

The relationship between quality and local concentration

**OFT Pharmacy
Investigation**

*A report prepared for the
Office of Fair Trading*



**The relationship between quality and local
concentration**

OFT Pharmacy Investigation

A report prepared for the Office of Fair Trading

November 2002

A member of the Frontier Economics Group

150 Holborn
London
EC1N 2NS

tel: +44 (0)20 7611 9494
fax: +44 (0)20 7611 9495
www.frontier-economics.com

Table of contents

Section	Page
Executive Summary	i
1. Introduction	1
2. Data collection	2
3. Summary statistics on quality measures	6
3.1 Opening hours of pharmacies	6
3.2 Services offered by pharmacies	11
4. Regression analysis	15
4.1 Quality variables	15
4.2 Independent variables	17
4.3 Regression results	19
4.3.1 Relationship between quality and local concentration measures	19
4.3.2 Relationship between prices and concentration controlling for quality	24
Quality measures (Questionnaire)	1
Regression results	1
Regression analysis	1

Table & Figures

Tables & Figures	Page
Table 1: Description of quality measures	16
Table 2: Description of independent variables	18
Table A1-3: Opening hours (am/pm).....	1
Figure 1: Response rate by type of pharmacy	3
Figure 2: Geographic location of pharmacy respondents	4
Figure 3: Proportion of respondents open each day	6
Figure 4: Distribution of starting time - Monday to Friday	7
Figure 5: Distribution of closing time - Monday to Friday	8
Figure 6: Distribution of opening hours - Monday to Friday	9
Figure 7: Distribution of opening hours - Saturday to Sunday	10
Figure 8: Proportion of pharmacies with a consultation area.....	11
Figure 9: Proportion of pharmacies offering a home delivery service..	12
Figure 10: Proportion of respondents offering a repeat prescription collection service	13
Figure 11: Proportion of respondents receiving an additional hours payment.....	14
Figure 12: Regression output, dependent variable is open before 9am Monday to Friday, all pharmacy types	2
Figure 13: Regression output, dependent variable is open after 6pm Monday to Friday, all pharmacy types	3
Figure 14: Regression output, dependent variable is the provision of a consultation area, all pharmacy types	4

Table & Figures

Tables & Figures	Page
Figure 15: Regression output, dependent variable is the provision of a home delivery service, all pharmacy types.....	5
Figure 16: Regression output, dependent variable is the provision of a home delivery service to all patients, all pharmacy types that offer a home delivery service.....	6
Figure 17: Regression output, dependent variable is the provision of a repeat script collection service, all pharmacy types that offer the services.....	7
Figure 18: Regression output, dependent variable is change in prices, all pharmacy types for which quality data is available, no control for quality	8
Figure 19: Regression output, dependent variable is change in prices, all pharmacy types for which quality data is available, with control for quality	9
Figure 20: Regression output, dependent variable is change in price level at beginning, all pharmacy types for which quality data is available	10
Figure 21: Regression output, dependent variable is change in price level at end, all pharmacy types for which quality data is available	11

Executive Summary

Executive Summary

As part of the OFT Pharmacy Investigation, Frontier Economics was asked to investigate whether there was any relationship between local competition and the quality of services offered by pharmacies. A previous aspect of the OFT Pharmacy Investigation had considered whether there was any relationship between price levels and local competition, as proxied by measures of local concentration, which we refer to as the ‘price-concentration study’¹. The investigation of pharmacy quality measures extended this previous work.

A number of potential quality measures were developed, which reflected the opening hours of pharmacies and whether additional services were offered. Data on these measures was generated through a questionnaire sent out by IMS Health to the pharmacies for which it regularly collected data on monthly sales, as employed in the price-concentration study. This questionnaire led to a response rate of 233 observations, or approximately 35%.

From these questionnaire responses, a number of different quality measures were formed. Regression analysis was then employed to determine whether there was any systematic statistical relationship between the presence or absence of particular quality measures and explanatory variables of interest. These explanatory variables included measures of the local concentration in the area of each pharmacy, regional factors, and characteristics of the pharmacy. Regression analysis was also employed to determine whether the results of the price-concentration study were unchanged once measures of quality were taken into account.

The key results of the analysis were as follows. Firstly, there was a systematic statistical relationship between some aspects of quality and some measures of local concentration. In particular:

- pharmacies were more likely to be open before 9am if they were the closest pharmacy to a GP, and if they faced a higher number of CPs per GP in their locality;
- pharmacies were more likely to offer a consultation area if there were more supermarket pharmacies in their locality; and
- when a pharmacy faced no other pharmacy within 5km, it was less likely to offer home delivery.

¹ For a full list and derivation of concentration measures used in this paper, see Frontier Economics, The relationship between price and local concentration, November 2002.

Executive Summary

The quality data collected for this study allowed us to review whether the results of the price-concentration study changed once quality variables were included in the price-concentration regressions as extra “controls”. We found that there was no change in the key results of the price-concentration study once quality measures were taken into account.

1. Introduction

As part of the OFT Pharmacy Investigation, Frontier Economics was asked to investigate whether there was any relationship between local competition and the quality of services offered by pharmacies. A previous aspect of the OFT Pharmacy Investigation had considered whether there was any relationship between price levels and local competition, as proxied by measures of local concentration, which we refer to as the ‘price-concentration study’². The investigation of pharmacy quality measures extended this previous work.

A number of potential quality measures were developed, which reflected the opening hours of pharmacies and whether additional services were offered. Data on these measures was generated through a questionnaire sent out by IMS Health to the pharmacies for which it regularly collected data on monthly sales, as employed in the price-concentration study. This questionnaire led to a response rate of 233 observations, or approximately 35%.

From these questionnaire responses, a number of different quality measures were formed. Regression analysis was then employed to determine whether there was any systematic statistical relationship between the presence or absence of particular quality measures and explanatory variables of interest. These explanatory variables included measures of the local concentration in the area of each pharmacy, regional factors, and characteristics of the pharmacy. Regression analysis was also employed to determine whether the results of the price-concentration study were unchanged once measures of quality were taken into account.

This note describes the data collected and outlines the analysis carried out in more detail. It is structured as follows.

- Section 2 discusses the process of data collection.
- Section 3 gives key summary statistics on the quality measures collected.
- Section 4 summarises the results of the regression analysis.

Annex 1 contains the questionnaire submitted to the pharmacies. Annex 2 contains more detail on the regression analysis and output.

² For a full list and derivation of concentration measures used in this paper, see Frontier Economics, *The relationship between price and local concentration*, November 2002.

2. Data collection

Neither we nor the OFT were aware of any publicly available data sources on quality measures for pharmacies. It was therefore necessary to develop a set of quality indicators for this study. This was carried out by forming a questionnaire, with input from the OFT and IMS Health. This was sent by IMS Health to 657 pharmacies for which they collect monthly sales information and which constituted the sample used in the price-concentration study³. IMS Health carried out the survey in late September and early October 2002.

The questionnaire aimed to gather information on potential indicators of quality of service provided by pharmacists in terms of availability, access and value-added services. After discussion with the OFT and IMS Health to develop an appropriate set of quality indicators, the following measures were collected⁴.

- Opening and closing hours for each day.* Consumer access to pharmaceutical services is enhanced if pharmacies are open longer during the day.
- Whether a pharmacy offers a repeat prescription collection service:* This consists of a pharmacy collecting repeat prescriptions from GPs on behalf of patients. Patients obtain their drugs directly from their pharmacy without visiting their GP.
- Whether a pharmacy offers home delivery service:* This consists of a pharmacy delivering drugs to patients at home. This service may be made available either to all customers of the pharmacy, or only to those in need.
- Whether a pharmacy offers a consultation area:* This was defined for the purpose of the survey as a private area within the pharmacy in which pharmacists could give advice to patients.

More detailed features of these services were explored through the questionnaire reported in Annex 1 and are discussed through charts in the next paragraphs. In addition, respondents were asked to report whether they received an additional hours payment. Additional hours payments are made by health authorities to pharmacies that remain open outside

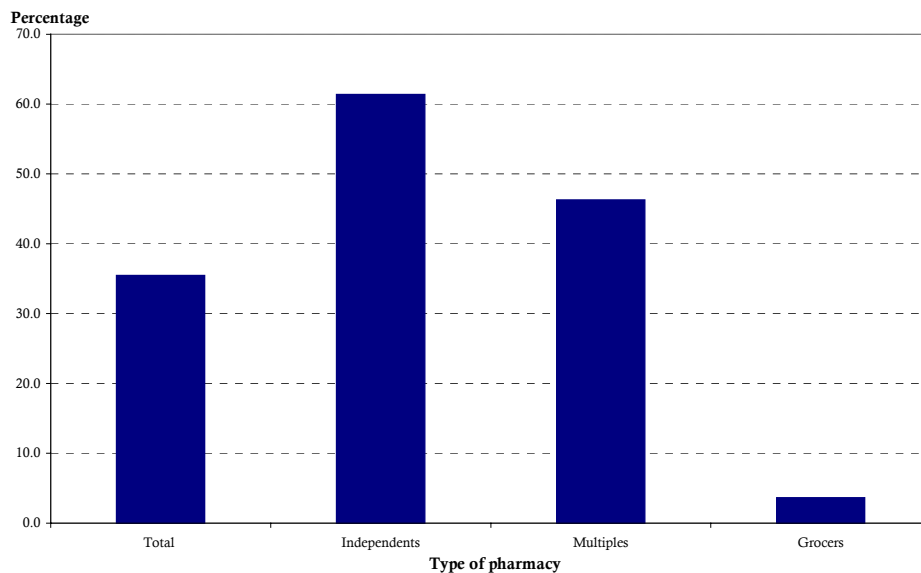
³ Ibid, footnote 1.

