

Independents discuss implications of Pfizer's alliance with UniChem

Pfizer's plans to distribute its products solely through UniChem and pharmacy's involvement in practice based commissioning were hot topics at the Numark conference weekend. **Gemma Cleveland** reports

Numark members were reeling after Pfizer's shock announcement last week (see p413) of its intention to distribute its products solely through UniChem (owned by Alliance Boots). So critical was this news to members, the conference organisers decided to make a last-minute change in the schedule to accommodate a presentation and discussion on the topic.

David Cole, chairman of Numark Ltd, spoke about the possible implications this move will have on the industry and independent pharmacists like those in the Numark group, the most significant being that other wholesalers will not be able to obtain Pfizer products. This loss will result in them being unable to provide the same level of cost effectiveness, discounting, service and delivery to community pharmacists.

It is questionable as to whether Pfizer will be able to maintain the current service levels

to pharmacists through its one distributor. At present 60–65 per cent of wholesale market is not covered by UniChem. It will have to increase its network by more than double and still provide same service. "Knowing a bit about wholesaling I don't think that is possible," Mr Cole said.

Obtaining Pfizer products will involve a separate order cycle for pharmacists. They will have to have a separate account with UniChem and deal with all the extra administration and time needed to address separate deliveries.

This move opens the possibility for other manufacturers to go down the same route, signalling the end of "one-stop shop" and could mean end of twice a day delivery, Mr Cole said.

Simon Colebeck, managing director of Numark Ltd, led a discussion session on the topic: "Once this happens . . . you could be

faced with having to trade with three or four wholesalers, having three to four different deliveries in the mornings and afternoons. It can only lead to a decrease in your service or an increase in your costs. I cannot see it any other way."

It was suggested by members in the discussions that if enough pharmacists and pharmacy groups unite to take a stand it might be possible to get Pfizer to change its mind. However, there is only really a three-month window left to do this.

Possible ways of taking action suggested by Numark members included lobbying Pfizer directly, either individually or under the Numark banner, lobbying UniChem and raising the issue with the Government through MPs in the hope that enough pressure might urge it to do something. It was noted at the session that Pfizer has a feedback page for comments on its website.

Stand up, be heard and make PBC work for you

Liz Stafford, national primary care liaison manager at Rowland's Retail, gave an update on the progress of practice-based commissioning (PBC) and how community pharmacists can become involved.

Mrs Stafford urged community pharmacists to make their voices heard: "We need to be around the tables with GPs discussing the services and getting ideas for community pharmacy written into their plans. If we don't it is going to be even more difficult to get funding for pharmacy services." This is the best way to get funding earmarked for pharmacy, she said.

The latest guidance on PBC, "Health reform in England: update and commissioning framework" has just finished its consultation period. It is hoped that this may help to clear up a few of the muddy areas that still remain with regard to the roll-out of PBC. There still are a few issues around how contracting is actually going to happen, what the procurement rules and regulations are going to be and when tenders might be requested, said Mrs Stafford.

How is the new market going to operate? Commissioning has never been done before — who will lead it? Will it be GPs, primary

care trusts, pharmacists or patients, she asked. There are also questions around how governance and accountability will work.

Mrs Stafford said that there was also a need for the system to create a level playing field for all service providers, including pharmacists. At the moment the field is not level due to an uneven spread of resources. For example, in the GP contracts, GPs are provided with IT support for their premises. If they put in a bid for a service, they can do it at a certain price, but if pharmacists put in a bid they must take into account these extra operational costs and overheads and cannot compete.

As of July 2006, 65 per cent of GPs were signed up to PBC and a lot more were coming on board. "I think the main reason why GPs are starting to take this on is that they've suddenly realised that . . . any other health care professional can contract to deliver services for a patient group if they can deliver services to that level. For the first time other people can move into the GP market and provide services which traditionally only GPs could deliver," said Ms Stafford. "The GPs are worried about other providers coming in and taking a slice of the cake."

Pharmacists need to go and talk to their local GPs, find out about their plans for PBC and how much they want to take on, said Mrs Stafford. Pharmacists need to find out if the

GPs want to take the clinical lead and bring everybody on board or if they are happy for PCTs to take charge.

When talking to GPs it is important not to assume that they know anything about community pharmacy, the pharmacy contract, medicines use reviews or repeat dispensing, Mrs Stafford said. There is a tendency for pharmacists to assume that because they have been through the implementation of these that everybody else knows about it. Community pharmacists need to start from basics and show GPs how their services are meant to be integrated with those run by the GP. GPs need to be made aware of the services pharmacists are already providing so that they may refer patients on to these, in keeping with their agenda.

Pharmacists are encouraged to communicate with their local pharmaceutical committee if they have not been in contact before and let them know if they are interested in being a pharmacist sitting on a PBC-planning group. They need to get involved early on, so they know what to expect and get on top of it all, said Mrs Stafford. The role of the LPC will be to support these planning groups.

It is early days but there is an opportunity to get engaged now and make PBC happen. "We are not about to miss the boat, but there are still lots of questions that need answering," Mrs Stafford concluded.

The Numark conference weekend took place at Center Parcs in Whinell Forest, Cumbria, from 29 September to 2 October.