

# Sources of Funding



A Guide  
for  
Community  
Pharmacists

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# Introduction

For most of the last two decades, pharmacy services have operated largely within discrete boundaries - in community pharmacy these were defined by services incorporated within the nationally-negotiated contract; whilst for hospital pharmacists, service developments occurred within the framework of a Trust's business plan.

However the last few years have seen enormous changes within the NHS - the role of primary care organisations (PCOs<sup>†</sup>) has been Enhanced considerably, NHS trusts are now working towards foundation status and GPs are becoming more involved in commissioning the care needed by their patients. As a result, the way in which community pharmacy interacts with the rest of the NHS has also changed.

In July 2000, *The NHS Plan*<sup>1</sup> outlined a ten-year programme of reform to achieve a new delivery system for the NHS and changes to social services in order to cut waiting times, meet clinical priorities and reduce inequalities. *Shifting the Balance of Power*<sup>2,3</sup> described the structural changes to the NHS needed to deliver this vision. The immediate priorities up to 2008, were set out in *The NHS Improvement Plan*<sup>4</sup> and *Creating a Patient-led NHS*<sup>5</sup> sets out how these will be delivered, describing some of the biggest changes which still need to be made.

With the corresponding changes for pharmacy signalled in *Pharmacy in the Future*<sup>6</sup> and *A Vision for Pharmacy*<sup>7</sup> it is increasingly the case that community pharmacists need to have the skills necessary to submit proposals for funding for the development of additional services. The introduction of a new contractual framework for community pharmacy,<sup>8,9</sup> and the new general medical services contract<sup>10</sup> enhance this requirement.

It is therefore crucial that community pharmacists understand the current NHS agenda, and are aware of the variety of funding sources available, particularly those that may not be immediately obvious in relation to pharmacy. Sources of funding are regularly announced and sometimes may be discontinued. It is important that pharmacists are aware of where to obtain information to identify new funding opportunities for community pharmacy service development.

This document sets out various sources of funding that could be available to community pharmacists for the development of pharmaceutical services and aims to make sure that community pharmacists are able to enter into negotiations with primary care organisations from an informed position.

The document focuses on England, but much will be applicable to Wales.

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<sup>†</sup> PCO will be used throughout this document to refer to Primary Care Trusts(PCTs) and Local Health Boards (LHBs)

# The New Pharmacy Contract

A new contractual framework for community pharmacy was introduced on 1<sup>st</sup> April 2005.<sup>11-13</sup> This incorporates three levels of services:

- Essential services
- Advanced services
- Enhanced services

Essential and Advanced services form the national element of the contract; Enhanced services are for local commissioning by PCOs. All contractors must provide the essential services; Advanced services are not obligatory, but those wishing to provide them must meet certain accreditation requirements and comply with all requirements for the essential services.

## Contract Funding

Funding for the new pharmacy contract (nPhS) guarantees £1,766 million to community pharmacy in England for 2005/06. This sum has three major components: central funding, funding recharged to PCOs and retained buying profits.

Central funding consists of the Global Sum covering item fees, establishment payments and other fees, and payments relating to repeat dispensing, such as the annual payment and transition payment.

Figure 1 - 2005/06 Funding

Essential services	£1,669m	Global Sum	£866m
IT / ETP	£58m	Repeat Dispensing	£100m
Advanced services	£39m	Payments from PCOs <sup>‡</sup>	£300m
	<u>£1,766m</u>	Retained generics margins <sup>§</sup>	£300m
		Additional retained purchase margin <sup>‡</sup>	£200m
			<u>£1,766m</u>

Funding recharged to PCOs covers practice payments including disability payments, payments for the Advanced services, and IT payments. This will be funded through the reduction to the reimbursement prices of generic medicines calculated to release £300m in 2005/06.

## Global Sum

The new contract is accompanied by a new set of fees and allowances with the **Item Fee** set at 90 pence per item. A number of other additional fees remain payable, including fees for controlled drugs and expensive prescriptions. Guidance on all professional fees can be found in Part IIIA of the Drug Tariff.<sup>14</sup>

<sup>‡</sup> removed from retained purchase profit by reducing Drug Tariff generic reimbursement prices

<sup>§</sup> assumes £500m will remain in purchase profits between generics and other purchases

The balance of the global sum is distributed as an **Establishment Payment** starting at £20,000 p.a. for those pharmacies dispensing 2000 items per calendar month, increasing to £21,821 p.a. at or above 2,500 items per month.

£100 million has been allocated to cover the work involved in running a repeat dispensing service and dispensing the expected increased volume of prescriptions. This is distributed as an annual **Repeat Dispensing Payment** of £1,500 and a **Transitional Payment** based on the number of prescriptions dispensed each month.

An additional £200,000 has been added to the global sum to fund **Prescription Charge Refunds**. Changes to the Post Office network have resulted in this activity transferring to community pharmacies from 1<sup>st</sup> April 2005. The payment is distributed in proportion to prescription volume rather than as specific fee per refund. Further details can be found in Part XVI of the Drug Tariff.

### PCO Recharge

A significant element of the funding recharged to PCOs is the **Practice Payment**. Pharmacies dispensing over 2000 items per calendar month receive 29.7 pence per item; those dispensing between 1,100 and 1,999 prescriptions per month receive lower practice payments. In order to receive the full practice payment, pharmacies are required to have minimum dispensing staff levels. Funding for adjustments to service provision arising from the **Disability Discrimination Act 1995** have been included within the practice payments. Details of all of these payments can be found in Part VIA of the Drug Tariff.

The fee for delivering the **Medicines Use Review and Prescription Intervention** Advanced service is £23 per review. During 2005/06 the number of reviews is initially restricted to 200 per pharmacy, but this may be increased following a review at six months. The reimbursement prices for generic medicines are being reduced by £300 million in 2005/06 to fund some of the new fees including the practice payments, and the payments for Advanced services. These savings have been made through changes to the prices of those generic products listed in Category M in Part VIII of the Drug Tariff.

£58 million has been allocated to fund the allowance for **IT/Electronic Transmission of Prescriptions**. To claim the IT allowance, pharmacies will need to declare that they have an accredited NPfIT compliant system, are connected to N3, have registered staff and are willing to transmit electronically to the PPA.

All pharmacy contractors will be paid a total of £2,600 as two allowances, with one payment of £1,300 in December 2005 and one in February 2006 linked to a pharmacy deploying Release 1 of the Electronic Prescription Service (EPS). A further allowance of £1,000 will be paid in 2006/07 linked to the pharmacy deploying Release 2. When the Pharmacy Contractor is able to operate the EPS if an appropriate prescription is presented or requested, the pharmacy can claim £200/month from the PCT.

Further details on new contract funding can be found in PSNC's Community Pharmacy News (April 2005 Edition)<sup>15</sup> and [www.psn.org.uk](http://www.psn.org.uk)

## Pre-Registration Grant

The grant paid to pharmacy contractors who provide pre-registration training experience to pharmacy graduates substantially increased (by more than three times) in April 2005 to £16,440. The increase in the grant is not funded via the Global Sum, but centrally by the Department of Health. Further details can be found in Part XIII of the Drug Tariff.

## Pharmacy Reward Scheme

The pharmacy reward scheme allows community pharmacists to claim a financial reward (currently £70), where a fraudulent prescription form is identified and either fraud is prevented, or valuable information is contributed to the investigation of fraud.