⁴ A number of further features were considered, including whether pharmacies offered particular types of products. These were eventually dropped from the survey as it was not clear that these could genuinely be interpreted as quality measures.

normal business hours, and therefore may not be an appropriate measure of quality when considering whether pharmacies respond to local competitive conditions by adjusting the quality of service they offer. However, it needs to be taken into consideration since it is a factor that may influence the total opening hours of pharmacies.

The response rate to the questionnaire varied by type of pharmacy. Figure 1 shows that the overall response rate was 35% (233 responses)⁵. The response rate was 61% (143 responses) for independents and 46% (81 responses) for multiples. The response rate by supermarkets was much lower at 3.6% (only 9 responses).

Figure 1: Response rate by type of pharmacy

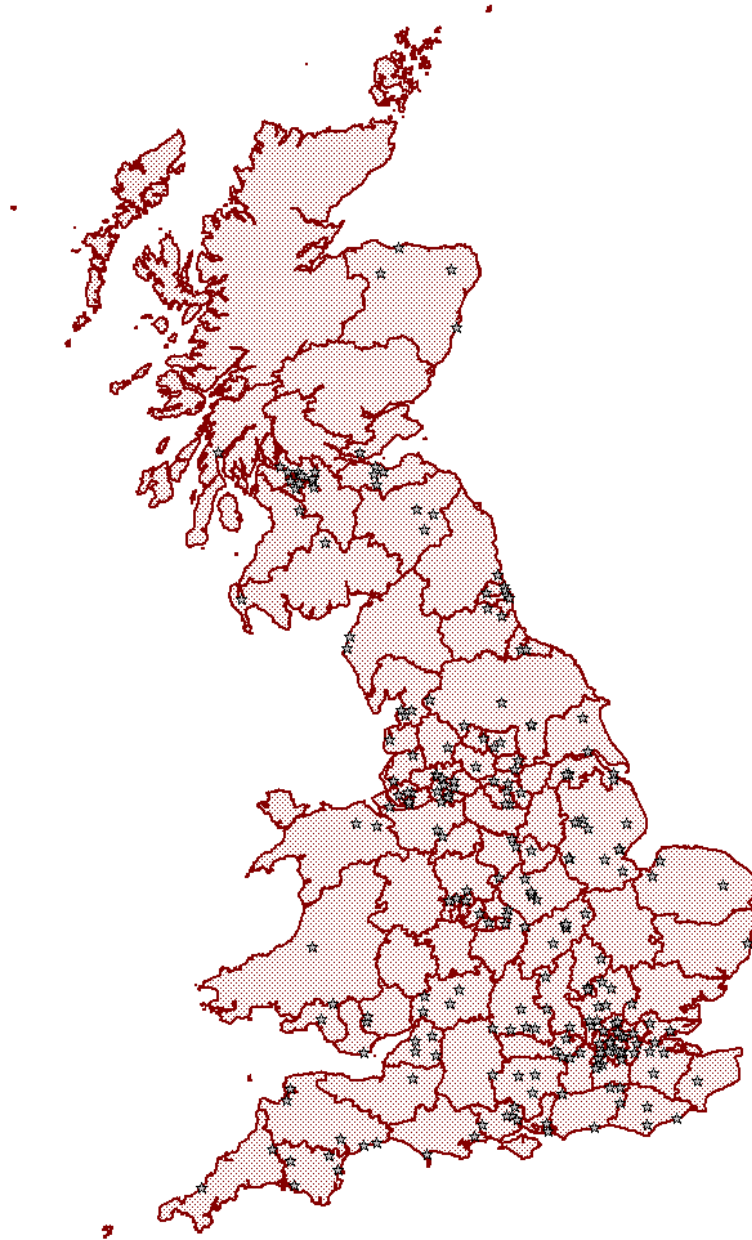


Source : Frontier Economics analysis of questionnaire responses

Figure 2 shows the geographic location of pharmacy respondents to the questionnaire. It shows that the respondents are well spread throughout Great Britain.

⁵ Three additional replies were received but could not be coded and are excluded from the above total.

Figure 2: Geographic location of pharmacy respondents



Source: Frontier Economics analysis of questionnaire responses

It should be observed that the sample of pharmacies in this case was self-selected. Pharmacies were incentivised to respond to the questionnaire⁶, and therefore if there is a correlation between the value of the incentive to particular pharmacies and quality measures, this could lead to biases in the results. However, it is not clear what the direction or magnitude of any such bias would be.

⁶ Pharmacies were offered a £10 M&S voucher for a response.

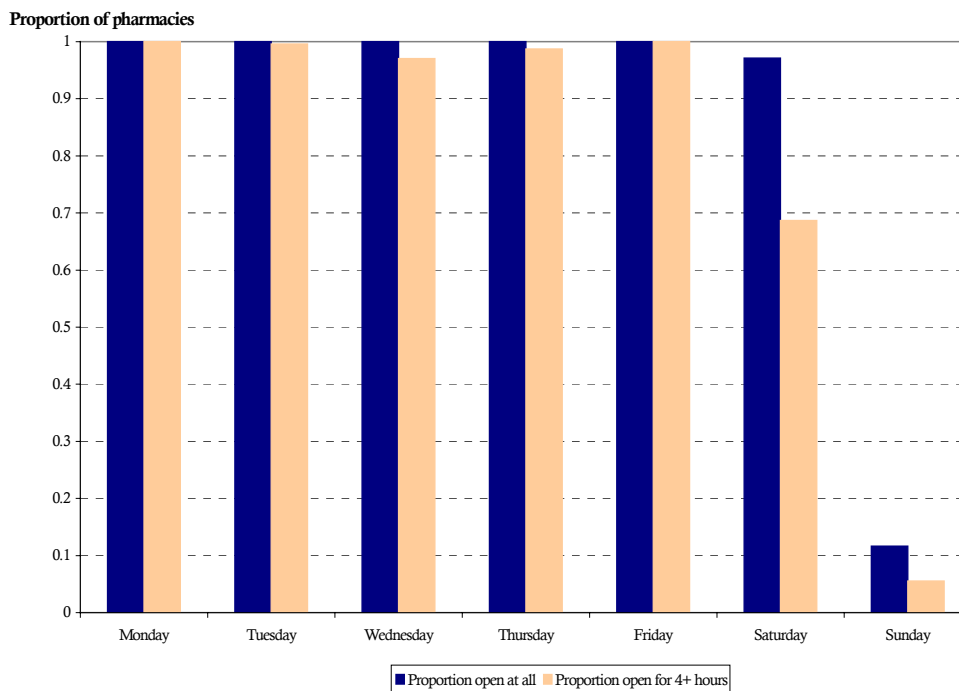
3. Summary statistics on quality measures

This section reports summary statistics from the responses to the survey. Results are presented in a number of instances by pharmacy type. It should be borne in mind that there are only a small number of supermarkets in the sample, and hence the results for supermarkets should be treated with care when making inferences.

3.1 Opening hours of pharmacies

Figure 3 shows that all pharmacies are open on weekdays but only 11.4% remain open on Sunday. Moreover, 68.7% of pharmacies open on Saturday for more than 4 hours.

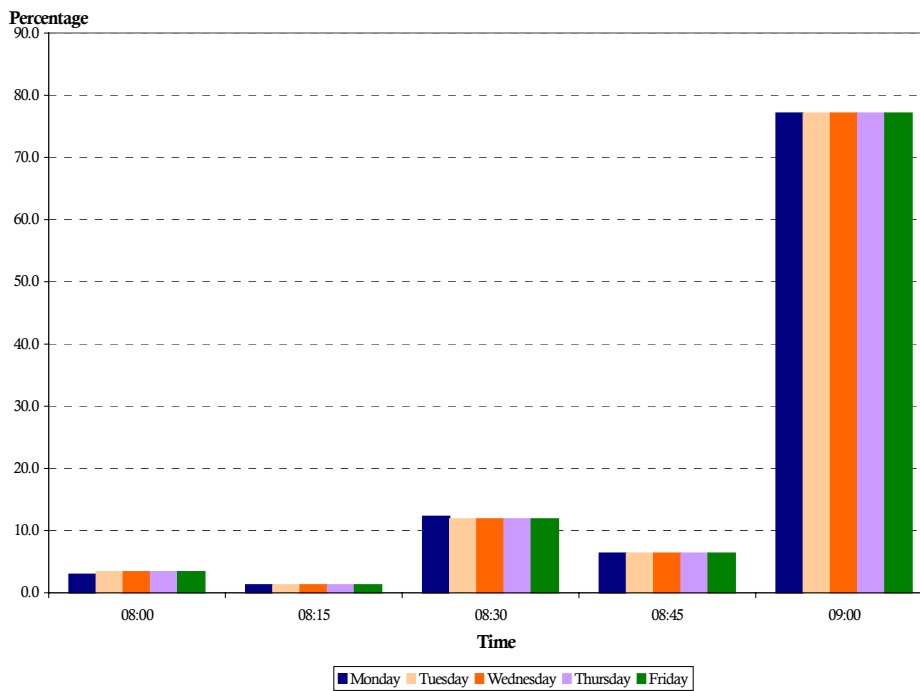
Figure 3: Proportion of respondents open each day



Source : Frontier Economics analysis of questionnaire responses

Figure 4 shows the distribution of starting time of pharmacies. Pharmacies open between 8am and 9am during working days, with nearly 80% opening at 9am. The next most frequent opening times are 8:30 and 8:45. There is minimal variation by day.

