

White Paper leaves pharmacy questions unanswered

Richard Hough, a practitioner in pharmacy law, analyses the recent White Paper reforming the structure of the NHS



On July 12 the Government announced its proposals for reform to the structure of the NHS in its White Paper "Equity and Excellence: Liberating the NHS". The Government's bold vision for the future of the NHS includes removing political micromanagement, bringing decision-making closer to the patient and opening up service provision. It plans to implement its vision by substantially increasing GPs' ability to commission healthcare services, removing the constraints which currently fetter NHS foundation trusts and improving the quality and accessibility of information about patient outcomes in the NHS through "an information revolution". Of most concern to pharmacists will be the proposals surrounding service commissioning.

The Government hopes that its proposals will achieve efficiency gains by 2014 of up to £20bn, which will be reinvested in frontline services. NHS administration and management costs are to be cut by more than 45 per cent over the next four years and, from 2012, the 10 strategic health authorities and 152 primary care trusts (PCTs) will start the process of abolition.

Commissioning

Responsibility for commissioning budgets will be passed from PCTs to as many as 500 GP consortia which will be responsible, in partnership with other healthcare professionals and local authorities, for buying the bulk of hospital and community care services for patients. Pharmacists will be encouraged to play an integral role in the GP consortia.

The consortia will be accountable to a newly formed NHS Commissioning Board, which will allocate resources, support the consortia in their commissioning decisions and be accountable to the Secretary of State. The board will be responsible for commissioning community pharmacy services and for setting national contracts and payment structures.

Following the establishment of the board and the network of GP consortia, PCTs will be relieved of their commissioning functions. The Government proposes to transfer PCT health improvement functions to local authorities and abolish PCTs by April, 2013. The function

of joining up the commissioning of local NHS services will be devolved to health and wellbeing boards at local authority level.

Providers

The Government's vision is that patients will have a choice of any provider, consultant-led team, GP practice or treatment. Independent and public sector providers will be encouraged to become "willing providers" of NHS services, with their success being increasingly dependent on the exercise of individual patient choice.

Within three years, all NHS trusts will need to become foundation trusts.

Pharmacy

Somewhat disappointingly, pharmacy is mentioned only four times throughout the White Paper and, therefore, the role of pharmacists in the Government's vision for the NHS remains unclear.

The NHS dispensing contract is unlikely to escape reform. The White Paper states: "The community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients. Pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health." It is clear, therefore, that the dispensing contract of the future will be less focussed on dispensing volume and more focussed on performance-based results. Contractors can be expected to receive payments for the provision of high quality and efficient services and for optimising medicine usage.

Those pharmacists who are concerned that the White Paper is focussed on increasing GPs' powers at their expense should take some comfort from the words of the Health Secretary, Andrew Lansley, who has stated that consortia will be "general practice-led not general practitioner-led", indicating that pharmacists and other healthcare professionals will be involved in commissioning strategy and decision making.

Few pharmacy contractors will mourn the

demise of PCTs, which have been blamed for hindering the development of community pharmacy services through the adoption of inconsistent commissioning policies, and many will welcome the opportunity of being involved in the process of reform.

Earl Howe, the Pharmacy Minister, has stated that the White Paper should enable community pharmacists to expand the range of clinical and public health services they deliver and should allow them to help patients get the most from their medicines, to better manage their conditions, to focus on prevention as well as treatment, and to help patients be better informed and more involved with their care.

The White Paper sets out broad parameters for radical change of the NHS. The Government's view is undoubtedly bold, as are the timescales for the implementation of the proposed changes. However, much work still needs to be done and the document makes for frustrating reading due to its lack of detail. Many questions are left unanswered.

For example, the White Paper does not address what will happen to the global sum, which became the responsibility of PCTs in April this year. One might assume that the global sum will become the responsibility of the NHS Commissioning Board but the White Paper is frustratingly silent on this issue.

Whilst it is clear that essential and advanced pharmacy services, forming part of the pharmacy contract, will become the responsibility of the NHS Commissioning Board, it is unclear who will assume responsibility for enhanced services commissioning. It is possible, though far from certain, that enhanced services would be the responsibility of the local authorities who will be in charge of public health.

It is also unclear what will become of pharmaceutical needs assessments (PNAs). PCTs are under a statutory duty to complete and publish their final PNAs by 1 February 2011 but are due to be wound down by 2013, leaving PNAs shrouded in uncertainty.

It is evident that extensive further consultation is required to provide answers to these questions before the enactment of the Health Bill, which will incorporate the White Paper's proposals, in the autumn. In the meantime, pharmacy contractors should be alive to the possibilities that the White Paper presents and make sure that they are kept informed of their local GPs' plans so that they can ensure that they play their part in the future commissioning of services.

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