The scheme is operated by the NHS Counter Fraud and Security Management Service (CFSMS). Further details can be found in Part XIV of the Drug Tariff.

## PCO Commissioned Services

The new contractual framework for community pharmacy also includes a menu of Enhanced Services for local commissioning by PCOs, which include:

- anticoagulant monitoring
- care home (support and advice on storage, supply and administration of drugs and appliances)
- medication review (full clinical review)
- medicines assessment and compliance support
- minor ailment service
- needle and syringe exchange schemes
- on demand availability of specialist drugs (availability of palliative care and other specialist medicines)
- out-of-hours (access to medicines)
- patient group direction services
- stop smoking
- supervised administration (consumption of prescribed medicines)
- supplementary prescribing by pharmacists

Further details of these services can be found in the Pharmaceutical Services (Advanced and Enhanced Services) Directions 2005<sup>16</sup> and in Appendix 1. Service specifications for an initial batch of Enhanced services have been prepared and can be found on the PSNC website at [www.psnc.org.uk/enhanced](http://www.psnc.org.uk/enhanced). Further specifications and a pricing toolkit will follow.

Whilst nationally agreed service specifications will reduce the need for local development and negotiation, anything which represents a major change will result in the service falling outside the Enhanced service specification and needing to be negotiated locally. PCOs are able to tailor services in this way in response to a local need. In addition to national Enhanced services PCOs will be able to develop additional services to meet their particular local needs if these fall outside the menu of services developed nationally. Such local commissioning of services will require Local Pharmaceutical Committees (LPCs) and community pharmacists to continue to develop their skills at making a case for funding those services that are needed locally.

## Primary Care Trusts

*Shifting the Balance of Power*<sup>2,3</sup> set out the organisational changes required to support delivery of the NHS Plan. As a result PCOs became the lead NHS organisations in assessing need, planning and securing all health services and improving health. PCOs have responsibility for the commissioning of all primary care services, although this may change as Practice-Based Commissioning develops. Currently this includes:

- maintaining the pharmaceutical list of contractors
- applications to provide NHS pharmaceutical services by pharmacies
- applications to provide NHS pharmaceutical services by general practitioners
- determination of rurality
- relocation of premises
- access to medicines out of hours
- disciplinary and complaints procedures

Proposals outlined by the NHS Chief Executive, Sir Nigel Crisp in *Commissioning a Patient-led NHS*<sup>17</sup> will see a significant reduction in the number of PCOs by October 2006, and a change of focus improving health and commissioning services. By December 2008, in a move to enhance contestability, PCOs will largely cease to be providers of services.

## PCO Unified Budget

*Shifting the Balance of Power* signalled a change to the flow of funds, intended to help empower frontline staff and patients in the planning and delivery of services. PCOs have control of the main revenue allocation - more than 80% of total NHS funds in 2005/06.<sup>18</sup> This is intended to allow a closer match between resources and the needs of local people.

PCOs receive their financial allocation on the basis of a weighted capitation formula, which takes into account factors such as the age and gender structure of the population, geographic and social factors and morbidity and mortality rates.<sup>19</sup>

The PCO unified budget covers:

- commissioning hospital, mental health and learning disability services
- providing community services
- PCO administration costs
- GP and non-medical prescribing costs

The introduction of unified budgets provides health professionals with the opportunity to shape their local health services. However, the alignment of clinical and financial responsibility means that PCOs have to monitor prescribing,

referrals and admissions more closely than they have had to in the past, and requires greater collaboration between practices than has previously occurred.

The concept of unified budgets also allows for investments to be made in one area, to reap rewards in another, where traditionally these have fallen within separate budget streams. This should make it easier to argue the case for funding pharmacy services.

## Planning Cycles and Funding Streams

Until 2002 the Department of Health issued annual guidance to the NHS each autumn setting out the priorities to be included in the planning processes for the following financial year. Organisations were expected to develop an annual Service and Financial Framework (SaFF) and a Health Improvement and Modernisation Plan (HIMP) but there was also a requirement to produce discrete plans for specific functions or disciplines (Cancer, CHD, IM &T etc). The sheer number of targets (over 400) made effective planning and prioritisation at a local level difficult, and the NHS planning timetable did not align well with local government requirements.

In autumn 2002 the Department of Health published *Improvement, Expansion and Reform*<sup>20</sup> setting out the priorities and planning framework for the financial years 2003/04 to 2005/06. For the first time, health services were expected to plan over a three year period knowing the resources available to them during that time.<sup>21</sup>

In July 2004 the Department of Health published *National Standards, Local Action*<sup>22</sup> setting out the planning framework for the next three year period, 2005/06 to 2007/08. This builds on *Standards for Better Health*<sup>23</sup> the new performance framework for the NHS, which sets out the quality all organisations providing NHS care will be expected to meet or aspire to. This planning framework contains fewer national targets than the previous three-year planning cycle, to create the opportunity for PCOs to set local targets in response to local needs and priorities. Again PCOs have been able to plan knowing the resources that will be available to them during that time.<sup>24,25</sup>

## Payment by Results

Alongside the introduction of the new planning framework, a new transparent, rules-based system for financial flows in the NHS was introduced in April 2005.<sup>26,27</sup> The system is intended to reward efficiency, support patient choice and diversity, and encourage activity for sustainable waiting time reductions. Payment will be linked to activity and adjusted for casemix and the national tariff set by the Department of Health, categorised by Health Resource Group (HRG).

Under Payment by Results (PbR) healthcare providers will be reimbursed on the basis of a standard national tariff for the activity that they undertake, and failure to deliver will mean that the funding can be reallocated so that patients can be treated elsewhere.

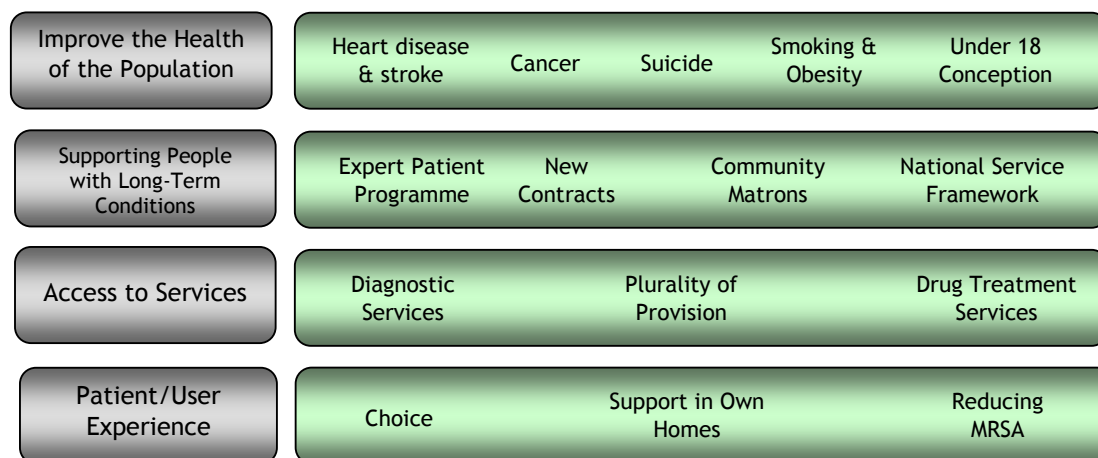
This will support the choice agenda as patients will be able to choose between alternative providers knowing that funding will not be an obstacle. PCOs will be able to choose the best way and place to deliver services for their patients, knowing that funding can follow. PCOs will be able to look at new models for service delivery rather than committing resources on a historical basis to traditional providers through block contract agreements. Many PCOs are already considering how they can use PbR to resource the shift of services traditionally provided in a secondary care setting into primary care.