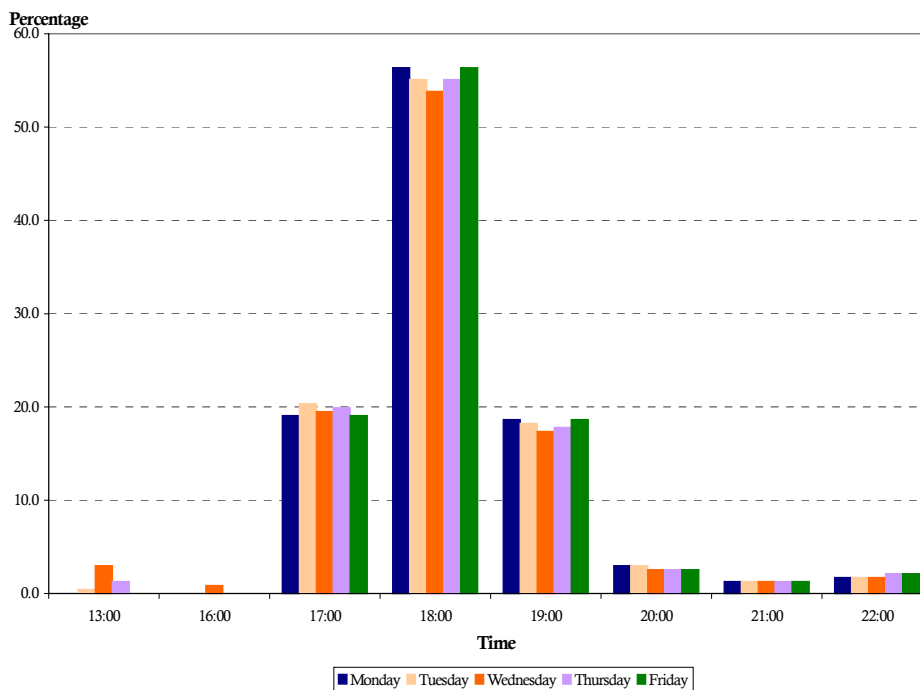
Figure 4: Distribution of starting time - Monday to Friday



Source : Frontier Economics analysis of questionnaire responses

Figure 5 shows the distribution of closing time for working days. There is a wider range of closing hours than of opening hours. The most frequent closing time is 6pm followed by 5pm and 7pm. There are slight variations by day and it is typically on Wednesdays that pharmacies are closed before 5pm, although this accounts for only 3.8% of the closing times on that day.

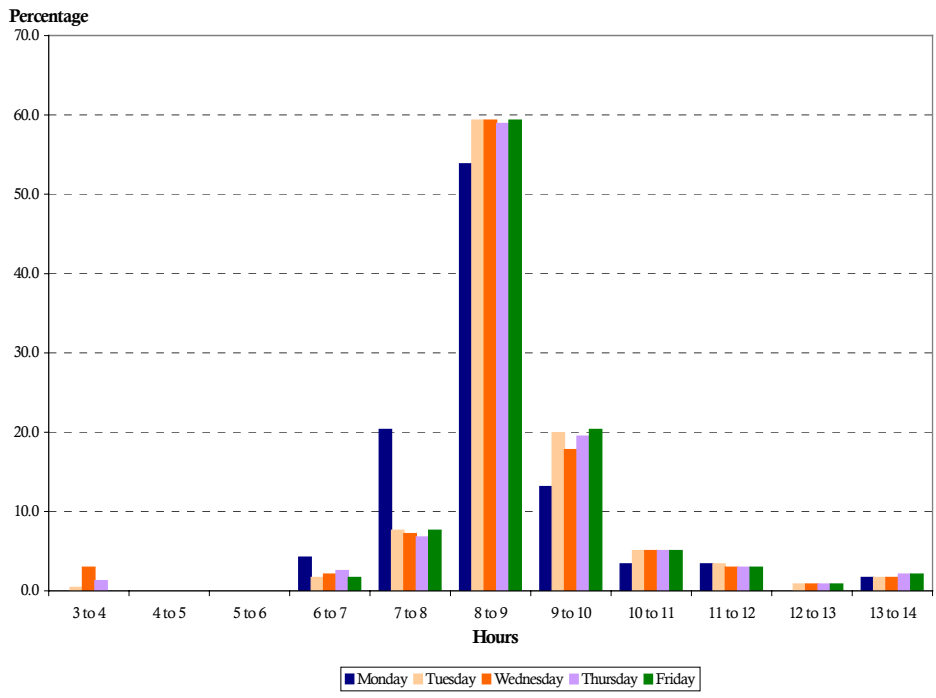
Figure 5: Distribution of closing time - Monday to Friday



Source : Frontier Economics analysis of questionnaire responses

Figure 6 shows the distribution of the total number of hours open per day for Monday to Friday. Around 60% of pharmacies are open between 8 and 9 hours each day, apart from Monday, for which the figure is 55%. Around 8% of pharmacies are open between 7 and 8 hours each day, again except for Monday, for which the figure is 20%. The late closing times for a small percentage of pharmacies in Figure 5 above are reflected in long opening hours, of 10 hours or more.

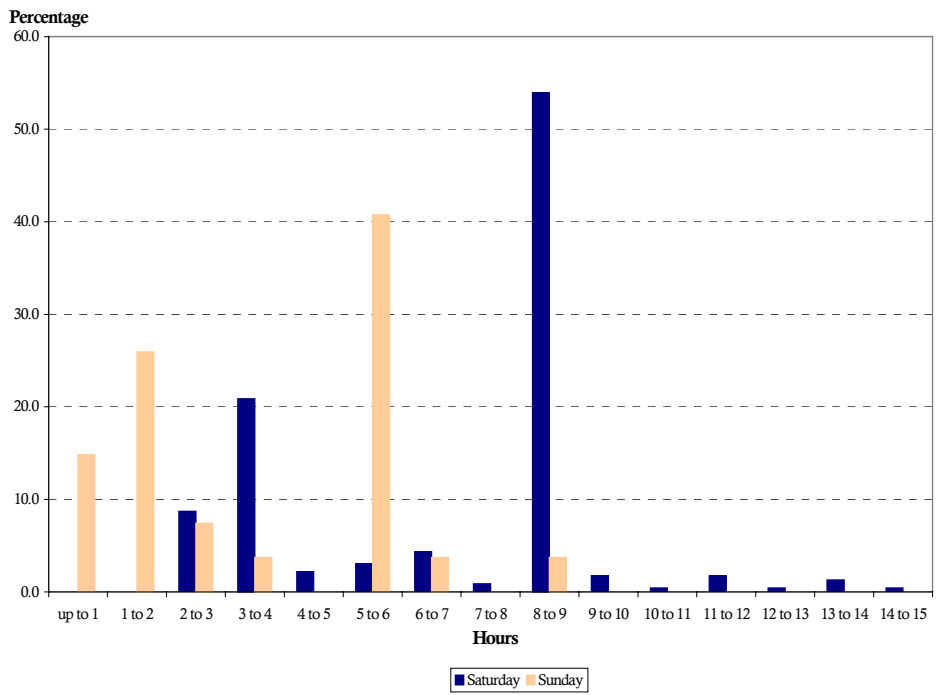
Figure 6: Distribution of opening hours - Monday to Friday



Source : Frontier Economics analysis of questionnaire responses

Figure 7 shows the number of opening hours for both Saturday and Sunday. Here there is more variation across pharmacies. Some 50% of pharmacies open on Saturday are open between 8 and 9 hours, as is common for working days. Pharmacies open on Sunday are open for fewer hours with just over 40% open between 5 and 6 hours.

Figure 7: Distribution of opening hours - Saturday to Sunday

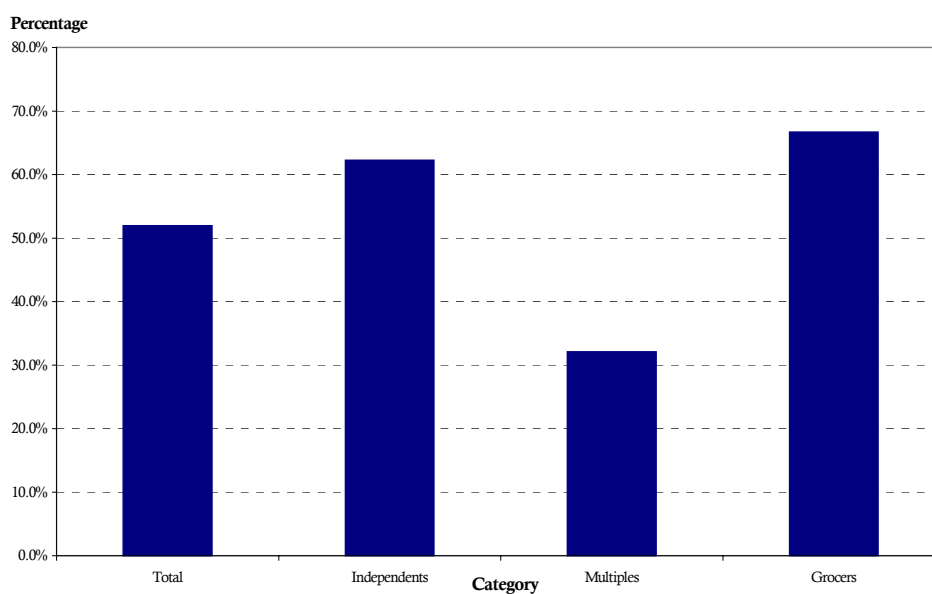


Source : Frontier Economics analysis of questionnaire responses

3.2 Services offered by pharmacies

Half of the pharmacies have a private consultation area, as shown in Figure 8. More than 60% of both supermarkets and independents have a consultation area, whilst for multiples this percentage is at 32%.

