Crisis in hospital pharmacy

Basic grade pharmacists are leaving the NHS in such large numbers that many areas are suffering cutbacks in inpatient pharmacy services and some outpatient dispensaries are closing. The main reason for the exodus is that a newly qualified pharmacist can earn nearly £5000 more in a high street chemist. On Monday 15 September, the Pharmaceutical Whitley Council will meet to decide whether to make large increases in the salaries of junior pharmacists.

At the end of July there were nearly 450 vacancies in hospital pharmacies, most of them for grade 1 or grade 2 pharmacists (there are about 2500 such posts in England). In the four Thames regions vacancies for basic grade (grade 1) pharmacists rose from 18% in January 1984 to 28% in August 1985 and 37% in August 1986. In an attempt to compensate for this shortage staff pharmacist (grade 2) posts have been created, but these new posts have minimal managerial content and in many cases even these have not been filled.

A basic grade pharmacist in the NHS starts on an annual salary of £7014 and is not paid for out of hours work: the Nuffield Committee of Inquiry into Pharmacy found that ‘on registration, pharmacists in private retail can expect to earn £11 000-£12 000.’ Recent advertisers have been offering salaries as high as £14 000. The Guild of Hospital Pharmacists has therefore lodged a claim with the Pharmaceutical Whitley Council for a minimum salary of £10 000 for basic grade pharmacists with an additional £1200 to cover out of hours work. The council had offered an increase of £700 giving a minimum salary of £7714. This offer was reported to the council’s members, and 95% of the two thirds of the members who voted rejected the offer.

A recent survey suggests that, although the main reason for most junior pharmacists leaving hospitals is low pay, lack of promotion prospects may also be important.\(^1\) District pharmaceutical officers in 158 health authorities supplied data concerning staff movements between August 1984 and July 1985. It was found that of 139 preregistration students (who have completed a three year degree course) who left the NHS 45% had done so for financial reasons. Of 235 grade 1 pharmacists leaving the hospital service, 61% had left for financial reasons. In addition, some pharmacists spend their preregistration year with high street chemists, and the NHS pays their employers about £200 to encourage them to take the preregistration students on. These individuals are even less likely to seek employment with the NHS than those who spend their preregistration year working in a hospital.

The lack of hospital pharmacists has already led to widespread and serious reductions in inpatient services offered by hospital pharmacies—for example, drug information, ward pharmacy, total parenteral nutrition, and cytoxic reconstitution. Outpatient services, however, are most disrupted, and in some areas have ceased altogether. In Rotherham, for example, all five of the full time pharmacists employed in the hospital in October 1985 had left the health service by April 1986 and the hospital outpatient’s pharmacy has had to close.\(^2\) When outpatient dispensing facilities are not available, patients’ prescriptions are written on FP10(HP) forms, which have to be taken to high street chemists for dispensing. This costs the NHS money because the high street chemists cannot negotiate reduced prices for drugs because they do not buy them in bulk as the hospitals do. In addition, they have to add their profit margin on to the price of the drug and, unlike the hospitals, they cannot substitute a (usually cheaper) generic preparation if the doctor has named an expensive brand on the prescription. These additional expenses are estimated to have cost Paddington and North Kensington District Health Authority £100 000 this year.

The sickness rate among those remaining in the hospital service has increased, and, furthermore, since out of hours work is unpaid some pharmacists are owed many days in lieu. One example is that of a woman in Rotherham who is owed 40 days in lieu as well as her own annual leave of 30 days; yet she has had to cancel three holidays to keep the service going.\(^3\) The only way to cover for missing staff is to employ locums and they cost the NHS £8000 more than a full time pharmacist.

Hospital pharmaceutical services in the Thames regions and elsewhere are on the point of breaking down, and urgent action is needed if patients are not to suffer. The Department of Health and the Whitley Council must be aware that tragedies are likely to occur, and they must act before rather than after such an event.

S E FULLERTON

Regional Pharmaceutical Officer,
North West Thames Regional Health Authority,
Regional Pharmaceutical Service,
London W2 1PW

---