Payment by Results will be phased over a number of years with 90% of hospital care covered by the system by 2008/09. For 2005/06 only elective care is included, with non-elective, outpatient and A&E referrals deferred to 2006/07.<sup>28</sup>

### Local Delivery Plans (LDPs)

The NHS planning system is based on a single, three-year Local Delivery Plan (LDP), which covers NHS and joint NHS/social care priorities. The development of LDPs locally should be led by PCOs with the active engagement of all key stakeholders, and should describe health and service improvement in their area to address each of the priority areas set out within *National Standards, Local Action*. These national targets reflect the Public Sector Agreement (PSA) targets agreed between the Department of Health and the Treasury. For the detail of the targets see Appendix 3.

Figure 2 - National Priorities and Targets 2005 - 2008



Most PCOs incorporate primary care developments into their LDP, although a few still choose to continue with a separate document detailing primary care service developments, which is then incorporated into the LDP as an appendix. Examples of community pharmacy services which have been supported by PCOs include: Eastbourne Downs PCT funding interventions made by community pharmacists;<sup>29</sup> a smoking cessation scheme funded by three Manchester PCTs;<sup>30</sup> Pembrokeshire LHB has funded lifestyle clinics;<sup>31</sup> in the Durham Dales the PCT has jointly funded a pharmacy-based diabetes screening service;<sup>32,33</sup> and in Berkshire pharmacists are providing a service to patients diagnosed with coeliac disease.<sup>34</sup>

**ACTION POINT:**

Obtain a copy of the Local Delivery Plan. If not already included in the LDP, open discussions with the PCO on how pharmacists can contribute to the achievement of targets that the PCO must meet through the provision of Enhanced services.

## Practice-Based Commissioning

The concept of individual practices holding an indicative budget was first raised in the 1997 white paper *The New NHS*.<sup>35</sup> *The NHS Improvement Plan* indicated that from April 2005 GP practices who wished to do so would be given indicative commissioning budgets. This is seen as a first step towards the development of a range of ways in which practices can become involved in commissioning.<sup>36,37</sup>

Practice-Based Commissioning (PBC) transfers the responsibility for assessing the health needs of a population, ensuring appropriate services are available to meet those needs and being accountable for the health outcomes from the PCO to primary care clinicians. This is accompanied by the associated budget. The PCO acts as an agent to undertake any required procurement and administrative tasks to underpin the process.

Holding budgets as near as possible to those who make referral and treatment decisions is intended to have desirable incentive properties, particularly in terms of promoting the efficient use of resources. Individual practices will be allowed to reinvest savings from their budgets into developing services. PCOs will be responsible for overspends, although practices will be expected to balance the budget over a three year period or forfeit their right to hold a budget.

Coupled with patient choice, better management of long-term conditions and payment by results, PBC is seen as an important tool towards achieving:

- a greater variety of services, from a greater number of providers in settings that are closer to home and more convenient to patients (plurality)
- increased support of clinician-to-clinician dialogue about improving and developing care processes.
- early and continuing involvement of practitioners in service development
- an additional set of levers to aid demand management.

However while budgets and the ability to reinvest savings may incentivise cost containment, it is less obvious how this may incentivise the delivery of quality services.<sup>38</sup> The deadline is that by December 2006, all PCOs must have arrangements in place to allow GPs to hold a budget for the treatment of their patients under practice-based commissioning.<sup>17</sup>

Further information can be found on the practice-based commissioning pages of the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning). The NPA has produced a *Commissioning Resource Pack*<sup>39</sup> which includes a section on PBC and

the PSNC has produced a briefing specifically on PBC which is available from their website at [www.psnc.org.uk](http://www.psnc.org.uk).<sup>40</sup>

## Clinical Governance

Following the past investment of central funds as a contribution to PCOs in the development of clinical governance in community pharmacy, this is now embedded within the new pharmacy contract.

All contractors must have in place an acceptable system of clinical governance and the components of an acceptable system are set out in the regulations.<sup>11</sup> Each pharmacy must have an identified clinical governance lead, and it is likely that PCOs will make use of this requirement to encourage community pharmacy to become more integrated within their clinical governance activities. Many PCOs have already organised training events for these nominated clinical governance leads.

Pharmacies are also required to annually undertake a clinical audit programme (normally of five days), which includes at least one pharmacy-based audit and one multi-disciplinary audit agreed by the PCO.

### **ACTION POINT:**

All contractors to ensure that they have an acceptable system of clinical governance and have identified a clinical governance lead for each pharmacy.

Find out who leads for clinical governance at the PCO and how community pharmacy is being integrated into the PCO's plans for clinical governance in primary care.

Make sure that they are involved in the development of an integrated clinical governance strategy and offer whatever support is necessary from the LPC.

Plan and carry out clinical audits.

## Primary Medical Services

The introduction of the new General Medical Services (nGMS) contract in April 2004 saw a significant change to the way in which primary care medical services are provided. PCOs now have four options for securing medical services for their population which collectively are referred to as Primary Medical Services<sup>41-44</sup>

- General Medical Services (GMS)
- Personal Medical Services (PMS)
- Alternative Provider Medical Services (APMS)
- PCT Medical Services (PCTMS)

PCOs can enter into direct contracts with general practices in their area, but can also contract with non-NHS bodies such as voluntary or commercial sector providers to supply primary medical services. The previous pilot arrangements where practices entered into a locally-agreed arrangement with the PCO via a Personal Medical Services (PMS) contract became a permanent option at the

same time. PCOs can also contract with themselves to provide primary medical services, by directly employing GPs or other practice staff to care for patients in their area.

In 1997 the Primary Care Act<sup>45</sup> introduced PMS pilot projects as an alternative to the national contract for GPs, giving greater freedom to adopt flexible and innovative ways of working. Examples of PMS pilots included the provision of services by salaried GPs, and nurse-led projects addressing the particular needs of travelling or ethnic minority populations. PMS is now a permanent contractual option. GPs, nurses, dentists, pharmacists and other healthcare professionals can all become PMS providers as long as the requirements of the relevant regulations are met.<sup>46</sup>

There are also two variations on the core PMS contract: PMS Plus which aims to support new service developments in primary care; and Specialist PMS (SPMS) where the provider is not required to have a registered list of patients, nor to provide essential primary care services.

The APMS contract, for the first time, allows PCOs to contract for delivery of medical services with a range of alternative providers. This route has particular attraction for contracting for Enhanced services, but could cover any or all aspects of primary medical services. It is possible for community pharmacists to be contracted to provide services via the APMS route, as long as the service being offered was essential, additional or Enhanced primary medical services, although it may be simpler to contract for services with pharmacies as an Enhanced service through the new pharmacy contract. The NHS Confederation has produced a contracting guide for APMS for PCOs and a contract template.<sup>47,48</sup>

PCTMS allows PCOs to directly provide services themselves, for example, by employing a “salaried” GP. This route could also be used to employ other health care professionals including pharmacists, to provide primary medical services.