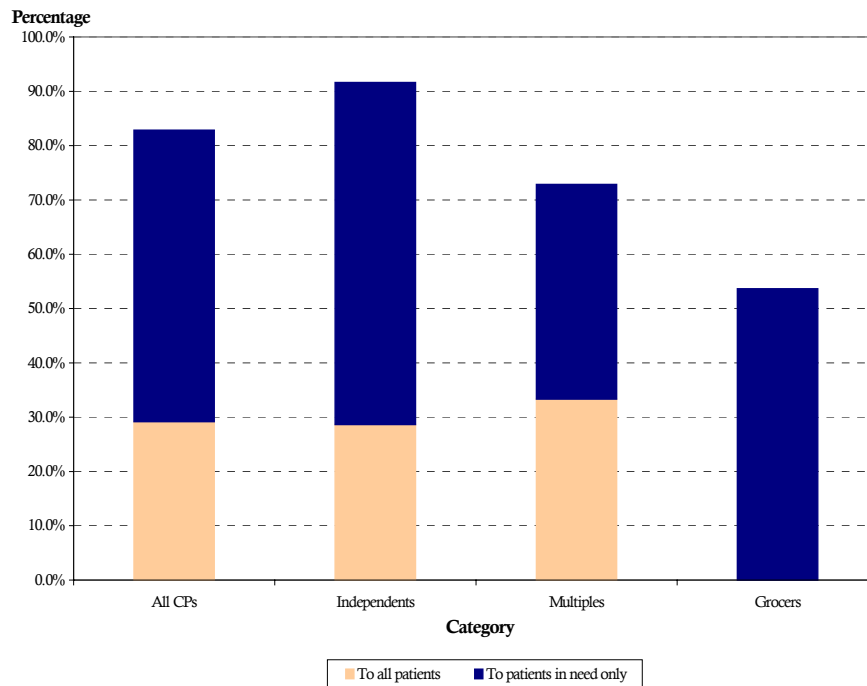
Figure 8: Proportion of pharmacies with a consultation area



Source : Frontier Economics analysis of questionnaire responses

Many pharmacies offer a home delivery service (82%) as shown in Figure 9. This percentage is higher for independents (92%) and lower for supermarkets (33%). Supermarkets make this service available to patients in need only. In contrast, roughly a third of independents offer this service to all patients (i.e. regardless of genuine need) as do 45% of multiples.

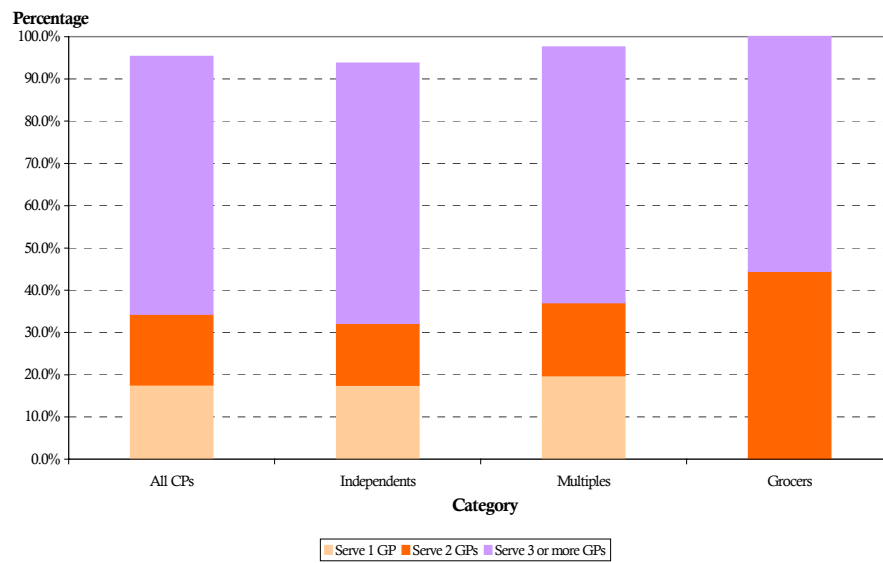
Figure 9: Proportion of pharmacies offering a home delivery service



Source : Frontier Economics analysis of questionnaire responses

Figure 10 shows that the repeat prescription collection service is on offer by most of the pharmacies in the sample (95%). Whenever available, the pharmacy tends to collect from several GPs.

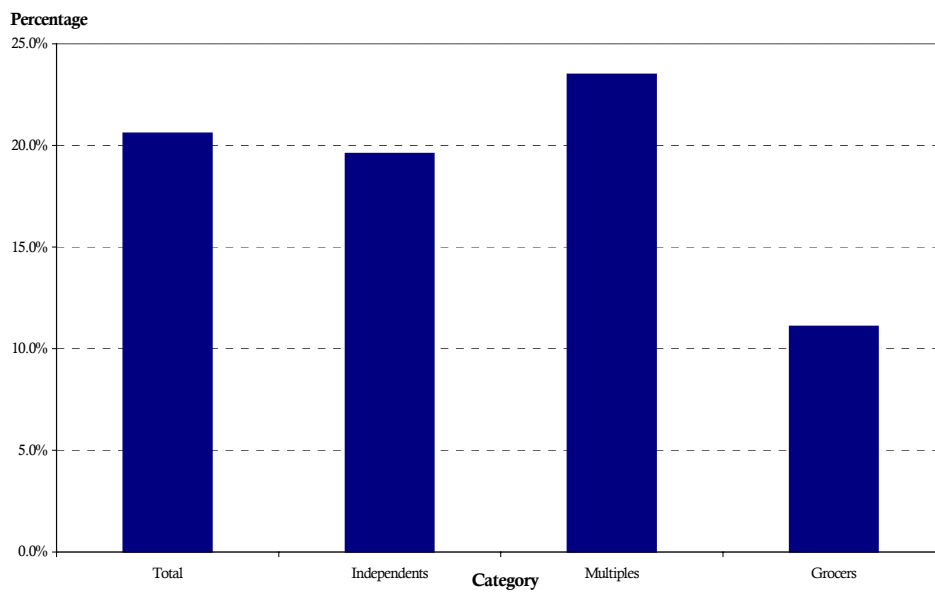
Figure 10: Proportion of respondents offering a repeat prescription collection service



Source : Frontier Economics analysis of questionnaire responses

A fifth of the respondents reported receiving an additional hours payment as shown in Figure 11. By category type, this was more prevalent among multiples (23.5%) whilst this payment was received by 11% of supermarkets.

Figure 11: Proportion of respondents receiving an additional hours payment



Source : Frontier Economics

4. Regression analysis

The quality variables were examined using regression analysis from two perspectives. The first was to assess whether the quality variables were statistically related to the presence and level of local competition variables (as proxied by local concentration measures). The second approach was to reconsider the relationship between price and local concentration found in the price-concentration study⁷, to determine whether the results were affected by introducing quality variables in the regressions as additional “controls”. Under the first approach the quality variables are dependent variables, whereas under the second, the quality variables are part of the set of independent (explanatory) variables.

The variables employed are discussed below in Section 4.1 and Section 4.2. Results are presented in Section 4.3 for each approach in turn.

4.1 Quality variables

In order to carry out the regression analysis, it was necessary to convert survey responses into operational variables. The raw data on opening and closing time was used to construct a variety of discrete and continuous variables. Discrete (dummy) variables were created for specific services indicating whether the service is on offer or not for each pharmacy. The full set of variables employed is reported in Table 1.

⁷ Ibid., footnote 1.

Table 1: Description of quality measures

Variable name	Description
<i>Hours variables</i>	
mon9	Dummy, 1 if pharmacy opens before 9am on Monday. (Equivalent variables for other days are tue9, wed9, thu9 and fri9)
m2f-9	Dummy, 1 if pharmacy opens before 9am each day of the working week
mon6	Dummy, 1 if pharmacy is open after 6pm on Monday. (Equivalent variables for other days are tue6, wed6, thu6 and fri6)
m2f-6	Dummy, 1 if pharmacy is open after 6pm each day of the working week
mon_out69d	Dummy, 1 if pharmacy is open outside 9am-6pm on Monday. Equivalent variables for other days are tue_out69d, wed_out69d, thu_out69d, fri_out69d.
mon_out69	Number of hours open outside 9am-6pm on Monday. Equivalent variables for other days are tue_out69, wed_out69, thu_out69, fri_out69.
mon_clin69d	Dummy, 1 if pharmacy is closed between 9am-6pm on Monday. Equivalent variables for other days are tue_clin69d, wed_clin69d, thu_clin69d, fri_clin69d.
mon_clin69	Number of hours closed between 9am-6pm on Monday. Equivalent variables for other days are tue_clin69, wed_clin69, thu_clin69, fri_clin69.
mon_clund	Dummy, 1 if pharmacy is closed at lunchtime on Monday. Equivalent variables for other days are tue_clund, wed_clund, thu_clund, fri_clund.
m2f-clund	Dummy, 1 if pharmacy is closed at lunchtime each day of the working week
sat4d	Dummy, 1 if pharmacy is open more than 4 hours on Saturday
sun4d	Dummy, 1 if pharmacy is open more than 4 hours on Sunday
mon_t	Number of hours open on Monday. Equivalent variables for other days are tue_t, wed_t, thu_t, fri_t, sat_t, sun_t).
<i>Other measures</i>	
cons_are	Dummy, 1 if pharmacy has a consultation area

Table 1: Description of quality measures

Variable name	Description
rep_serv	Dummy, 1 if pharmacy offers a repeat prescription collection service
rep_serv123	Composite ranking of number of GPS served with repeat prescription collection service.
hd	Dummy, 1 if pharmacy offers a home delivery service at all
hd_all	Dummy, 1 if pharmacy offers a home delivery service to all patients
hd-need	Dummy, 1 if pharmacy offers a home delivery service to patients in need only
addpay	Dummy, 1 if pharmacy receives additional hours payment for outside normal business hours
ca_dat_nr	Dummy, 1 if pharmacy whilst offering a consultation area has not reported the date of introduction
ca_datX	1 if pharmacy offered the consultation area before RPM was removed, 2 after or not reported
hd_dat_nr	Dummy, 1 if pharmacy whilst offering home delivery has not reported the date of introduction
hd_datX	1 if pharmacy offered home delivery before RPM was removed, 2 after or not reported

Source : *Frontier Economics*

4.2 Independent variables

The independent variables were are a subset of the variables considered for the initial price-concentration study⁸. These covered measures of local concentration, characteristics of the local market, and pharmacy characteristics. A smaller number of variables were used, compared to the initial analysis, to allow sufficient degrees of freedom in the analysis of the smaller sample for which quality information was available⁹. Table 2 describes the three sets of independent variables considered.

