

# A game of **strategy**, or fantasy?

Negotiations over pharmacy funding could play out like a chess game, says **Mukesh Lad** – or even a Game of Thrones



**T**he influence of the BBC's 'Dickensian' theme seems to have reached as far as the NHS just before Christmas, with ruthless Mr Scrooge slashing pharmacy funding in an unprecedented manner. Moreover, he certainly forgot to emerge in 2016 as a reformed and generous man!

By imposing a cut of £170m in pharmacy funding for 2016-17, the Global Sum will shrink to £2.63bn and our funding in cash terms will be reduced by a dramatic 6 per cent before we factor in the additional hit from national minimum wage reviews and pension contributions.

The ensuing rounds of consultation have dutifully been announced and begun. Our fate will now be decided in discussions between the Pharmaceutical Services Negotiating Committee, Pharmacy Voice, the Company Chemists' Association, the National Pharmacy Association, the Royal Pharmaceutical Society, the Association of Pharmacy Technicians UK, and the General Pharmaceutical Council.

We could be forgiven for thinking we've fallen into a fantasy drama set on two fictional continents called Servant and Governors, with a cast of pharmacy healthcare professionals and patients and plot lines of civil war!

## Claiming the throne

Our illustrious professional pharmacy representatives will each be trying to reclaim their throne, while exiling the others. Meanwhile we, the independent pharmacists, will be left to face the impending threat presented by legendary inventions such as hub and spoke and the fierce peoples of the NHS known as commissioners.

I, on the other hand, prefer to look at our situation as a game of chess. PSNC is essentially our most important piece in the negotiations so I consider it our king on the chessboard.

The Department of Health, however, has

the most powerful piece, the Queen, so tactically it's able to play a very aggressive game from the start.

Obviously community pharmacists are the pawns in this game. They're the most numerous pieces on the board and, in most circumstances, the weakest.

## Destined to lose?

Let's consider the gameplan. The government has set out its wish list and budget together with specific timelines in



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which to achieve its aims. We have to assume that the current government will remain in power until at least 2020 and probably beyond, unless any real opposition emerges soon.

The Department of Health, by stating in its letter to PSNC that "in some parts of the country there are more pharmacies than are necessary to maintain good access" has clearly signalled its intention to reduce the number of community pharmacies in England.

As independent pharmacists, we also need to give careful consideration to the term 'primary care integration', which is trending heavily at the moment. In plain English, this

means GPs will be encouraged and funded to provide a broad range of complementing health care professionals and services to support the provision of healthcare seven days a week. This multidisciplinary team will include practice pharmacists.

## Hub and spoke

In another strategic move, the Department of Health has indicated its intention to consult with our profession on the question of hub-and-spoke dispensing. The Department has already made clear it wants to see legislation in place by the end of 2016 that will make hub-and-spoke operations accessible to the independent pharmacy sector. It quite obviously intends to make this development a reality.

It looks to me like the chessboard is being set out to allow the Department of Health's queen to bait her opposing king, the PSNC. The chess players amongst us know the king rarely plays an active role in the development of an offensive or defensive position. Instead, it emerges at the end of the game to assist with the remaining few pawns (the community pharmacists).

The Department of Health wants our profession to finally move into the 21st century by pushing us to embrace the 'click and collect' types of technology that could improve patient choice and convenience.

## Tactics for pawns

So the key question is, how do we play the game when we're the smallest piece on the board?

Fortunately, we are unusual. Like pawns, independent pharmacies can move and act in different ways. We have the ability to move forward while acting in many directions.

One thing we must not, and cannot ever, do is move backwards.

We're now attracting record numbers of patients in our pharmacies and we have an exceptionally broad and active healthcare need in the heart of the communities that we're trying to serve against all odds. So isn't it about time we started receiving widespread acclaim from critics, particularly for our commitment, skill and dedication to our patients and the NHS?

From next month I'll be taking an in-depth look at the choices open to independent pharmacies across the country. Tactical moves and clever strategy are now needed to pounce on any opportunity to win outright. You don't want to be forced to survive the Hunger Games!