The NPA’s *Commissioning Resource Pack* provides more details on the different contracting routes for primary medical services.<sup>39</sup>

## Strategic Health Authorities (SHAs)

Although health authorities initially retained responsibility for the development of pharmaceutical services following the introduction of PCGs in 1999, *Shifting the Balance of Power* moved this responsibility to PCOs in 2002. Further changes to SHAs will occur by April 2007 in response to *Commissioning a Patient-led NHS*<sup>17</sup> and it is proposed that SHAs will be appointing a ‘commissioning lead’ to oversee commissioning processes.

It is unlikely that SHAs will hold any funding sources helpful to community pharmacy. SHAs, however, do have an important role in overseeing the introduction of the new pharmacy contract by PCOs. This will include monitoring whether PCOs are maximising the benefits of the new arrangements via a set of strategic tests.<sup>49</sup>

### Figure 3 - Community Pharmacy Strategic Tests

1	How are you maximising the contribution of community pharmacy to meeting, ➤ PSA targets? ➤ NHS Improvement Plan? ➤ Working towards the targets in <i>Choosing Health</i> ?
2	How are you using the framework to integrate community pharmacy, into the NHS, through effective commissioning and delivery plans (LDPs and SSDPs), within patient pathways, with quality measures and robust clinical governance?
3	How are you using the new contractual framework, the control of entry reforms and other related areas, to develop services in community pharmacy to improve access, patient choice and patient experience, underpinned by robust needs assessment?
4	How are you using ETP and other IT reforms to underpin the contribution of community pharmacy to patient focused service provision, including patient choice?
5	How are you involving patients in needs assessment, and implementation and monitoring of the new framework?
6	How are you working with the community pharmacy workforce to develop skill mix, better utilising and developing their skills, to improve the recruitment and retention of pharmacists and to provide support to utilise their potential to improve health outcomes?
7	How are you encouraging greater plurality of providers, supporting a diversity of provider type, allowing innovative, extended services in primary care to develop within an entrepreneurial culture?

## GP Practices

### New GMS Contract

The new pharmacy contract and new GMS contracts are designed to be complementary - to work together to achieve positive benefits for patients' health and to develop a modern NHS primary care service.

The new GMS contract is a practice-based contract between the practice and the PCO thus giving the whole primary care team greater freedom to decide how to design their services to best meet local needs. In order to help GPs manage their workload more effectively, practices are currently able to transfer some services, including out of hours care, to their PCO. The contract has a similar structure to the new pharmacy framework with:

- Essential services - which must be provided by all practices
- Additional services - which may be provided by a practice
- Enhanced services - commissioned by PCOs

Further information can be found in Appendix 2.

A voluntary Quality and Outcomes Framework (QOF) links financial awards to how well the practice cares for its patients. Elements of the Organisational Indicators within QOF relate to medicines. However there are much greater opportunities for community pharmacists to contribute to the achievement, by practices, of their QOF targets.<sup>50</sup>

As GPs develop new ways of working and new priorities for service provision, community pharmacists will be able to help GPs meet their quality targets for prescribing and medicines management, supporting access to medicines out of hours, and providing services where patients would traditionally go to their GP in the first instance. This in turn will provide greater opportunity to make use of pharmacists' clinical knowledge and expertise, and utilise their professional skills to greater effect. It is possible for a nGMS practice to delegate the delivery of clinical services to others, and they could choose to contract for the services of a pharmacist to support them in delivering elements of the nGMS contract.  
39,50-53

### Prescribing Incentive Schemes

Prescribing incentive schemes have been in operation for a number of years and allow general practices to receive a payment for meeting certain requirements in relation to their prescribing budget.

PCOs must run a prescribing incentive scheme for their practices and may extend this to other components of the unified budget. Practices must meet a budgetary target (containing its prescribing costs within its target budget or showing improvement over the previous year), and fulfil any other conditions that its PCO has attached to the incentive scheme.<sup>54</sup> Where a practice has not managed to remain within its target budget, but can demonstrate that there is good cause for its overspend, they may also qualify for an incentive payment.

The additional conditions attached by a PCO will vary, but typically might include targets relating to:

- generic prescribing rates
- range of drugs used within particular therapeutic areas, such as NSAIDs or antibiotics
- reduction in total prescribing of a particular type of drug, such as benzodiazepine or ulcer-healing drugs;
- process issues, such as having a repeat prescribing policy, auditing a particular aspect of prescribing or formulary development/adherence.

A maximum payment of £45,000 per practice is allowed, and this can be scaled to reflect different practice sizes. An incentive scheme payment received by a practice can only be used for the benefit of the patients of the practice. These authorised purposes are defined in Directions.<sup>54</sup> Such payments are not made to the doctors or staff involved (see Appendix 4).

Payments can be used to fund initiatives to improve prescribing and could therefore be used to pay for input from a community pharmacist to undertake work on medicines management and prescribing.

Prescribing Support Services can be commissioned by a PCO as an Enhanced service within the new pharmacy contractual framework. A service specification for a full medication review is available and can be found at [www.psn.org.uk/enhanced](http://www.psn.org.uk/enhanced).

For further information on providing support to PCOs and individual general practices on prescribing see the PSNC support pack *GP Prescribing Support*<sup>55</sup> and the National Prescribing Centre website at [www.npc.org.uk](http://www.npc.org.uk)

**ACTION POINT:**

Make sure that you are familiar with the contents of the PSNC *GP Prescribing Support* pack and discuss with your local PCO how initiatives can be put in place to support prescribing.

### Investing in Primary Care

In March 2001 the Prime Minister announced the Investment in Primary Care Scheme, an investment and incentive scheme intended to encourage PCOs to work directly with general practices and primary care professionals to promote new ideas and to continue to improve patient services. The intention was to incentivise and invest in local initiatives that lead to real sustainable improvements in service delivery.

The investment monies, £50 million per annum for the three years 2003/04 to 2005/06, have been included in baseline allocations for PCOs; the reward monies, also £50 million per annum have also been included in PCO baseline allocations since 2004/05. Both funds form part of the Primary Care Enhanced Services Floor.

PCOs were expected to develop local incentive schemes within the broad strategic context of *The NHS Plan*, involving local practices in deciding how the investment should be focused. It was intended that the money would stimulate development at practice level, and be distributed to practices. Examples might include:

- extending the skills and skill mix of the practice or primary care team, extending the role of nurses, pharmacists, physiotherapists.
- taking forward implementation of NSF standards and NICE guidance such as increased statin, ACE inhibitor, beta-blocker and aspirin prescribing; smoking cessation; management of long term conditions such as patients with diabetes.
- facilitating joint working with secondary or community care colleagues on patient pathways
- providing extra sessions or services.

Funding for the Incentive Scheme has been secured for three years until 2005/06. This will enable PCOs to make decisions in the medium term on supporting Primary Care innovations. Further details can be obtained from the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/InvestingInPrimaryCare/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/InvestingInPrimaryCare/fs/en).

**ACTION POINT:**

Find out from the prescribing adviser how the PCO is encouraging practices to use any payments received under the prescribing incentive scheme.

Find out from the Director of Health Improvement or Director of Finance at the PCO how they are dealing with the distribution of the *Investing in Primary Care* allocation.

Explore options for using these monies to support pharmacy development to assist the PCO to meet its targets.

## Public Health and Health Inequalities

Tackling health inequalities is a Government priority and a key strand in the modernisation programme. Work is focused on narrowing the health gap between disadvantaged groups, communities and the rest of the country, and on improving health overall. The strategy *Tackling Health Inequalities*<sup>56</sup> published in July 2003, lays the foundations for meeting the targets to reduce the health gap on infant mortality and life expectancy by 2010.