⁸ Ibid, footnote 1.

⁹ Degrees of freedom refer to the number of observations that are available to calculate statistics from data. The greater the degrees of freedom, the more accurate will inferences be. Commonly (in regression analysis) they equal the number of observations minus the number of independent variables, so reducing the number of independent variables increases the number of

Table 2: Description of independent variables

Variable name	Description
<i>Local concentration measures</i>	
Cps	Number of CPs in 1,000m buffer
cipop	Composite ranking from 1 to 4 of number of CPs per 1,000 population ¹⁰
cpgp	Composite ranking from 1 to 4 of number of CPs per GP
supph	Number of supermarkets with pharmacies in 15 minute drivetime
sup25	Number of supermarkets over 25,000 sq. ft. without pharmacies in 15 minute drivetime
near_sup	Dummy variable ¹¹ , 1 if CP is the closest to a supermarket over 10,000 sq. ft. without a pharmacy
Dist_cp	Distance to nearest CP, up to 5,000m
Nocp	Dummy variable, 1 if no CP within 5,000m
Dist_gp	Distance to nearest GP, up to 5,000m
Nogp	Dummy variable, 1 if no GP within 5,000m
near_gp	Dummy variable, 1 if CP is the closest to a GP
supph5	Number of supermarkets with pharmacies, in 5 minute drivetime
sp_10_15	Number of supermarkets below 10,000 sq. ft. in 15 minute drivetime
<i>Local characteristics measures</i>	
pop	Composite ranking from 1 to 4 of population
scot	Dummy, 1 if CP is in Scotland
wales	Dummy, 1 if CP is in Wales

degrees of freedom.

¹⁰ See Frontier Economics, Creating an electronic map of GB pharmacy locations, November 2002 for details on the creation of and rationale for composite indicators.

¹¹ A dummy variable is a variable that takes on the value 1 where the characteristic is present and 0 otherwise.

Table 2: Description of independent variables

Variable name	Description
<i>Pharmacy characteristics measures</i>	
groc	Dummy, 1 if pharmacy is a supermarket
mult	Dummy, 1 if pharmacy is a multiple
ind	Dummy, 1 if pharmacy is an independent
Pharmacy1*	Dummy, 1 if pharmacy is from Pharmacy1 group
Pharmacy2*	Dummy, 1 if pharmacy is from Pharmacy2 group

Notes: * Names of pharmacy chains removed for reasons of confidentiality. *Source: Frontier Economics*

4.3 Regression results

A large number of regressions were carried out for different combinations of dependent and independent variables. The results for the regressions on hours and specific services for which statistically significant explanatory variables were identified are reported below. Attention is restricted to more robust statistical relationships which were observed across a number of specifications¹².

Results of the analysis of the relationship between quality and local concentration are reported in Section 4.3.1. Results of the analysis of the relationship between quality and local concentration are reported in Section 4.3.2.

4.3.1 *Relationship between quality and local concentration measures*

Regression analysis is carried out for each quality variable separately¹³. This leads to a high number of specifications, from which we seek

¹² In general, the R^2 values were low for these regressions. This indicates that for the regressions on opening and closing hours, the data was only able to explain a small proportion of the variation in these variables. However, for the regressions on the presence of particular services, this is at least partly an implication of the regression technique used. Please see Annex 2 for details.

¹³ An ordinary least squares (OLS) approach was employed for all regressions. Please see Annex 2 for further details.

evidence not only of significant statistical relationships but also their recurrence across different specifications (for example, across different days). The analysis employed the full sample for which quality measures were available¹⁴.

Results for quality measures on opening hours

A variety of regressions on different hours variables were run with all variables listed in Table 2 on the right hand side of the equation¹⁵. We sought primarily to investigate whether there were significant variables¹⁶ and considered the sign and the relative size of any relationship with concentration measures¹⁷. The regressions for pharmacies that are open before 9am and for pharmacies that are open after 6pm are the most informative. Other hours variables did not provide similarly robust results.

Dependent variable is “Open before 9am”

Two concentration variables were significantly related to whether a pharmacy was open or not before 9am each working day (Monday to Friday)¹⁸:

- the higher the number of pharmacies per GP in the local area, the more likely the pharmacy was to be open before 9am;
- if a pharmacy was the nearest to a GP, the more likely it was to be open before 9am; and
- supermarket pharmacies were more likely to be open before 9am.

The effect from being nearest to the GP was approximately twice that of the effect from the number of pharmacies per GP.

¹⁴ We also run each regression on a sample which excluded supermarkets. This was to control for the possibility that the sample was not representative for supermarkets since there were only a few observations. This alternative specification did not alter any of the main results reported in the text.

¹⁵ In addition the potential influence of the “additional hour payment variable” on opening hours was tested. We added this variable as a control variable on the right hand side of the equation for each regression specification. Again, this change did not alter the main results.

¹⁶ Using a 5% significance level.

¹⁷ It is worth noting that the concentration measures are all related to one another to some degree. The inclusion of all of them in the equation jointly allows us to test explicitly the significance of one variable whilst controlling for related variables.

¹⁸ We also run the same regression for each particular day. Each had the same significant variables with virtually the same size of coefficient on key variables of interest.

A possible interpretation of the results is that when faced with more competitive pressure (as perhaps proxied by the number of pharmacies per GP), a pharmacy may feel the need to differentiate in opening earlier than 9am. The decision to open before 9am may also reflect the opening hours of GPs, which may themselves open before 9am.

The regression output is reported in Annex 2, Figure 12.

Dependent variable is “Open after 6pm”

Both local market characteristics and pharmacy characteristics were significantly related to whether a pharmacy is open after 6pm for each working day (Monday to Friday):

- the higher the population density, the more likely was a pharmacy to be open after 6pm from Monday to Friday;
- if a pharmacy was located in Scotland, the less likely it was to be open after 6pm from Monday to Friday;
- if a pharmacy was an independent, the less likely it was to be open after 6pm from Monday to Friday; and
- of these variables, the largest impact was from being an independent, followed closely by the regional dummy for Scotland.

Being open after 6pm throughout the working week appears to be driven by local characteristics. A potential interpretation is that urban areas have a higher proportion of people at work and pharmacies remain open so that these customers can have access to the pharmacy. It may be also the case that the opportunity costs for independent pharmacists rise in the evening (as these are more likely to be owner/managers who may have been in the pharmacy all day) and this could explain their lower likelihood of remaining open later than 6pm.

The regression output is reported in Annex 2, Figure 13.

Results for quality measures on specific services

Among the variables for specific services, there were some statistically significant explanatory variables for home delivery, the provision of a consultation area and repeat script collection services. However, relationships with concentration measures are only found for the consultation area and repeat script collection services.

Consultation area

Three concentration measures were found to be statistically significant in the regression for the provision or not of a consultation area:

- if the pharmacy is the closest to a GP, the more likely it is that this pharmacy will have a consultation area;
- the higher the number of supermarkets with a pharmacy in local area, the more likely a pharmacy will have a consultation area; and
- the higher the number of large supermarkets without a pharmacy, the less likely the pharmacy will have a consultation area.

Of these concentration measures, the largest effect is from being nearest to the GP. A possible interpretation is that the pharmacies appear to respond to the competitive pressure exercised from nearby supermarket pharmacies¹⁹. It is not clear why pharmacies nearest to a GP are more likely to provide a consultation area.

The regression output is reported in Annex 2, Figure 14.

Home delivery

The dependent variable is whether a pharmacy offers home delivery or not. Statistically significant relationships with the provision of a home delivery service were found for four variables:

- where the pharmacy faced no other pharmacy within 5km, it was less likely that it offered home delivery;
- pharmacies located in Scotland were less likely to offer home delivery;
- independents pharmacies were more likely to offer home delivery;
- Pharmacy1 pharmacies were also more likely to offer home delivery service when compared with other multiple pharmacies.

The strongest effects came from both the concentration measure (no other pharmacy within 5km) and the independent dummy. One interpretation of these results is that home delivery is less likely to be offered in rural

¹⁹ Although the interpretation of the negative result for supermarket without pharmacies is less clear.

areas, as proxied by the “no pharmacy within 5km” and “Scotland” variables.

The regression output is reported in Annex 2, Figure 15.

Home delivery to all patients

The dependent variable in this regression is for those pharmacies offering home delivery to all patients, as compared to pharmacies offering home delivery only to those in need. A number of statistical relationships were found to hold:

- the higher the number of supermarkets with pharmacies in the local area, the less likely it was that a pharmacy offered a home delivery to all patients; and
- the higher the number of small supermarkets (under 10k sq.ft) in a 15min drivetime, the more likely was a pharmacy to offer home delivery to all patients.

For each variable above, the effects are small. The regression output is reported in Annex 2, Figure 16.

Repeat prescription collection service

In this regression, we considered the sub-sample of pharmacies for which a repeat prescription collection service was available (in total this covered 95% of the whole sample). We explored whether the number of GPs served was related to the concentration measures and other independent variables. The following variables were found to be significant:

- the higher the number of supermarkets with a pharmacy, the lower was the number of GPs served;
- the higher the distance to the next pharmacy, the lower was the number of GPs served;
- with the absence of a pharmacy within 5km, the higher was the number of GPs served;
- a pharmacy located in Scotland was less likely to serve a high number of GPs’;
- a Pharmacy1 pharmacy was less likely to serve a high number of GPs; and
- an independent pharmacy was less likely to serve a high number of GPs.

