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Original Research

Community, autonomy and bespoke services: Independent community pharmacy practice in hyperdiverse, London communities

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Abstract

Background: The landscape of pharmacy continues to evolve including in Great Britain, where, by 2012, almost 50% of pharmacy contracts were held by just 9 national chains.
Objective: To further explicate the concept of 'independence' as it was positioned by independent pharmacists, particularly examining personal interpretations of their role in contemporary pharmacy and health care delivery.
Methods: Research was situated in East and South-east London between 2008 and 2009. The study took an ethnographic approach; combining participant observation within 7 pharmacies and 36 active interviews with pharmacists. Recruitment criteria demanded that pharmacists self-identified as independent and were either owners or managers in sole-owned or independent chain pharmacies.
Results: Independence was expressed through a framework of three overarching themes: autonomy, engagement and bespoke practice. Autonomy formed the basis of professional expression ultimately enabling pharmacists to exercise control over customer relationships. This facilitated engagement with communities and individuals and ultimately made possible an offering of a bespoke 'personal' service. The diverse urban environment was a space where independence was seen to be of particular value. The complexity of this setting was used symbolically to support the need for independent thinking. These themes are examined through stories of 'acceptance' and developing pharmacy 'communities' alongside the practise of maintaining personal relationships to provide a distinct service offer.
Conclusions: This study highlights distinct 'independent' expression of professional identity and suggests the need to assess the value of independent community pharmacy as being different from but complementary to the service provided by multiples/large chains.

Keywords: Rhetoric; London; Independent; Community; Ethnography

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Introduction

Community pharmacies in Great Britain operate as private, retail businesses providing National Health Service (NHS) services on a contract basis. The sector includes businesses built on a variety of different models but is crudely split between 'independents,' and 'multiple' pharmacies. Independent pharmacies described here are businesses that are sole owned or part of a chain that has no more than 5 retail outlets. Small independent chains/independent multiples also represented in this research are chains of 5 or more shops that are eligible for membership of the Association of Independent Multiples.[1] The 'multiples' meanwhile include large chains of greater than 300 outlets dominated by the companies that make up the Company Chemists Association (CCA).[2]

The number of independently owned pharmacies in England and Wales is in decline; between 1998 and 2008, leading up to the period of study of this research, the percentage of pharmacies comprising 5 or fewer outlets fell from 57% to 39%.[3] By contrast, the nine companies of the CCA alone owned approximately 50% of community pharmacies in Great Britain by 2012.[2] The fundamentally different approach to business taken by independents and multiples has been described in previous research: "corporate pharmacies maximize profit through economies of scale and rationalization, independents pursue profit maximization primarily by service delivery."[4] Other studies describe how this emerging "*corporatization of the community pharmacy sector*" has seen the multiples rise to dominate delivery of pharmaceutical services.[5] It has also been suggested that this shift in the marketplace will affect both service provision and attempts to expand the pharmacists' professional role.[6]

Framing the pharmacists understanding of their position in the world was the continuing background of change within community pharmacy in England and Wales. The seeds of change were sown when, in 2003 the Department of Health published A Vision for Pharmacy.[7,8] In the same year the 2003 General Medical Services (GMS) contract[9] came into force allowing services previously carried out in general practice to be contracted to other providers including pharmacists.[6] A new contract for pharmacy was published in 2004 taking on board these recommendations and implementation began in April 2005. The reformed contract was designed to lessen reliance on dispensing and to encourage the undertaking of a range of other services which include locally commissioned activities such as needle exchange, smoking cessation programs and minor ailment schemes.[10]

Professional personhoods

To begin an exploration of independence in a 'modern' pharmacy setting, this account concentrates on the figure of the independent community pharmacist, investigating the experience of practice as it is positioned by pharmacists themselves.

There has been an ongoing struggle in defining a professional remit for the community pharmacist, stemming in large part from a longstanding dispute with members of the medical profession over a mandated professional territory and subordination to the physician through the latter's control of the prescription.[11] The duality of the community pharmacist's role as businessman/health care provider has also proved hard to negotiate.[12] The profession has looked to re-describe it's remit and in doing so it has been suggested that the community pharmacist's role should move from a 'technical' position founded in dispensing and compounding to a 'cognitive' one; expanded to include a more clinical element and involving patient counseling.[13] This attempted expansion has resulted in the movement away from a medicines based role to a disease and patient oriented function and development of new pharmaceutical services such as those described in the pharmacy contract.[14] Alongside the shift in emphasis described in the pharmacy contract this movement will be referred to as the 'dominant discourse' within British community pharmacy.

This study was concerned with understanding the professional role of 'the pharmacist' and how pharmacists describe and occupy this particular position. The concept of 'personhood' is useful in helping us to consider this concept precisely. 'Personhood' refers specifically to a social role, "*acted out within a wider cultural context*."[15] It has been suggested that rather than being fixed over time, personhoods are self conscious projects that take into account the options available to a particular person at any given moment and are dependent on the situation that they find themselves in.[16] Personhoods are therefore constructed through the way in which individuals both act and are acted upon, at a particular point in time.[17] In investigating this interplay of behavior and influence it is possible to explore how pharmacists