

Primary care trusts take the driving seat

A Government review is to look at how to enable PCTs, rather than market forces, to manage the provision of pharmacy services. **Tom Moberly** reports

The current system controlling how pharmacy contracts in England are awarded is “a legacy of the last century” which prevents primary care trusts from commissioning services to meet local health needs, health minister Andy Burnham said last week. And, launching the Government’s latest report on the control of entry system, Mr Burnham announced that a further review would be undertaken (**News**, p63).

The current regime has led to a system in which the market remains largely provider-led and primary care trusts have insufficient influence to commission or exercise sufficient control over where services are provided to meet greatest needs, he said.

“We consider it is open to further debate whether the control of entry system remains a suitable vehicle to enable primary care trusts to meet their new roles and responsibilities for commissioning a patient-led NHS. . . . We shall review what action is needed to allow primary care trusts to have more powers to commission as is necessary to secure adequate service provision to meet local health needs,” he added.

No major overhaul

This review will not, however, lead to a drastic overhaul of control of entry, Mr Burnham stressed. “It would not be prudent to propose further major changes to the current system, either in terms of moving towards greater deregulation or imposing tighter restrictions,” he said.

Steve Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, believes that the decision to avoid drastic changes is sensible.

“The minister emphasises that it would ‘not be prudent’ to make changes to the control of entry system at the moment,” he says. “I would agree with that. We don’t want to see any changes to the system which could undermine the pharmacy network we already have.

“Nonetheless, he said they need some means of managing the availability of pharmaceutical services in their area and PSNC will be taking part in the new review.”



John D’Arcy, chief executive of the National Pharmacy Association, agrees that it is too early to judge the impact of the revised control of entry provisions: “I’m pleased to see that there won’t be any changes rushed through. The minister’s announcement of another review is, in a way, a neat political side-step in terms of not making any drastic changes in response to the report, but still recognising that changes may be needed further down the line.”

Impact of reforms

The Government’s report shows that where new pharmacies opened under the revised control of entry regulations access has been increased, Mr Lutener says, but that they do so where there is already good access, so patients have not seen a great widening of access in areas of poor provision.

“What PCTs say is that they need to commission services in deprived areas with poor provision of pharmacies, but financial constraints are limiting their ability to do that because pharmacies opening under the exemptions are drawing funds that PCTs say they would otherwise be able to spend on enhanced services,” he says.

“We are concerned that PCTs have not been able to maximise the opportunities that the pharmacy contractual framework provides, in that the overall levels of enhanced service commissioning has been low,” he adds.

Mr D’Arcy agrees that PCTs need to be given a greater role in managing the supply of services. “We would want to see PCTs putting pharmaceutical needs assessments at the centre of their plans for controlling provision of services in their areas.”

There also needs to be a balance between consistency and flexibility for PCTs to make their own decisions, he says. “I would want to see the review focusing on PCTs and the tools that they will need to be able to control the provision of services, rather than on consumer choice or access. The review needs to ensure that any new system introduced is easy to administer, to understand and for PCTs to control.”

The need to control entry is recognised in the report, by patients as well as contractors and PCTs, Mr D’Arcy points out. “Many patients seem to be concerned that if you open up the market in an uncontrolled way, you will have areas with too many pharmacies and other areas with too few,” he says.

The NPA also has concerns about the sustainability of pharmacies opened under the exemptions in the new control of entry system, Mr D’Arcy says. “If there is uncertainty about whether these pharmacies can prove to be financially viable that will frustrate PCTs’ abilities to plan the provision of pharmaceutical services. In the report there is a suggestion, I think from a patient, that there could be an upper limit on the number of 100-hour pharmacies that could open in a locality and that is certainly something worth considering.”

Will the review make any difference?

There certainly seems to be a need to increase PCTs’ powers to commission pharmaceutical services to secure adequate local provision. What is less clear, Mr D’Arcy warns, is how much the new review will be able to achieve. “We’ll have to wait and see whether the new review will get anywhere. What the review will do is give pharmacy an opportunity to comment on what we would like to see change in control of entry regulations.

“The review has to be completed by March, however, and what can be achieved in such a short review will be limited,” he says. “Ultimately, primary care trusts should be in the driving seat and they will be looking forward to the next review. For our part we will be looking at what we can do to help to provide a solution that’s good for community pharmacy as well as patients and the public.”

Consideration of OTC prices

The Government’s report contains a comparison of over-the-counter medicines’ prices across various outlets. And, in a written ministerial statement about the report and the review, Mr Burnham said that the 2005 amendments to the control of entry regulations had had “no noticeable impact so far on the prices of OTC medicines”. Mr D’Arcy thinks that the analysis of OTC medicines prices was included to placate the Office of Fair Trading, which has argued that entry to the pharmacy market should be completely deregulated.

“Pharmacy is increasingly in the business of health care and I was concerned to see a price comparison of OTC and pharmacy medicines in the report,” he says. “That has nothing to do with the provision of NHS services and its inclusion in the report is an unacceptable sop to the Office of Fair Trading. The Office of Fair Trading has made its case for straightforward competition, but pharmacy is now about providing health care in a way that complete deregulation cannot support.”