PSNC Briefing 058/15: PSNC Statement on centralised dispensing

Changes to regulations to permit remote assembly of medicines could benefit community pharmacies as a means of outsourcing some of the workload of dispensing and stock management. This could free up staff time to allow greater opportunities to provide support to patients.

However, centralised dispensing on any scale in the UK is untested, and it is not clear whether it is possible to make cost savings within our current medicines supply regulations. The cost and service levels will be critical to the business viability of this innovation, and it is by no means certain that in the tight financial environment for community pharmacy the figures will stack up.

While we would support moves to create a level playing field for pharmacies, our great concern is that this proposal, and the statement that two thirds of medicines could be dispensed centrally or remotely, is being seen by some as an opportunity to replace the community pharmacy service with a remote supply operation. This would be extremely detrimental, primarily in reducing the care and support provided to patients, and particularly older people.

In the USA, despite financial incentives, use of remote dispensaries has settled at around 20% of the market. Most people on regular medication value the accessibility and support they can get from their local pharmacy. We believe this is also true in the UK, and that moves to switch large proportions of dispensing to centralised facilities could send the development of community pharmacy services into reverse and lead to unknown levels of increased demand on more expensive services in primary care such as GP appointments and urgent care. We do not believe any research has been done to assess what this added burden on GPs and other services might be.

We very much hope that this is not another attack on the community pharmacy network or an attempt to divide the sector. It is dangerous when the NHS is desperately casting around for cost-savings, to leap to premature conclusions that large remote assembly or dispensing operations are a means to cost savings for the NHS.

If you have queries on this PSNC Briefing or you require more information please contact Zoe Smeaton, Head of Communications and Public Affairs.