The full output is reported in Annex 2, Figure 17.

4.3.2 Relationship between prices and concentration controlling for quality

The second stage of the regression analysis involved reconsidering the results of the price-concentration study on the relationships between prices and local concentration²⁰, once quality measures were taken into account.

As a first step we re-run the original equation with the independent variables listed above for the smaller sample of observations (233) for which quality measures were available. These alternative specifications did not lead to different results to the price-concentration equation estimated with the full sample (657 observations) and wider set of explanatory variables as reported in the price-concentration study. In particular, no systematic statistical relationships were observed between any concentration measures and price. However, there were significant effects from supermarket pharmacies.

As a second step, the most significant quality variables from the quality-local concentration analysis were included in the price-concentration regressions. This alteration did not result in there being an impact on price from any concentration measure, nor were the quality variables themselves significantly related to prices. We therefore conclude that controlling for quality does not alter the original findings of the price-concentration analysis.

²⁰ Two specifications for prices were considered in this initial study. Firstly, the dependent variable for prices was the change in the price index for a representative selection of products. The second set of dependent variables reflected the level of prices in the first four months and the last four months of the sample period (and hence the change in coefficients before and after the removal of RPM).

Annex 1
IMS Questionnaire

«ID_Number»

Quality measures (Questionnaire)

1. Please indicate your standard opening hours as per Table A1-3.

Table A1-3: Opening hours (am/pm)			
Day	Opening time	Closing time	Lunch
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

2. Do you receive an additional hours payment? (Y/N)
3. Do you offer a repeat prescription collection service? (Y/N)

How many GP surgeries does this serve?

- a. One?
- b. Two?
- c. More than two?

When was this introduced, if known (MM/YY)

4. Do you offer a home delivery service? (Please choose one of the following.)
- a. Yes, promoted to all patients
- b. Yes, promoted to patients in need only

c. No

If yes, when was this introduced, if known (MM/YY)?

Do you have a private area within your pharmacy for consultations (Y/N)?

If so, please give approximate size (m²).

When was this introduced, if known (MM/YY)

5. Do you trade as a:

a. Sole trader?

b. Partnership?

c. Limited company?

6. Is your business:

a. an independent pharmacy with a single retail outlet?

b. an independent pharmacy with between 2 and 5 retail outlets?

c. a pharmacy chain with more than 5 retail outlets?

d. a supermarket pharmacy (supermarket owned)?

e. a supermarket pharmacy (franchise)?

f. some other pharmacy outlet?

7. How long has the business been trading (years)?

8. Is the annual turnover of this outlet:

a. less than £400,000?

b. more than £400,000, but less than £1 million?

c. more than £1 million?

9. Approximately what percentage of the total turnover of this outlet is accounted for by NHS receipts? %

Annex 2

Regression results

Regression analysis

This annex presents the detailed results of the regression analysis discussed in the main body of this report, and comments on a number of technical aspects.

All regressions employed ordinary least squares (OLS) techniques. For variables that are dichotomous, such that the service is either present or absent, this means that the regression coefficients can loosely be interpreted as percentage changes from a base (i.e. the presence of a variable is related to the presence of the service being more or less likely). One possible difficulty with this approach is that predicted percentages can be greater than 100% or less than 0% (a problem that would not be present, for example, if probit or logit analysis was used)²¹. However, since the main focus of the study was to investigate statistical relationships between variables, rather than to form a predictive or forecasting model, our view is that this is not of great importance, as both OLS and probit/logit would be expected to give similar answers²².

Each regression was tested using the standard specification tests for heteroskedasticity, normality, and omitted variables. There was a tendency to reject the hypothesis of normality, whilst the hypotheses of homoskedasticity and no omitted variables were rejected some of the time. This further suggests that the coefficients of the regression analysis should be treated with some caution, although as above this is less of a problem in this instance since the focus is on investigating the statistical relationships between variables.

²¹ To check the robustness of this approach, probit regressions were also carried out where appropriate. The results were extremely similar.

²² In addition, R^2 is not a particularly informative measure in dichotomous regressions, where the dependent variable takes on only two values.

**Figure 12: Regression output, dependent variable is open before 9am
Monday to Friday, all pharmacy types**

Dependent variable: m2f_9

Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp dist_gp
nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc

Source	SS	df	MS	Number of obs = 233		
Model	10.9258409	20	.546292044	F(20, 212) =	3.72	
Residual	31.0913265	212	.1466572	Prob > F	= 0.0000	
Total	42.0171674	232	.18110848	R-squared	= 0.2600	
				Adj R-squared	= 0.1902	
				Root MSE	= .38296	

m2f_9	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
cps	.0177413	.0195133	0.91	0.364	-.0207236	.0562063
cppop	-.0274474	.0320328	-0.86	0.392	-.090591	.0356963
cpgp	.0871888	.0314054	2.78	0.006	.025282	.1490956
supph	.0017404	.0170658	0.10	0.919	-.0319	.0353808
sup25	-.0060042	.0085265	-0.70	0.482	-.0228118	.0108034
near_sup	.0198464	.0581873	0.34	0.733	-.0948534	.1345463
dist_cp	.0076296	.0416222	0.18	0.855	-.0744168	.0896761
nocp	-.1886469	.2080466	-0.91	0.366	-.5987519	.221458
dist_gp	.0158556	.0469372	0.34	0.736	-.0766677	.1083789
nogp	-.0274658	.2072581	-0.13	0.895	-.4360165	.381085
near_gp	.1884386	.0650359	2.90	0.004	.0602387	.3166386
supph5	.0787364	.073109	1.08	0.283	-.0653774	.2228502
sp_10_15	-.0039369	.0040573	-0.97	0.333	-.0119347	.004061
pop	.0047099	.0371685	0.13	0.899	-.0685573	.0779772
scot	-.0231255	.0835631	-0.28	0.782	-.1878465	.1415955
wales	-.193245	.1474549	-1.31	0.191	-.4839106	.0974206
pharmacy1	.0216993	.1026785	0.21	0.833	-.1807023	.2241009
pharmacy2	.642722	.3991959	1.61	0.109	-.1441798	1.429624
ind	-.0805375	.098417	-0.82	0.414	-.2745387	.1134637
groc	.7026975	.1691202	4.16	0.000	.3693248	1.03607
_cons	-.0196387	.1764735	-0.11	0.911	-.3675063	.328229

**Figure 13: Regression output, dependent variable is open after 6pm
Monday to Friday, all pharmacy types**

Dependent variable: m2f_6

Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp
dist_gp nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind
groc

Source	SS	df	MS	Number of obs = 233		
Model	12.500789	20	.62503945	F(20, 212) =	4.75	
Residual	27.8940608	212	.131575758	Prob > F =	0.0000	
				R-squared =	0.3095	
				Adj R-squared =	0.2443	
Total	40.3948498	232	.174115732	Root MSE =	.36273	

m2f_6	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
cps	.0130086	.0184828	0.70	0.482	-.0234249	.0494422
cppop	-.0061702	.0303411	-0.20	0.839	-.0659792	.0536387
cpgp	.0043054	.0297468	0.14	0.885	-.0543319	.0629428
supph	-.0163973	.0161645	-1.01	0.312	-.0482611	.0154665
sup25	-.0012364	.0080762	-0.15	0.878	-.0171563	.0146836
near_sup	-.0298445	.0551143	-0.54	0.589	-.1384868	.0787979
dist_cp	.0040586	.0394241	0.10	0.918	-.0736548	.081772
nocp	.1892737	.1970592	0.96	0.338	-.1991728	.5777203
dist_gp	.0112946	.0444583	0.25	0.800	-.0763424	.0989315
nogp	-.1490342	.1963124	-0.76	0.449	-.5360086	.2379402
near_gp	.0187205	.0616013	0.30	0.762	-.1027089	.14015
supph5	.0854822	.069248	1.23	0.218	-.0510207	.221985
sp_10_15	-.0024649	.003843	-0.64	0.522	-.0100404	.0051106
pop	.1080375	.0352056	3.07	0.002	.0386396	.1774354
scot	-.1741568	.07915	-2.20	0.029	-.3301785	-.018135
wales	-.2279722	.1396675	-1.63	0.104	-.5032871	.0473428
pharmacy1	.0860835	.0972558	0.89	0.377	-.1056289	.2777958
pharmacy2	-.3303187	.3781136	-0.87	0.383	-1.075663	.4150253
ind	-.2089327	.0932194	-2.24	0.026	-.3926884	-.025177
groc	.6766819	.1601887	4.22	0.000	.3609153	.9924486
_cons	.1064486	.1671536	0.64	0.525	-.2230475	.4359447

Figure 14: Regression output, dependent variable is the provision of a consultation area, all pharmacy types

Dependent variable: cons_are

Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp dist_gp
nogp neargp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc

Source	SS	df	MS	Number of obs = 233		
Model	10.7785277	20	.538926383	F(20, 212) =	2.41	
Residual	47.3845625	212	.223512087	Prob > F =	0.0010	
Total	58.1630901	232	.250702975	R-squared =	0.1853	
				Adj R-squared =	0.1085	
				Root MSE =	.47277	

cons_are	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
cps	.0303453	.0240896	1.26	0.209	-.0171405	.0778312
cppop	-.0608536	.0395452	-1.54	0.125	-.1388058	.0170986
cpgp	.0581532	.0387706	1.50	0.135	-.0182721	.1345784
supph	.0537754	.0210681	2.55	0.011	.0122456	.0953052
sup25	-.0262393	.0105262	-2.49	0.013	-.0469887	-.00549
near_sup	.0130397	.0718335	0.18	0.856	-.1285598	.1546392
dist_cp	.0848051	.0513836	1.65	0.100	-.016483	.1860932
nocp	-.3693823	.2568381	-1.44	0.152	-.8756659	.1369012
dist_gp	.0316263	.057945	0.55	0.586	-.0825958	.1458483
nogp	.0486955	.2558647	0.19	0.849	-.4556694	.5530604
near_gp	.1632699	.0802883	2.03	0.043	.0050043	.3215356
supph5	.0529422	.0902547	0.59	0.558	-.1249694	.2308538
sp_10_15	.0003858	.0050088	0.08	0.939	-.0094877	.0102594
pop	.0600949	.0458854	1.31	0.192	-.0303552	.1505449
scot	.0664517	.1031605	0.64	0.520	-.1368999	.2698034
wales	.097728	.1820363	0.54	0.592	-.2611051	.456561
pharmacy1	-.041718	.1267588	-0.33	0.742	-.2915871	.2081512
pharmacy2	.6550137	.4928161	1.33	0.185	-.3164338	1.626461
ind	.2391406	.1214979	1.97	0.050	-.0003582	.4786394
groc	.2777868	.2087827	1.33	0.185	-.1337691	.6893427
_cons	-.0232025	.2178605	-0.11	0.915	-.4526528	.4062477

Figure 15: Regression output, dependent variable is the provision of a home delivery service, all pharmacy types

Dependent variable: hd
 Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc

Source	SS	df	MS	Number of obs = 233		
Model	9.76628978	20	.488314489	F(20, 212) =	4.43	
Residual	23.3667574	212	.110220554	Prob > F =	0.0000	
Total	33.1330472	232	.142814859	R-squared =	0.2948	
				Adj R-squared =	0.2282	
				Root MSE =	.33199	

hd	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
cps	.002175	.0169165	0.13	0.898	-.0311711	.0355211
cppop	.0269875	.0277699	0.97	0.332	-.0277531	.081728
cpgp	.004419	.027226	0.16	0.871	-.0492493	.0580873
supph	-.0044014	.0147947	-0.30	0.766	-.033565	.0247621
sup25	.0040485	.0073918	0.55	0.584	-.0105223	.0186194
near_sup	-.0170405	.0504438	-0.34	0.736	-.1164762	.0823953
dist_cp	-.0273078	.0360832	-0.76	0.450	-.0984356	.04382
nocp	-.3655396	.18036	-2.03	0.044	-.7210683	-.010011
dist_gp	.0263359	.0406908	0.65	0.518	-.0538745	.1065463
nogp	.1194644	.1796765	0.66	0.507	-.2347169	.4736457
near_gp	.0775547	.056381	1.38	0.170	-.0335845	.1886939
supph5	.0332008	.0633798	0.52	0.601	-.0917345	.158136
sp_10_15	-.0058865	.0035174	-1.67	0.096	-.01282	.001047
pop	.0092262	.0322222	0.29	0.775	-.0542908	.0727431
scot	-.1890439	.0724426	-2.61	0.010	-.331844	-.0462438
wales	-.0014532	.1278318	-0.01	0.991	-.2534374	.2505309
pharmacy1	.2751789	.0890141	3.09	0.002	.0997127	.4506451
pharmacy2	.4381391	.3460714	1.27	0.207	-.2440427	1.120321
ind	.4072412	.0853198	4.77	0.000	.2390574	.575425
groc	-.2095354	.1466139	-1.43	0.154	-.4985433	.0794724
_cons	.4544927	.1529886	2.97	0.003	.1529189	.7560665

Figure 16: Regression output, dependent variable is the provision of a home delivery service to all patients, all pharmacy types that offer a home delivery service

Dependent variable: hd_all
 Independent variables: cps cppop cpgrp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc

Source	SS	df	MS	Number of obs = 193		
Model	5.69106228	20	.284553114	F(20, 172) =	1.28	
Residual	38.3503885	172	.222967375	Prob > F =	0.2008	
Total	44.0414508	192	.229382556	R-squared =	0.1292	
				Adj R-squared =	0.0280	
				Root MSE =	.47219	

hd_all	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
cps	.0024037	.0260395	0.09	0.927	-.0489945	.0538018
cppop	.000315	.0426773	0.01	0.994	-.0839236	.0845536
cpgrp	.0042834	.0416146	0.10	0.918	-.0778576	.0864244
supph	-.0541697	.0236215	-2.29	0.023	-.100795	-.0075444
sup25	.0059526	.0116109	0.51	0.609	-.0169656	.0288708
near_sup	.0054293	.0787464	0.07	0.945	-.1500046	.1608631
dist_cp	-.0606526	.0535285	-1.13	0.259	-.1663099	.0450048
nocp	.0245392	.3041057	0.08	0.936	-.5757204	.6247988
dist_gp	.0400857	.0625069	0.64	0.522	-.0832937	.163465
nogp	.0721206	.2758909	0.26	0.794	-.4724472	.6166885
near_gp	.0734356	.0860505	0.85	0.395	-.0964153	.2432865
supph5	-.0780142	.0952836	-0.82	0.414	-.2660899	.1100615
sp_10_15	.0135478	.0055414	2.44	0.016	.0026099	.0244856
pop	.0163648	.0503391	0.33	0.746	-.0829972	.1157267
scot	-.0282438	.1255796	-0.22	0.822	-.2761193	.2196317
wales	.1293929	.1976462	0.65	0.514	-.2607315	.5195174
pharmacy1	-.0294918	.1683277	-0.18	0.861	-.3617458	.3027622
pharmacy2	-.532019	.5040006	-1.06	0.293	-1.526842	.4628037
ind	-.1468432	.1630444	-0.90	0.369	-.4686687	.1749823
groc	-.4526502	.3275188	-1.38	0.169	-1.099124	.1938236
_cons	.3590986	.2498379	1.44	0.152	-.1340445	.8522417

Figure 17: Regression output, dependent variable is the provision of a repeat script collection service, all pharmacy types that offer the services

Dependent variable: rep_serv123
 Independent variables: cps cppop cpgrp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc

Source	SS	df	MS	Number of obs = 222		
Model	30.8353497	20	1.54176748	F(20, 201) =	2.92	
Residual	106.2142	201	.528428855	Prob > F =	0.0001	
				R-squared =	0.2250	
				Adj R-squared =	0.1479	
Total	137.04955	221	.620133708	Root MSE =	.72693	

rep_serv123	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
cps	.0183166	.0375721	0.49	0.626	-.0557696	.0924027
cppop	-.06141	.0625892	-0.98	0.328	-.1848256	.0620056
cpgrp	.0471917	.0606773	0.78	0.438	-.072454	.1668373
supph	-.0774689	.0331683	-2.34	0.020	-.1428713	-.0120664
sup25	.0020506	.0168241	0.12	0.903	-.0311239	.035225
near_sup	.0461398	.1140826	0.40	0.686	-.1788124	.271092
dist_cp	-.195304	.079287	-2.46	0.015	-.351645	-.038963
nocp	.9594863	.4045892	2.37	0.019	.1617027	1.75727
dist_gp	-.0610119	.0901759	-0.68	0.499	-.2388241	.1168003
nogp	-.2968704	.3984843	-0.74	0.457	-1.082616	.4888756
near_gp	-.1077438	.1257504	-0.86	0.393	-.3557031	.1402154
supph5	.2172936	.1392535	1.56	0.120	-.0572914	.4918787
sp_10_15	.0051778	.0080336	0.64	0.520	-.0106632	.0210189
pop	.1161596	.0737729	1.57	0.117	-.0293086	.2616277
scot	-.5558569	.1704421	-3.26	0.001	-.8919409	-.2197729
wales	-.3611202	.2812862	-1.28	0.201	-.9157706	.1935302
pharmacy1	-.6385058	.2043549	-3.12	0.002	-1.04146	-.2355513
pharmacy2	-.238549	.7614337	-0.31	0.754	-1.739972	1.262874
ind	-.3908738	.1966696	-1.99	0.048	-.778674	-.0030736
groc	-.5318304	.3286318	-1.62	0.107	-1.179839	.1161777
_cons	2.994408	.3439424	8.71	0.000	2.31621	3.672606

Figure 18: Regression output, dependent variable is change in prices, all pharmacy types for which quality data is available, no control for quality

Dependent variable: deltav
 Independent variables: cps cppop cpgrp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc

Source	SS	df	MS	Number of obs = 233		
Model	2.32022885	20	.116011443	F(20, 212) =	16.32	
Residual	1.5070837	212	.007108885	Prob > F =	0.0000	
Total	3.82731255	232	.016497037	R-squared =	0.6062	
				Adj R-squared =	0.5691	
				Root MSE =	.08431	

deltav	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
cps	.005565	.0042962	1.30	0.197	-.0029037 .0140336
cppop	-.008294	.0070525	-1.18	0.241	-.022196 .0056081
cpgrp	.0053311	.0069144	0.77	0.442	-.0082987 .0189608
supph	-.0011352	.0037573	-0.30	0.763	-.0085416 .0062713
sup25	.0001726	.0018772	0.09	0.927	-.0035278 .0038731
near_sup	-.0125184	.0128108	-0.98	0.330	-.0377713 .0127346
dist_cp	.010796	.0091638	1.18	0.240	-.0072678 .0288598
nocp	-.0006382	.0458047	-0.01	0.989	-.0909292 .0896527
dist_gp	-.0164202	.0103339	-1.59	0.114	-.0367906 .0039502
nogp	.0545505	.0456311	1.20	0.233	-.0353982 .1444992
near_gp	-.0130872	.0143187	-0.91	0.362	-.0413124 .015138
supph5	.0156531	.0160961	0.97	0.332	-.0160758 .0473819
sp_10_15	-.0012884	.0008933	-1.44	0.151	-.0030492 .0004725
pop	.0125874	.0081832	1.54	0.125	-.0035435 .0287183
scot	-.0265216	.0183977	-1.44	0.151	-.0627874 .0097443
wales	-.0408709	.0324645	-1.26	0.209	-.1048654 .0231236
pharmacy1	-.0001558	.0226062	-0.01	0.995	-.0447177 .044406
pharmacy2	-.0372914	.0878891	-0.42	0.672	-.2105399 .1359572
ind	-.0544374	.021668	-2.51	0.013	-.0971497 -.011725
groc	-.5262151	.0372344	-14.13	0.000	-.5996122 -.4528179
_cons	.1570956	.0388534	4.04	0.000	.0805072 .233684