The Government's public health white paper *Choosing Health*<sup>57</sup> published in November 2004, sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. This is supported by a delivery plan<sup>58</sup> and by a pharmaceutical public health strategy.<sup>59</sup>

£211 million has been allocated to the NHS in 2006/07 and a further £131 million in 2007/08 in support of *Choosing Health*. This is intended to enable PCOs to deliver action on diet, activity and obesity, alcohol interventions, stop smoking services, sexual health modernisations, chlamydia screening and strengthening of the local health improvement workforce. Some elements of this funding have been targeted specifically to the Spearhead Group\*\* of areas (see Appendix 5); others allocated to all PCOs on a weighted capitation basis.

The white paper also announced the introduction of a new programme called *Communities for Health*, to pilot an approach to promote action across local organisations - voluntary sector, NHS, local authorities, business and industry, chambers of commerce, media, etc - on a locally chosen priority for health.<sup>60,61</sup> £1.2 million has been made available to nineteen areas to start work on pilot projects which cover a range of public health priorities including obesity, improving sexual health, and reducing smoking (see Appendix 6). Further money will be targeted towards the schemes in 2005/06, with national roll-out from 2006. The launch was accompanied by a resource pack *Creating Healthier Communities*<sup>60,62</sup> with information on the practical processes and tools needed to improve health in the most deprived neighbourhoods.

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\*\* The Spearhead Group is the fifth of areas with the worst health and deprivation indicators. It consists of the 70 local authority areas, mapped across to 88 PCTs, that are in the bottom fifth nationally for three or more of the following five factors: (i) male life expectancy at birth; (ii) female life expectancy at birth; (iii) cancer mortality rate in under 75s; (iv) cardiovascular disease mortality rate in under 75s; (v) Index of Multiple Deprivation 2004 (Local Authority Summary).

## Diagnostic and Screening Services

A number of examples of community pharmacy activity to address public health and inequalities have been funded by PCOs. Pembrokeshire LHB is funding the provision of a health-screening scheme which involves pharmacists calculating a patient's risk of coronary heart disease based on factors such as blood pressure and body mass index. Counselling and lifestyle advice is provided with referral to their GP or a diet or exercise adviser for high risk patients.<sup>31,63</sup>

In four Manchester PCTs (Salford, Stockport, Oldham and Ashton, Leigh and Wigan), twenty two community pharmacies are taking part in a pharmacy-based diagnostic service to identify patients with diabetes or coronary heart disease.<sup>64</sup> Patients identified will have the choice of continuing to use existing services, or of accessing new services offers by the pilot through participating pharmacies.

For further information on how community pharmacists can enhance their contribution to public health see the PSNC resource *Public Health - a practical guide for community pharmacists*.<sup>65</sup> PSNC has also published an LPC Briefing on tackling health inequalities.<sup>66</sup>

Further information on the health inequalities agenda can be found on the health inequalities pages of the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities).

### ACTION POINT:

Find out from your PCO what actions they are planning in response to the *Choosing Health* white paper.

Make sure that you are familiar with the Pharmaceutical Public Health Strategy and the PSNC Public Health resource pack and discuss with your PCO what services can be put in place to support their achievement of the *Choosing Health* and PSA public health targets.

## Local Public Service Agreements

Local Public Service Agreements (LPSAs) encourage a local authority and its partnerships to achieve specific improvements in performance that are greater than would otherwise have been expected. If it achieves the agreed performance enhancement, the local authority receives a reward grant of 2½ percent of its annual budget. This can be shared with partners such as district councils, PCOs or the police. A pump-priming grant to help successful achievement is also available.<sup>67</sup>

The first generation of LPSAs, which began in 2000 and ended in 2004, required the inclusion of at least one target that relates to health and social care and the Department of Health was keen to see the inclusion of targets relating to health inequalities such as reducing infant mortality, teenage conception, smoking, childhood accidents, childhood obesity, etc.

For second generation LPSAs, which are currently under negotiation, there is a stronger local focus, with no requirement to include national targets, or targets proposed by government departments. However tackling targets relating to

health inequalities are still flagged as an example of the type of targets which could be negotiated locally.

In an increasing number of areas LPSAs are now being subsumed into **Local Area Agreements (LAA)**. This is a three year agreement that sets out the priorities for a local area, agreed between central government, the local authority, the Local Strategic Partnership (LSP) and other key partners at a local level.<sup>68,69</sup> The pilot LAAs are structured around three blocks: children and young people; safer and stronger communities; and healthier communities and older people. LPSAs will become the reward element of an LAA.

Further information on Local Public Sector Agreements and Local Area Agreements can be found at [www.odpm.gov.uk](http://www.odpm.gov.uk).

**ACTION POINT:**

Find out whether an LPSA or LAA is being developed in your area. If it is find out who at the PCO is involved in its development.

Make sure that they are familiar with the contribution that pharmacy can make to the issues that they are including in the agreement.

## Neighbourhood Renewal Fund

The Neighbourhood Renewal Fund (NRF), set up in 2001/02, aims to enable the 88 most deprived authorities (see Appendix 7), in collaboration with their Local Strategic Partnership (LSP), to improve services, narrowing the gap between deprived areas and the rest of England. There is a large overlap between these areas and those that form the Spearhead Group.

A key element of the national neighbourhood renewal strategy<sup>70,71</sup> is the improvement of mainstream services to produce better outcomes in the most deprived areas. This means increased employment and improved economic performance, reduced crime, better educational attainment, improved health and better housing. A review of the first wave of local neighbourhood renewal strategies found that health had not featured to the same extent as other issues such as crime and employment, providing an opportunity to engage with and support LSPs to ensure that work to address poor health and health inequalities features in future.

In Newham money from the Neighbourhood Renewal Fund has been used to provide clinical training for a group of community pharmacists. The PCT successfully bid for £40,000 which has been used to fund 22 community pharmacists to attend local training and undertake the Keele University medicines management distance learning course.<sup>72</sup>

A further £525 million has been made available for each of the years 2006/07 and 2007/08; although no decisions have yet been taken on how these new resources will be allocated.

More information about the work of the Neighbourhood Renewal Unit can be found at [www.neighbourhood.gov.uk](http://www.neighbourhood.gov.uk).

**ACTION POINT:**

If you fall within an area covered by the Neighbourhood Renewal Fund find out what your local PCO is doing to improve health services.

Find out who is responsible for the issue in the PCO and make sure that they are aware of what community pharmacy can offer.

## Teenage Pregnancy & Sexual Health

Britain has the worst record on teenage pregnancies in Europe; some 90,000 teenagers in England become pregnant each year - of which nearly 8,000 are under 16. The Social Exclusion Unit's report on teenage pregnancy, published in 1999, set out a national strategy for England.<sup>73</sup> This aims to halve the rate of conceptions among under-18s and set a firmly established downward trend in the conception rates for under-16s by 2010; and increase the participation of teenage parents in education and work. *The NHS Plan* set an interim target to reduce the rate of conceptions amongst under-18s by 15% by 2004. The target to halve under 18s conception by 2010 is one of the national targets which PCOs must address in their LDPs.

