

Sir

Price and value in personal care: the planned closure of community pharmacies

Recent government plans to reduce the number of community pharmacies is driven – we are told, as so often – by our need to economise, rationalise and thus reform. No doubt; but we must always beware – for any reforms that insist on cuts to easy-to-measure financial *cost* tend to readily cut off human *value* that is both more fragile and hard-to-measure.

As a GP I have long witnessed the consequences to healthcare of not heeding this. The human costs have been enormous – and then, paradoxically, the economic costs increase...

These government plans are likely to follow suit. For example, for more than twenty years I have worked alongside a small-practice pharmacist who has got to know many of his frailer and more vulnerable patients. This long-term personal contact and knowledge of individuals' lives and conditions means that he is able to provide much more than correct medications: kindly, skilled advice, timely signposting and liaison of services, together with professionally affectionate support and containment – all have been skilfully offered. From our many patients I recurrently heard of gratitude for these holistic and community approaches.

So, this pharmacist's therapeutic influence was far greater than his statutory duties. Over many years his vocational ethos of personal continuity of care extended to me – a reassuring colleagueial synergy to my like-minded GP efforts. But such bespoke practice – now in such decline – can grow only from personally invested autonomy: it cannot be contracted or economised into any coerced or prescribed reform. I fear that such subtle beneficence is thus most unlikely to come from a large, chained pharmacy with rapidly changing staff, centrally controlled by increasing goals, targets and regulations. The parallels to what has already happened in General Practice are ominous.

Such plans may appear to save money, but only in the short term: longer term we lose much else.

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