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Editorial

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Pestle and mortal: the demise of community pharmacy in the UK

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Despite funding concerns and varying political policies, it is tempting to think that within health care in the UK, the core professions remain enduring pillars of stability, and perhaps never more so than in the recent COVID-19 pandemic. However, the community pharmacy and community pharmacist professional role may be under significant threat. Enduring sociological criticism, failure to act on policy recommendations, remuneration issues, dispensing automation and ambiguous public health roles all conspire to threaten their existence.

It is now more than half a century since sociological scrutiny was directed critically on the community pharmacy setting. It was damningly considered an 'incomplete profession'[1] struggling to reconcile commercial and altruistic professional demands, and without sufficient control of the social object of the 'drug'.[2] Further analysis has variously qualified or perpetuated this and even if the social object of the 'medicine' did have important social value (evidenced most obviously in rising prescribing trends), a decision was needed as to whether pharmacy should focus on the medicine or the patient.[3] The rise of GP practice-based pharmacists, non-medical prescribing and recent advanced clinical practitioner roles has exacerbated this divide, with community pharmacists having little opportunity to take on such roles and remaining associated with, and hampered by, the contested medicine.

The plight of community pharmacy is all the more frustrating as there have been decades of policy recommendations, dating as far back as the Nuffield report of the 1980s,[4] through Pharmacy in a New Age[5] to the prescient Now or Never: Shaping the Future of Community Pharmacy.[5] All recognised the need for pharmacy to change and embrace new roles as traditional dispensing practices changed. In part, this *has* occurred in the UK, with considerably less emphasis (and remuneration) for dispensing the social object of the medicine, and more on advanced services. However, the decommissioning of high profile services such as the medicine use review (MUR) and the faltering pilot of NUMSAS sent warnings of an occupation struggling still to find viable new roles.

At the heart of the policy agenda was recognition that technological advances would render traditional pharmacy roles obsolete. Original pack dispensing and the greater use of information technology were traditional drivers for change but arguably more recent threats have emerged in relation to online pharmacies, and proposed 'hub and spoke' models.[6] Both of these make much more likely the possibility that medicines can be sent directly to patients without the traditional pharmacist involvement. A resulting '*technology shock*' looms in which radical changes to community pharmacy may occur, and how the quality use of medicines can be protected, and even if community pharmacies could continue to provide this. Technology has been argued to change for the better and pharmacy access to the summary care record, for example, is a tangible attempt to connect community pharmacy to other healthcare services. However, with 39% of pharmacies in England reporting the equivalent of access to only one patient record per month, it is debatable again how much this has been a positive change.[7] What emerges is a profession distanced from more explicit clinical roles that follow a patient focus, and a continued reliance on a medicines focus but with significant technological threats to this relationship and potential distancing of community pharmacy from those very medicines potentially.

Are public health roles for community pharmacy the solution? There is some evidence of the effectiveness of smoking cessation and weight loss intervention in pharmacies,[7] and flu vaccinations represent an important additional public health role and advanced service. Additionally, one of the most recent policy documents about the future role of community pharmacy has advocated greater public health involvement.[8] However, such roles raise two key issues: one is to what extent such roles sufficiently protect the status of community pharmacy professionally, and secondly, based on the aforementioned technological changes and potential separation of

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community pharmacy from medicines, will the public still use the physical pharmacy? The first concern originates in further analysis from the sociology of the professions and claims relating to professional authority and indeed security. These suggest that professional status requires protection and control of certain – often highly skilled – tasks, as well as regulatory legitimacy and the maintenance of professional boundaries and jurisdiction.[9] The process of diversification and the adoption of new, or existing roles in new settings, is a recognised activity which *can* allow a profession to adapt. However, the public health related services which community pharmacy are being recommended to take on are not unique and are delivered in other healthcare settings by occupational groups such as nurses. As such, they represent a form of substitution and not diversification.[9] The second concern relates to the increasing use of hub and spoke approaches and associated cost saving, and why would the public be inclined to visit a community pharmacy if their medicines are no longer supplied there?[6] This undermines the argument that the *community* pharmacy is a key setting in which to extend public health activities. In addition, important 'frames' of reference for the public to understand community pharmacy roles might be even further '*misaligned*' due to these changes, as seen potentially in other activities such as the New Medicines Service.[10]

In summary, the community pharmacy and associated role of the community pharmacist are significantly threatened by a range of factors. However, are there any ways of avoiding this demise? One key opportunity relates to the lack of research and evidence relating to community pharmacy, in terms of what patients and consumers want, and of what pharmacy activities and interventions are effective and cost effective. Without robust evidence, policy and strategies relating to community pharmacy are weakened and lack sufficient credibility. Providing opportunities for the public to self-manage conditions and receive advice – though minor ailments schemes for example – also remain important activities which community pharmacies can provide. However, these still require adequate independent remuneration if they are to avoid issues of commercial and professional conflict.[1] Care is also needed to avoid claims of pharmaceuticalisation and in an age of greater social prescribing, an over-reliance on medicines as the perceived default treatment. Despite the commendable current efforts of community pharmacy in the current COVID-19 pandemic to ensure medicines are supplied and the public kept safe, the future is less optimistic. The roles and opportunities for pharmacists in hospitals and locations such as GP practices and primary care are more obvious and defensible but for the community pharmacist, they appear all too mortal.

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