Since April 2001, every local authority has been required to have a 10-year local teenage pregnancy strategy, agreed by the Teenage Pregnancy Unit of the Department of Health. Local authorities receive a grant to support the implementation of this strategy. Although emergency hormonal contraception (EHC) is available over-the-counter in pharmacies, the cost is thought to prevent teenagers using this service.<sup>74-76</sup>

In Somerset pharmacies supply emergency hormonal contraception under a patient group direction (PGD) as part of the teenage pregnancy strategy.<sup>77</sup> Projects in the Manchester, Salford & Trafford<sup>78-80</sup> and the Lambeth, Southwark and Lewisham HAZs,<sup>81-83</sup> Kensington Chelsea and Westminster,<sup>84</sup> and Derbyshire<sup>85</sup> have seen suitably trained community pharmacists providing emergency hormonal contraception under a PGD. The *National Strategy for Sexual Health and HIV*<sup>86</sup> highlighted such schemes, and the importance of pharmacies as an access route for EHC. A study in Manchester, Salford & Trafford showed that consultation rates at community pharmacies providing the service did not decrease after the deregulation of Levonelle® in 2001<sup>87</sup> and PGDs continue to be widely used to allow pharmacists to supply EHC free of charge, particularly in locations where teenage pregnancy rates and levels of social deprivation are high.<sup>76,88</sup>

A project led by the Men's Health Forum has used pharmacies to provide antibiotics under a PGD to men testing positive for Chlamydia as part of a screening programme.<sup>89,90</sup> Chlamydia testing and treatment services have also been offered by pharmacies in the Wirral, and a two-year pilot scheme is underway in London, funded by the Department of Health, to provide screening for 16 - 24 year olds and offer treatment via PGD. If successful the scheme could be rolled out nationally.<sup>91</sup>

PCOs can commission the supply of emergency hormonal contraception from community pharmacies under a PGD as an Enhanced service within the new

pharmacy contractual framework and a service specification will be available in 2005/06.

Further information can be found at [www.dfes.gov.uk/teenagepregnancy](http://www.dfes.gov.uk/teenagepregnancy) and on the sexual health pages of the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SexualHealth/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SexualHealth/fs/en).

## Stop Smoking Services

Smoking accounts for most of the variation in life expectancy between areas and population groups. Increasing stop smoking services and reducing smoking are an important element of the public health agenda. Following publication of the Government White Paper *Smoking Kills*<sup>92</sup> a comprehensive stop smoking service was set up within the NHS, providing counselling and support to smokers wanting to quit. Most smoking cessation advisers are nurses or pharmacists and have received training for their role.

Although evidence exists for the clinical and cost-effectiveness of pharmacy-based smoking cessation services<sup>93-95</sup> many pharmacists who are involved in smoking cessation activities are not necessarily within formal schemes.

However the current PSA targets for smoking reductions are significantly more demanding than the target contained in *Smoking Kills* and PCOs have found it increasingly difficult to meet their targets. Many more are now involving community pharmacy as part of the comprehensive programme of stop smoking services.

In Plymouth, pharmacists have been trained to provide brief and level two interventions; and in Gateshead & South Tyneside HAZ community advisers, including pharmacists receive an agreed fee per client supported for the first four weeks.<sup>96</sup> In Manchester pharmacy staff have been trained as intermediate level smoking cessation advisers and operate a voucher scheme for up to six weeks supply of nicotine replacement therapy (NRT).<sup>30</sup> The pharmacy-based smoking cessation service in Glasgow involves pharmacists at 162 pharmacies prescribing and dispensing NRT, having initially counselled potential participants; the scheme is recording a one year quit rate of almost 14%.<sup>97</sup> Other examples of pharmacy-based services funded by PCTs include Croydon and Harrow, where almost the entire stop-smoking service is pharmacy-based.<sup>98,99</sup>

PCOs can commission the stop smoking services as an Enhanced service within the new pharmacy contractual framework and a service specification is available at [www.psnc.org.uk/enhanced](http://www.psnc.org.uk/enhanced). £51 million is already included in PCO baselines for stop smoking services, with an additional £5 million available in 2006/07 and 2007/08.<sup>100</sup> Further details can be found on the tobacco pages of the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco).

A major new improvement review of NHS services for smokers, chosen because of the high impact it could have on improving the nation's health, will be carried out by the Healthcare Commission as part of the Commission's new system of

assessment to measure performance.<sup>101</sup> Further information on the Healthcare Commission's improvement review can be found on their website at [www.healthcarecommission.org.uk/NewsAndEvents/PressReleases/PressReleaseDetail/fs/en?CONTENT\\_ID=4019420&chk=FPtCeZ](http://www.healthcarecommission.org.uk/NewsAndEvents/PressReleases/PressReleaseDetail/fs/en?CONTENT_ID=4019420&chk=FPtCeZ).

**ACTION POINT:**

Find out who is responsible for sexual health and smoking cessation within your PCO. Make sure that they are familiar with the range of services that can be commissioned as Enhanced services within the new pharmacy contractual framework to help meet the targets for teenage pregnancy and smoking cessation.

## Influenza Immunisation

Resources attached to the annual influenza immunisation programmes are announced in the Chief Medical Officer (CMO) letters each summer. The winter 2005/06 campaign was launched in July 2005 with £5 million funding distributed to PCOs.<sup>102</sup> Immunisation is targeted at people aged 65 and over, or aged between 16 and 64 years who have chronic heart or chest diseases, including asthma, chronic kidney disease, diabetes, or lowered immunity due to illness or steroid or cancer treatment. Two additional groups have been added in 2005 to those previously recommended to receive flu immunisation - people with chronic liver disease, and people who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. The uptake target is 70% of people aged 65 and over.

Influenza immunisation is a Directed Enhanced Service (DES) within the new GMS contract, which must be commissioned by every PCO in line with a national specification and pricing structure. There is no obligation for PCOs to commission these services from GPs, although it is anticipated that they will be commissioned from existing providers. However, the potential of pandemic flu has recently led to the training and use of other professionals including pharmacists.

In Aberdeen a community pharmacy was used as a convenient alternative for people who were unable to easily get the vaccination from a general practitioner. Immunisation was targeted at the same groups of "at risk" patients under a PGD.<sup>103,104</sup> Pharmacies in Blackpool<sup>105</sup> and Mid Surrey<sup>106</sup> have been used to identify "at risk" patients from prescriptions, patient medication records and with appropriate questioning to refer those who have not be vaccinated to their GP. In City and Hackney PCT fifty-four community pharmacists have been trained to administer flu vaccine.<sup>107</sup> The PCT is using two approaches to increase the uptake and a service level agreement has been put in place for the service. Accredited community pharmacists will identify at-risk patients and, if not already vaccinated, offer to administer the vaccine in a private consultation area in the pharmacy. Pharmacists have also been commissioned to run clinics in GP practices that have been particularly poor performers for flu vaccination.

Expansion of this type of scheme has been suggested as a way of improving uptake rates, and particularly for targeting those younger patients qualifying for NHS vaccination who are often missed.<sup>108</sup>

**ACTION POINT:**

Find out who is responsible for the influenza immunisation programme within your PCO.

Discuss how community pharmacy can help the PCO reach its immunisation target.

