Are enhanced pharmacy services value for money?

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Recent changes to the NHS community pharmacy contract in England and Wales have led to a range of services, like smoking cessation and supervised methadone administration, which were once the reserve of general practitioners but which will now be provided through a private market dominated by large corporations.

But are these enhanced services value for money and what are their implications for patient care? Two public health specialists discuss the issues in a paper published in the British Medical Journal today.

In 2005, the government argued that expanding the range of services provided by private for-profit community pharmacies would increase access and patient choice, reduce general practitioner workload, and lower costs to the NHS. The UK general medical services contract and the pharmacy contract allows a shift of NHS services from general practice to private for-profit community pharmacies in England.

But Elizabeth Richardson and Allyson Pollock from the University of Edinburgh say that a lack of centrally collected data "makes it difficult to draw general conclusions about their effectiveness and efficiency."

"Value for money is also difficult to determine," they add, "because the true costs of providing pharmaceutical services are obscure, especially in relation to premises and staff."

While good evidence supports the provision of some extended services,

like smoking cessation and emergency hormone contraception supply, the evidence base on value for money and effectiveness of more complex services - such as opportunistic screening and minor ailment clinics - is limited and more research is needed, they argue.

They point to commercial conflicts of interest which, they say, are at odds "with public health priorities" and could undermine pharmacists' professional role. There is a risk too that, as more services are contracted out from the NHS, the boundaries between public and private funding and provision will also become blurred and difficult and costly to monitor and regulate.

As the health systems of Scotland, England, and Wales diverge it will be important to monitor these market oriented changes and their implications for the NHS and its patients, write Richardson and Pollock.

They conclude: "The absence of national data, central monitoring, and research into these changes means that the effectiveness, equity, efficiency, value for money, and above all the implications for access, safety, and quality of patient care are not known."

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