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**Title:**

Community pharmacy in a commissioning-led NHS: Can pharmacy compete effectively?

**Abstract:** (Please refer to instructions to authors and example abstract)

**Focal Points**

- The ability of pharmacy to compete effectively for NHS funding is likely to become increasingly important.
- The confidence of community pharmacists in pharmacy's ability to compete effectively for funding was assessed.
- 37% of pharmacists working in independent pharmacies believe that pharmacy will not be able to compete effectively for funding compared to just 18% of pharmacists employed by multiple pharmacy chains.
- These findings could have notable implications for service provision across the sector.

**Introduction** – The commissioning of services has been a core responsibility of English Primary Care Trusts (PCTs) since 2002<sup>1</sup>. Primary care organisations (PCOs) in Scotland, Wales and Northern Ireland have also increased their commissioning activities but with, arguably, less fervour than their English counterparts. The commissioning function of English PCTs has been reinforced by the introduction of new contractual frameworks across primary care – for medical services, dentistry and pharmacy. The new pharmaceutical services contract for England and Wales introduced an “enhanced” category of services, the provision of which is dependent on the commissioning decisions of local PCTs<sup>2</sup>. As the NHS, most pertinently in England, continues its transformation from a provider to a commissioner of healthcare, the ability of pharmacy to compete effectively for funding is likely to become increasingly important.

**Method** - After piloting, in August 2006 a self-completion postal questionnaire was sent to a random sample of practising community pharmacists, stratified for country and sex, within Great Britain (n=1998), with a follow-up to non-responders 4 weeks later. Data were analysed using SPSS (v12.0). A final response rate of 51% (n=1023/1998) was achieved. Within the section of the questionnaire relating to service provision, respondents were asked “do you believe that pharmacy will be able to compete effectively with other healthcare providers for access to additional funding to develop services that address a public health need identified by your local Primary Care Organisation (PCO), e.g. PCT/LHB etc.?” Answers were recorded on a three-point scale; pharmacy “will”, “may”, or “will not” be able to compete effectively for funding.

**Results** - The attitudes of pharmacists showed variation depending on the type of pharmacy they worked in (supermarket, multiple (outlets (n)≥200), large chain (200>n>20), small chain (20≥n>5), or independent (n≤5)) ( $\chi^2$  test with  $p=0.001$ ). Over a third of survey pharmacists working in small chains and independents (37% (n=21/57) and 33% (n=113/341) respectively) believed that pharmacy would not be able to compete effectively for funding compared to 23% (n=15/65) for supermarket pharmacists, 22% (n=21/97) for pharmacists employed by large chains and just 18% (n=62/353) for pharmacists employed most regularly in multiples. Furthermore, attitudes also varied between the countries of residence of respondents ( $\chi^2$  test with  $p<0.05$ ). 27% (n=242/893) of pharmacists resident in England and Wales believed that pharmacy would not be able to compete compared to 16% (n=18/116) of pharmacists resident in Scotland.

**Conclusions** – It would appear that community pharmacists believe that the larger pharmacy chains and supermarkets will occupy an advantageous position in terms of attracting finance to develop services. This could have notable implications for service provision across the sector. If corporate pharmacy chains were to monopolise commissioning monies then the proportion of funding available to independents will be diminished; arguably further hastening their demise, as well as stifling the professional development of pharmacists employed within the independent sector. These findings, when combined with the variation observed between UK pharmacists operating under different contractual frameworks, may be a reflection of the divergent policy in the different administrations with developments in England, including the new pharmacy contract, reflecting a market-based approach with Scotland taking a near opposite stance with service integration and a commitment to new public health<sup>3</sup>. However, it should be acknowledged that the questionnaire did not allow for detection of ambiguities in, or misunderstandings of, the survey question and this should be considered as a limitation of the research.

**References**

1. Department of Health, *Shifting the balance of power within the NHS: Securing delivery*. 2001: London.
2. Department of Health, *Implementing the new Community Pharmacy Contractual Framework - information for PCTs*. 2005: London.
3. Greer, S., *Policy Divergence: 'Will it Change Something at Greenock?'*, in *The State of the Nations 2003: The Third Year of Devolution in the United Kingdom*, R. Hazell, Editor. 2003, Imprint Academic: Exeter.