## Substance Misuse

Needle exchange schemes have been available from community pharmacies since the early 1990s. A 1999 survey of needle exchange schemes estimated that in the UK there are approximately 630 non-pharmacy exchange venues and 1,695 pharmacy-based needle exchange outlets.<sup>109</sup> The Department of Health report of the taskforce to review services for drug misusers recognised and valued the contribution made by community pharmacists to needle exchange provision and harm reduction strategies.<sup>110</sup>

When funding was first made available by the Department of Health to health authorities to establish pharmacy-based needle exchange schemes it was provided as a separate allocation for that purpose. However, this has long since been subsumed into the overall revenue limits of PCOs. In some cases this service will be commissioned by the PCO, often by the mental health or substance misuse commissioner, in many it will have been transferred to the Drug Action Team (DAT) for the area. The *National Strategy for Sexual Health and HIV*<sup>86</sup> requires the continuation of needle exchange schemes for injecting drug misusers who are vulnerable to HIV and other blood-borne viruses, and the promotion of such schemes.

Over the last few years, other services to support people with substance misuse problems have developed alongside needle exchange schemes. These include pharmacy-based programmes for the supervised administration of methadone and/or sub-lingual buprenorphine (Subutex®). In most areas resources for such schemes are now the responsibility of the DATs. In December 2002 the Government launched the *Updated Drug Strategy 2002*<sup>111</sup> This built upon, and adapted the earlier document *Tackling drugs to build a better Britain*<sup>112</sup> launched in 1998. Since 1998 significant additional funding has been made available for drug misuse services.

The Crime and Disorder Act 1998 provides magistrates with the option to make drug offenders subject to drug treatment and testing orders (DTTOs), which could require them to undergo substitution therapy with supervised administration. Pharmacists in Croydon were involved in one of the DTTO pilots which included the supervision of methadone administration in cases where addicted offenders, convicted of a minor offence, agreed to undertake a reduction programme in exchange for a suspended sentence. Funding was also agreed for the installation of CCTV within those pharmacies that had more than five clients supervised daily.<sup>113</sup>

A major new improvement review of NHS services for drug users, chosen because of the high impact it could have on improving the nation's health, will be carried out by the Healthcare Commission as part of the Commission's new system of

assessment to measure performance.<sup>114</sup> Further information on the Healthcare Commission's improvement review can be found on their website at [www.healthcarecommission.org.uk/NewsAndEvents/PressReleases/PressReleaseDetail/fs/en?CONTENT\\_ID=4019420&chk=FPtCeZ](http://www.healthcarecommission.org.uk/NewsAndEvents/PressReleases/PressReleaseDetail/fs/en?CONTENT_ID=4019420&chk=FPtCeZ).

Information about the drugs agenda can be found at [www.drugs.gov.uk](http://www.drugs.gov.uk) and on the substance misuse pages of the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SubstanceMisuse/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SubstanceMisuse/fs/en).

## Drug Action Teams

Drug Action Teams (DATs) are a partnership of all the local agencies involved in tackling drug misuse, such as health, local authorities, local education authorities, police and probation. DATs are geographically distributed to be coterminous with local authority boundaries, rather than health boundaries. DATs have to account for their role as commissioners of drug treatment service to the National Treatment Agency for Substance Misuse (NTA), a special health authority within the NHS. Every year all DATs in England have to update their annual plan, in line with the key issues highlighted in the NTA Business Plan and Strategy<sup>115</sup> and provide a report on the achievements of the year before.

Pharmacists are recognised as having a key role in shared care and supervised ingestion schemes in both the *Drug Misuse and Dependence - Guidelines on Clinical Management*,<sup>116</sup> and the *Government Response To The Advisory Council On The Misuse Of Drugs Report Into Drug Related Deaths*<sup>117</sup> Pharmacists who are interested in developing services for drug misusers should make themselves familiar with relevant Government publications.<sup>111,112,116</sup>

Central funding for substance misuse treatment services is allocated in the form of a 'pooled budget' that includes funding streams from both the Home Office and Department of Health. This funding is known as the substance misuse pooled treatment budget, and is allocated to the 149 DATs across the country, with a local PCO acting as the banker for the funding. These are now announced for a three-year period.<sup>118</sup>

In addition to the pooled treatment budget, DATs receive funding from local organisations (i.e. PCOs, local authorities, probation services) and other sources such as the private and voluntary sectors. Government funding for drug treatment services has increased over the last three years and is due to increase further until 2007/08. Specific resources to support the development and operation of responses to children and young people's drug use are distributed as the **Young People Substance Misuse Partnership Grant**.<sup>119</sup>

A number of DATs have supported initiatives involving pharmacists. Glasgow DAT funded the creation of semi-private consultation areas in nearly forty pharmacies, which can be used for supervising the consumption of methadone and for needle and syringe exchange services.<sup>120,121</sup> Community pharmacists in Kensington, Chelsea and Westminster were involved in a project funded by the local DAT to improve the oral health of drug users.<sup>122</sup> In Wales, pharmacists have

benefited from the Confiscated Assets Fund established in 1999, with financial assistance for creating private consultation areas.<sup>123</sup>

Community pharmacists in Berkshire have received comprehensive funding for their participation in the shared care of drug misusers via a four-way agreement between drug-team key-worker, GP, pharmacist and patient,<sup>124</sup> and the Local Pharmaceutical Committee in South Essex was commissioned to develop a similar scheme as part of the work to reduce prescription leakage.<sup>125</sup> Schemes for the supervised administration of methadone and/or buprenorphine have been funded by DATs in Dudley, North Cheshire and Devon.<sup>113</sup> In East Riding community pharmacies have received funding to improve private areas for supervised consumption of methadone. In Croydon and North East London the installation of CCTV has been funded to improve security of community pharmacists working with drug misusers.<sup>113</sup>

The supervised administration of prescribed medication and needle and syringe exchange are Enhanced services within the new contractual framework for community pharmacy.

The National Treatment Agency for Substance Misuse provides support and guidance to DATs. Further information on their work programme can be found at [www.nta.nhs.uk](http://www.nta.nhs.uk).

**ACTION POINT:**

Find out from your PCO the name of your local DAT co-ordinator, and obtain a copy of the DAT annual plan.

Develop proposals for supervised administration and/or needle and syringe exchange and put them forward to the DAT. Negotiations are best undertaken through the LPC.

## Access

The *NHS Plan* set out that ‘by 2004, all patients will be able to see a primary care professional within 24 hours and a GP within 48 hours’. This target was also included within *Improvement, Expansion and Reform*. By March 2005 performance data showed that more than 99% of patients could get access to a primary care professional or GP within these time limits.<sup>18</sup> However in order to sustain these levels of access, and to allow primary care to develop services which have previously been undertaken in a secondary care setting, schemes which help to reduce the workload of general practice will continue to be relevant.

## Minor Ailment Schemes

Community pharmacy minor ailment schemes have been demonstrated to reduce the burden of work on GPs.<sup>126-129</sup> Over the six months of a trial, involving one Merseyside general practice and eight community pharmacies, more than one third of the workload for 12 minor ailments was transferred from GPs to community pharmacy.<sup>126</sup> Bootle & Litherland, South East Sheffield, Croydon, North Manchester, Durham & Chester-le-Street and Hartlepool PCTs have all

included minor ailments schemes within their National Collaborative Medicines Management Scheme programmes.<sup>130-132</sup>

PCOs are able to commission Minor Ailment Schemes as an Enhanced service within the new contractual framework for community pharmacy. A toolkit to assist with the development of minor ailment schemes is available from the NPA<sup>133</sup> and additional information is available from [www.psn.org.uk/database](http://www.psn.org.uk/database).

