

# Will this model deliver? . . .

For the first time in a Government document that covers the activities of many health professions and has implications for all sectors in the NHS, considerable attention is paid to the contribution that is made by pharmacy. The document, the White Paper entitled "Our health, our care, our say" published earlier this week, sets out the Government's agenda for improving care in the community in England — both in its health and social guises — partly through shifting resources and services from hospitals into primary care.

The White Paper says little that will actually be new to pharmacists. The services that the Government sees community pharmacists offering as part of the shift are already spelt out in the new contract and will become an increasing part of the pharmacy landscape.

What is new, however, is the prominence given to pharmacy throughout the White Paper. From the first mention of pharmacy in the introduction, by Tony Blair, it is littered with references to pharmacy and pharmacists: what they do, what they can do and what they will do in the future.

There will be many people — in the health service, in politics and among the general population — who will read the White Paper or come across the main messages and realise, possibly for the first time, that pharmacy services are more than add-ons. For the Government's aims to be met, pharmacy will be more than a bit player.

For pharmacy, of course, the issue is different: in a much more competitive market, can it rise to the challenge and deliver what is promised? No doubt it can. But none of that, of course, answers the central questions: will this model lead to better access to care by socially and economically deprived populations and will it bring health improvements to the chronically ill? In short, will it deliver better health for the nation?

## . . . or will it not?

Over the past couple of weeks the national media have been dominated by stories of hospital and primary care trusts which have run up huge debts. They have accrued these debts because they have been meeting the Government's targets, they have been paying for drugs recommended by national frameworks and guidelines, they have been paying salaries and pensions for existing and former staff and they have been finding money to pay for political whims (such as making trastuzumab available to anyone who asks for it).

New models of health delivery can do no more than tinker with the problems. It has taken New Labour nearly 10 years to realise that providing health care for all is prohibitively expensive. But conventional wisdom suggests admitting that would be political suicide.

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