Figure 19: Regression output, dependent variable is change in prices, all pharmacy types for which quality data is available, with control for quality

Dependent variable: deltav
 Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales ind groc cons_are hd m2f_9
 m2f_6 addpay

Source	SS	df	MS	Number of obs =	233
Model	2.3597123	23	.102596187	F(23, 209) =	14.61
Residual	1.46760025	209	.007022011	Prob > F =	0.0000
				R-squared =	0.6165
				Adj R-squared =	0.5743
Total	3.82731255	232	.016497037	Root MSE =	.0838

deltav	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
cps	.0060154	.0042944	1.40	0.163	-.0024506 .0144813
cppop	-.007415	.0070415	-1.05	0.294	-.0212966 .0064665
cpgp	.0058553	.0070389	0.83	0.406	-.0080211 .0197316
supph	-.0017107	.0037777	-0.45	0.651	-.0091579 .0057365
sup25	.0001293	.0018922	0.07	0.946	-.003601 .0038596
near_sup	-.0137153	.0127497	-1.08	0.283	-.0388499 .0114193
dist_cp	.0100282	.0092031	1.09	0.277	-.0081147 .0281711
nocp	-.0062395	.0463089	-0.13	0.893	-.0975319 .0850529
dist_gp	-.0146515	.0104241	-1.41	0.161	-.0352014 .0058983
nogp	.0520365	.0454911	1.14	0.254	-.0376438 .1417168
near_gp	-.0087417	.014774	-0.59	0.555	-.037867 .0203835
supph5	.0194552	.0161144	1.21	0.229	-.0123125 .0512228
sp_10_15	-.0015244	.0008962	-1.70	0.090	-.003291 .0002423
pop	.0153928	.0084534	1.82	0.070	-.0012721 .0320578
scot	-.0372659	.0188565	-1.98	0.049	-.0744392 -.0000926
wales	-.0474266	.0326126	-1.45	0.147	-.1117185 .0168653
ind	-.0568339	.0141425	-4.02	0.000	-.0847141 -.0289537
groc	-.5177269	.0358307	-14.45	0.000	-.5883628 -.447091
cons_are	-.0005297	.0122671	-0.04	0.966	-.0247128 .0236533
hd	-.0266888	.0170854	-1.56	0.120	-.0603707 .006993
m2f_9	-.0037078	.0152359	-0.24	0.808	-.0337436 .026328
m2f_6	-.0285023	.0162199	-1.76	0.080	-.0604779 .0034732
addpay	-.0066651	.0147275	-0.45	0.651	-.0356986 .0223685
_cons	.1809563	.0373409	4.85	0.000	.1073433 .2545694

Figure 20: Regression output, dependent variable is change in price level at beginning, all pharmacy types for which quality data is available

Dependent variable: prindvbg

Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc
 cons_are hd m2f_9 m2f_6 addpay sat4d ca_dat_nr ca_datX hd_dat_nr hd_datX
 if sample2

Source	SS	df	MS	Number of obs =	233
Model	2.94129548	29	.101423982	F(29, 203) =	11.49
Residual	1.79139055	203	.008824584	Prob > F =	0.0000
Total	4.73268603	232	.020399509	R-squared =	0.6215
				Adj R-squared =	0.5674
				Root MSE =	.09394

prindvbg	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
cps	.0024331	.0048673	0.50	0.618	-.0071638 .0120301
cppop	.0013879	.0080096	0.17	0.863	-.0144047 .0171805
cpgp	.006206	.0079255	0.78	0.435	-.0094208 .0218329
supph	-.0057918	.0043363	-1.34	0.183	-.0143417 .0027581
sup25	-.0019854	.0021607	-0.92	0.359	-.0062457 .0022749
near_sup	-.0232732	.014508	-1.60	0.110	-.0518788 .0053324
dist_cp	.0098633	.0105984	0.93	0.353	-.0110338 .0307604
nocp	-.0255265	.0532552	-0.48	0.632	-.1305307 .0794777
dist_gp	-.0072696	.0119405	-0.61	0.543	-.0308129 .0162737
nogp	-.0144291	.0523051	-0.28	0.783	-.11756 .0887018
near_gp	-.0023122	.0167699	-0.14	0.890	-.0353777 .0307533
supph5	.0261669	.018303	1.43	0.154	-.0099215 .0622553
sp_10_15	-.0012016	.0010177	-1.18	0.239	-.0032083 .0008051
pop	.0183841	.0095827	1.92	0.056	-.0005102 .0372785
scot	-.0317114	.0214357	-1.48	0.141	-.0739766 .0105537
wales	-.046674	.0372694	-1.25	0.212	-.1201587 .0268108
pharmacy1	.0151132	.0260925	0.58	0.563	-.036334 .0665603
pharmacy2	.0092176	.0101042	0.09	0.927	-.1901315 .2085667
ind	-.1004268	.0263163	-3.82	0.000	-.1523151 -.0485384
groc	-.5408116	.0452414	-11.95	0.000	-.6300148 -.4516084
cons_are	-.027714	.0348369	-0.80	0.427	-.0964025 .0409745
hd	-.0492532	.0344716	-1.43	0.155	-.1172215 .018715
m2f_9	-.013174	.0173295	-0.76	0.448	-.0473429 .0209949
m2f_6	-.0257878	.0184871	-1.39	0.165	-.0622391 .0106636
addpay	.0090837	.0168042	0.54	0.589	-.0240494 .0422169
sat4d	.0121616	.0153918	0.79	0.430	-.0181867 .0425099
ca_dat_nr	.0622639	.0378005	1.65	0.101	-.0122681 .136796
ca_datX	-.0179626	.0217156	-0.83	0.409	-.0607797 .0248544
hd_dat_nr	(dropped)				
hd_datX	-.0320283	.0265703	-1.21	0.229	-.0844174 .0203609
_cons	3.993561	.0808258	49.41	0.000	3.834196 4.152927

Figure 21: Regression output, dependent variable is change in price level at end, all pharmacy types for which quality data is available

Dependent variable: prindven
 Independent variables: cps cppop cpgp supph sup25 near_sup dist_cp nocp dist_gp
 nogp near_gp supph5 sp_10_15 pop scot wales pharmacy1 pharmacy2 ind groc
 cons_are hd m2f_9 m2f_6 addpay sat4d ca_dat_nr ca_datX hd_dat_nr hd_datX
 if sample2

Source	SS	df	MS	Number of obs =	233
Model	2.75357039	29	.094950703	F(29, 203) =	10.47
Residual	1.84100476	203	.009068989	Prob > F =	0.0000
Total	4.59457515	232	.019804203	R-squared =	0.5993
				Adj R-squared =	0.5421
				Root MSE =	.09523

prindven	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
cps	.00159	.0049342	0.32	0.748	-.008139 .0113189
cppop	-.0009888	.0081197	-0.12	0.903	-.0169986 .015021
cpgp	-.0001359	.0080345	-0.02	0.987	-.0159777 .0157059
supph	-.0034007	.0043959	-0.77	0.440	-.0120682 .0052668
sup25	-.0021927	.0021904	-1.00	0.318	-.0065116 .0021261
near_sup	-.0120396	.0147075	-0.82	0.414	-.0410387 .0169594
dist_cp	.0110455	.0107442	1.03	0.305	-.010139 .0322301
nocp	-.0430183	.0539876	-0.80	0.426	-.1494667 .0634301
dist_gp	-.0071981	.0121047	-0.59	0.553	-.0310652 .016669
nogp	-.0040911	.0530244	-0.08	0.939	-.1086404 .1004582
near_gp	-.0107883	.0170005	-0.63	0.526	-.0443086 .022732
supph5	.0337723	.0185547	1.82	0.070	-.0028124 .070357
sp_10_15	-.0006755	.0010317	-0.65	0.513	-.0027098 .0013588
pop	.0155233	.0097145	1.60	0.112	-.0036309 .0346775
scot	-.0232955	.0217305	-1.07	0.285	-.0661419 .0195509
wales	.0144033	.037782	0.38	0.703	-.0600921 .0888987
pharmacy1	.01695	.0264514	0.64	0.522	-.0352047 .0691047
pharmacy2	-.0162621	.1024948	-0.16	0.874	-.2183529 .1858287
ind	-.1049024	.0266782	-3.93	0.000	-.1575044 -.0523004
groc	-.5283748	.0458636	-11.52	0.000	-.6188048 -.4379447
cons_are	.0103663	.035316	0.29	0.769	-.0592669 .0799996
hd	-.0718676	.0349457	-2.06	0.041	-.1407707 -.0029646
m2f_9	-.0228404	.0175679	-1.30	0.195	-.0574793 .0117984
m2f_6	-.0298142	.0187413	-1.59	0.113	-.0667668 .0071385
addpay	.0110591	.0170353	0.65	0.517	-.0225297 .044648
sat4d	.0093991	.0156035	0.60	0.548	-.0213666 .0401648
ca_dat_nr	.019484	.0383204	0.51	0.612	-.0560731 .0950411
ca_datX	.0069396	.0220143	0.32	0.753	-.0364664 .0503455
hd_dat_nr	(dropped)				
hd_datX	-.0323133	.0269357	-1.20	0.232	-.085423 .0207964
_cons	3.989023	.0819374	48.68	0.000	3.827466 4.150581