

# Primarolo defends speed at which White Paper plans to be implemented

Informal consultation on proposals in the recent pharmacy White Paper started with the first in a series of "listening events" held in London last week. Dawn Connelly attended the event to find out what was discussed

Health minister Dawn Primarolo has defended the Government's timetable for implementation of proposals in England set out in its recent pharmacy White Paper (PJ, 12 April, p430). Speaking at the first in a series of "listening events" designed to inform formal consultation on the proposals planned for later this year, Ms Primarolo acknowledged that some commentators have questioned the speed at which the Department of Health will effect the transformation envisaged in the White Paper.

She responded: "It would be easy to insist that our action plans set out a demanding timescale, with everything accomplished by, say, this time next year. And of course if we can manage that, it would be very good. But we have to be realistic and recognise what is achievable."

Ms Primarolo pointed out that, if meaningful change is to be delivered, the action plan depends on working with pharmacists, the NHS and the public. "To tie everything to artificial deadlines would risk undermining the very real sense of purpose and commitment I believe we have engendered," she warned. "But that does not mean that I or anyone else should be prepared to sit back and wait. And I am as keen as you are to see how quickly we can move to implement these proposals," she insisted.

Jeannette Howe, head of pharmacy at the DoH, later emphasised Ms Primarolo's remarks: "What I think we have set is a realistic timetable for how we take things forward. That does not mean to say we are going to sit back and do nothing for the next few weeks. We will be looking to see



how we can tackle some of those early things while we do further work and hold discussions on others."

Ms Primarolo also indicated that she wants to ensure a spirit of co-operation between pharmacy and medicine endures. "It is not about preferring one sector over another. It is about maximising the contribution everyone makes to ensuring high quality services for patients and the public," she said. However, she added that it is right that the Government examine how best it should reform the current system to ensure that any regulatory blocks and inconsistencies are removed and patient access and convenience are enhanced.

"My aim is to build a platform that rightly makes the best use of the clinical skills and expertise available. That is an integral part of delivering better services to patients and working to tackle health inequalities, promote healthier lifestyles and improve the health of all the people in England. I believe that the White Paper demonstrates this Government's continued commitment to pharmacy and its services," she said.

The 100 participants at the listening event — mainly primary care trust representatives and community pharmacists but with some representation from hospital pharmacists, dispensing doctors and members of the public — took part in seven workshops throughout the day to discuss the White Paper proposals around commissioning for quality, ensuring high quality services and revising payment mechanisms, relationships, healthy living centres/service development, market entry (pharmacy), market entry (dispensing doctors) and communications/raising public awareness.

One of the outcomes from those workshops was that there should be an immediate moratorium on 100-hour pharmacy applications. It was believed that while the proposals around 100-hour pharmacies in the White Paper were being consulted on, there would be a rush of applications as contractors sought to avoid any additional requirements that may later come into force. If an immediate moratorium is not applied then the horse will have already bolted, participants said.

To conclude the day, a question and answer session was held with Keith Ridge, chief pharmaceutical officer, Mrs Howe and Peter Dunlevy, community pharmacy policy manager at the DoH, as well as Felicity Cox, community pharmacy lead at NHS Employers.

The issue of income security versus market freedom was raised. Mrs Howe stressed that the right balance is needed. "I think that if you have too much security there is not the stimulation to innovate, and create and improve services, and if you move to full market freedom then that is full-on competition and everything that comes with it," she said. "That is why we proposed the directed enhanced service as a way of trying to bring some momentum into service commissioning but to be able to do it in such a way that it can reflect local needs."

In response to a question about how the proposed new services will be funded, Mrs Howe said that she expects the funding to come via a number of routes, which will be informed by further discussion and negotiation. "But some of the services, quite clearly, we expect to come with new money, like the vascular risk assessment programme," she added.

## Dispensing doctors and appliance contractors

Ms Primarolo attempted to allay fears expressed by dispensing doctors and appliance contractors about their future viability if White Paper proposals on market entry are implemented.

"I know that some of you have expressed doubts about your future. Let me make it absolutely clear that this is not and never has been our intention.

"You play a pivotal role in ensuring the continued access to pharmaceutical services and promoting patient care for those who need it most and I know that patients value highly the services that you provide. And I want to ensure that the public continues to enjoy that," she said.

## Further listening events

There will be five further "listening events" throughout England over the next month:

- Bristol 8 May
- Birmingham 13 May
- Manchester 19 May
- York 20 May
- London 22 May

The events are organised by the Department of Health and NHS Primary Care Contracting. They are free to attend but participants must register. Details, including online registration, can be found on the NHS Primary Care Contracting website at [www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk).