

Confidence undermined

After heralding the new pharmacy contract introduced nearly three years ago as the lever to develop a clinically focused community pharmacy sector, the Pharmaceutical Services Negotiating Committee seems to be developing a new message over its funding. For the past two or so years, the tone from the PSNC has been conciliatory, emphasising that negotiations with the Department of Health were making progress and even creating the impression that community pharmacy's future was secure and likely to flourish.

Now the tone is different. In a hard-hitting speech due to be given at the PSNC's annual dinner after *The Journal* went to press, the chairman, Chris Hodges, argues that the Government's failure to introduce new advanced services has undermined pharmacists' confidence (p295).

So what has prompted the change? In the past month there have been a number of letters in *The Journal* critical of the PSNC and its negotiating skills. Possibly unfairly, the PSNC has been accused of being primarily responsible for the Category M reimbursement fiasco — which is now leaving some pharmacies in a parlous state. (Shadow health minister Andrew Lansley has joined the letter writers this week [p305].)

These factors, among others, may have prompted Dr Hodges to go on the offensive. He was also expected to argue in his speech that, while the 2005 funding arrangements were fair for the 9,750 pharmacies in England in 2005, as a result of the new control-of-entry regulations, the same resources are now being shared by 10,300 pharmacies.

Community pharmacies in England are angry, and rightly so. Let us hope that the PSNC can really deliver the right funding this year.

No black or white answers

With the number of tests being carried out in the NHS annually running into the hundreds of millions and with the recent massive expansion in tests available for the public to buy, concern was raised earlier this week about the lack of regulation of all these different products (p298).

The problem seems to be two-fold: there is not sound evidence for all these tests and the results, themselves, do not always give black or white answers — some may only indicate that an individual has an increased propensity to develop a disease or condition at some unspecified time in the future. Individuals using a DIY test may need help in interpreting the findings (which may be challenging for GPs and pharmacists unless they have a special knowledge of genetics, for example) and they also face the unintended consequence of believing they are ill when they are not.

So what is to be done? Suggestions have been made that a BNF-type guide should be developed that indicates what evidence there is for a particular test which would be available for health professionals to consult when faced with a worried patient. Gathering the evidence would be labour-intensive but might ensure that healthy people do not burden the NHS unnecessarily and may prove cost-effective as a project.

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