutical Officers for England, Northern Ireland, Scotland and Wales;
Chief Executive of General Pharmaceutical Council and Pharmaceutical Society of
Northern Ireland.**

19 July 2022

Re: Patient safety concerns around pharmacy closures

As an organisation representing employed and locum pharmacists and with more than 35,000 members across the UK, we have grave concerns about patient safety and the impact of the reduction of the community pharmacy service to the public brought about by unnecessary full or part-day closures throughout the UK by some of the large multiple operators. What they are telling affected patients and also the government is that they are doing so because they have been unable to find pharmacists citing an alleged national pharmacist shortage. However, the reality experienced by our members is often very different.

We have evidence to show that these closures are being announced up to four weeks in advance. In other examples, the services of locum pharmacists have been contracted in advance, only for a large company to attempt to reduce the pre-agreed rate; Where this is not accepted, the shift has been cancelled resulting in the pharmacy being closed with a supposed national shortage of pharmacists being blamed when communicating this to the public. Such statements are clearly untrue, these closures appear to be caused by commercial considerations, and bring the reputation of the profession into question through this unethical practice.

These closures and the impact upon patients have been enabled because neither the government, nor the NHS contractual arrangements, nor the patient safety and regulatory regimes appear to be taking responsibility for acting upon these practices. Those in government who provide the overall funding arrangements, and those in the local NHS organisations charged with the job of ensuring, through contractual arrangements, that the public receive a service appear to have accepted the fallacy that the closures are genuinely because of the inability to find a pharmacist. Those charged with the task of regulating to ensure patient safety appear to have taken the view that this is a contractual matter and not one that demonstrates a failure in the required standards of professional conduct.

This lack of control by the overall system allows some large pharmacy businesses to choose, with impunity, to restrict patients' access to NHS funded services and cause harm to patients rather than engage pharmacists appropriately. This does not just deny communities access to a pharmacy and increase the demands on other parts of the health system, but also places individual patients at risk if they cannot access medicines, services, and advice. These companies face no financial penalty in their arrangement with the NHS for these decisions, nor have their superintendents (to our knowledge) faced any professional regulatory consequences for breaches of required professional standards.

Worse still, we believe that some multiple operators are now seeking to misdirect the healthcare systems into believing that this 'national shortages' façade can be used as a legitimate pretext to make a change to the pharmacy regulations. We assume that these are the regulations which currently require there to be a pharmacist in the pharmacy for it to be able to operate safely.

The PDA has been constantly and consistently highlighting this issue; however, those with the collective ability to take the necessary steps to bring this unacceptable situation under control appear unwilling or unable to act. The PDA therefore now finds itself in the unusual position of having to publicly lobby you en masse to demand action to protect patients by ensuring that essential community pharmacy services are provided safely and consistently.

Pharmacy closures have become widespread and are now being orchestrated. They severely impact patients and local communities in restricting their access to medication and other services, and displace activity unnecessarily to other parts of the NHS which are already under significant pressure, such as GP practices, urgent care, or A & E. Our members who practice in these environments also report many other direct consequences to their patients.

We believe that you need to take urgent and effective action on this issue without further delay. Under the circumstances, we would require a response to this letter as a matter of extreme urgency.

Yours sincerely



Mark Koziol, M.R.Pharm.S
Chairman