## Out of Hours Services

Both the *NHS Plan* and *Pharmacy in the Future* indicated the Government's desire to see improvements to the provision of pharmacy out-of-hours services. In October 2000 an independent review of GP Out-of-Hours (OOH) services<sup>134</sup> was published, which described out-of-hours pharmaceutical supply as 'far from satisfactory.' This report proposed a flexible, national model of integrated out-of-hours provision, to deliver consistent standards of high quality care to patients across the country.

Known as the Carson Review, recommendations 19 and 20 related to the provision of pharmaceutical services. Department of Health guidance on securing proper access to medicines during the out-of-hours period was published in December 2004,<sup>135,136</sup> and should be guiding PCOs in the development of their OOH arrangements.

For 2006/07 and 2007/08 the Out of Hours Development Fund continues to be a specific non-recurrent allocation made to support PCOs in commissioning out-of-hours services. It is no longer ring-fenced and will be made recurrent in the next round of allocations.<sup>100</sup>

Pharmacists in Lancashire are offering consultations for minor ailments alongside nurse practitioners and GPs working in the out-of-hours primary care centre run by the GP co-operative, as well as offering a very limited dispensing service. In Middlesex community pharmacists are providing out-of-hours palliative care drugs and oxygen under the umbrella of the London Cancer Network, and proposals are well developed to establish an out-of-hours dispensary as part of the out-of-hours scheme at Northwick Park hospital.<sup>100,137</sup>

A briefing paper has been developed jointly by PSNC and the NPA on this subject.<sup>138</sup> Further information about out-of-hours services can be found at [www.out-of-hours.info](http://www.out-of-hours.info) and on the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/ImplementingOutOfHours/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/ImplementingOutOfHours/fs/en).

### **ACTION POINT:**

Make sure that your PCO is aware of the contribution that minor ailment schemes can make to help them to sustain the access targets and free up general practice time for other activities.

Make sure that you are familiar with the plans for implementing the Carson Review and OOH services in your area and the implications for pharmacy services.

## Training and Education

### Workforce Development Confederations/Directorates

In April 2001 Workforce Development Confederations (WDCs) replaced the smaller Education and Training Purchasing Consortia; many of these have now been subsumed into Strategic Health Authorities as Workforce Development Directorates (WDDs). In April 2002 the three formerly separate funding streams of NMET<sup>††</sup> SIFT<sup>º</sup> and MADEL<sup>γ</sup> were brought together as the Multi Professional Education and Training (MPET) budget under the control of WDC/WDDs which commission and manage education, training and workforce planning for all professional staff covered by these levies.<sup>139</sup>

Non-medical undergraduate training places and post-registration training and education, including some continuing professional development and other development work, are funded from the MPET (formerly NMET) element. This levy does not cover undergraduate training for all non-medical professionals and undergraduate pharmacy education is funded through the Higher Education Funding Council for England (HEFCE).

Although the largest proportion of the MPET levy is involved in the pre- and post-registration training of nurses, funding has been secured in some areas to support continuing professional development activities for hospital and community pharmacists. Success has been patchy, and often related to the structure and composition of individual WDC/WDDs, which will vary. Some have sub-groups (and budgets) for the education and training needs of specific services, such as mental health services; others have sub-groups based on professional groupings, for example AHPs (Allied Health Professions) and PATs (Professional and Technical staff); and some have sub-groups based on PCO boundaries.

Most WDC/WDDs will have a member of staff who is responsible for the funding of NVQ qualifications, although the funding may not be provided directly by the WDC/WDD. They will work with other organisations that also provide funding for training, such as Learning and Skills Councils. WDC/WDDs will work closely with PCOs in determining their funding priorities. Funding to meet the costs of training Supplementary Prescribers is also made available through WDC/WDDs (see below).

Community pharmacy staff in Surrey are benefiting from the “learning accounts” available from all WDC/WDDs to partly fund training courses such as Pharmacy Interact and Dispensary Assistant courses.<sup>140</sup> Funding has been secured from the Learning and Skills Council to train pharmacy support staff in North East London.<sup>141</sup>

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<sup>††</sup> Non-Medical Education and Training Levy

<sup>º</sup> Service Increment for Teaching - funding for undergraduate medical education support

<sup>γ</sup> Medical and Dental Education Levy - funding for postgraduate medical and dental education

**ACTION POINTS:**

Find out from your local PCO which WDC/WDD covers your area and the structures that they have in place for managing the budget. Get a copy of the current year's Business Plan and open up discussions as to how pharmacy training can be included within WDC/WDD planning.

## Supplementary and Independent Prescribing

In 1999, the *Review of Prescribing, Supply and Administration of Medicines*<sup>142</sup> led by Dr June Crown suggested the introduction of a new form of prescribing, to be undertaken by non-medical health professionals after a diagnosis had been made and a Clinical Management Plan drawn up for the patient by a doctor. Following publication of the report, Ministers decided to focus initially on extending nurse prescribing and on supplementary prescribing for nurses and pharmacists - the two most numerous non-medical professions, where maximum benefit could be expected for patient care. Supplementary prescribing has since been extended to include physiotherapists, chiropodists/podiatrists and radiographers.<sup>143</sup> There are now over 350 pharmacist supplementary prescribers in England.<sup>18</sup>

Funding to support the training costs of nurse prescribing and supplementary prescribing by pharmacists is allocated to WDC/WDDs, who commission a number of training places each year. WDC/WDDs will probably have specific criteria for access to funds for training based on local NHS need. Applications for funding will normally be via the PCO and will need to be linked with service development to obtain support.

A supplementary prescribing service can be commissioned by a PCO as an Enhanced service within the new pharmacy contractual framework. Useful tips on how to implement supplementary prescribing in primary care clinics have recently been published drawing of the experiences of some established supplementary prescribers.<sup>144</sup>

Further information on the implementation of supplementary prescribing can be found on the relevant pages of the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/SupplementaryPrescribing](http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/SupplementaryPrescribing).

**ACTION POINT:**

Find out what your local PCO's policy is about support for community pharmacists wishing to undertake training to become a supplementary prescriber.

Pharmacists' prescribing powers have now been extended, and from Spring 2006, pharmacist independent prescribers will be able to prescribe any licensed medicine for any medical condition, with the exception of controlled drugs. Independent prescribing will complement the new community pharmacy services that are now being provided under the new pharmacy contract - in particular, support for people with long-term conditions. Training requirements and funding support have not yet been announced.

## Healthcare Staff and Carers

Although much training and advice is provided to social care staff, or those working in residential care homes, either informally or as part of providing pharmaceutical advice to care homes, a limited number of pharmacists provide such training on a more formal basis, receiving payment from individual homes or social services departments.<sup>145-148</sup> Pharmacists in Norfolk used a training package developed by the University of East Anglia academic pharmacy department to train care workers about medicines.<sup>149</sup>

Services to care home can be commissioned by a PCO as an Enhanced service within the new pharmacy contractual framework. The service specification which can be downloaded from [www.psn.org.uk/enhanced](http://www.psn.org.uk/enhanced) requires the pharmacy contractor to provide advice on safe and effective ordering, storage, clinical and cost effective use, administration and disposal of medicines and appliances and record keeping and to provide formal training for care staff on medicines issues at least once a year.

### **ACTION POINT:**

Make sure that your PCO is aware of the contribution that effective management of medicines within care homes can make to their targets.

Develop proposals for care home support and put them to the PCO. Negotiations should be undertaken through the LPC.

## NHS Direct

The most obvious relationship between NHS Direct and community pharmacists is that of NHS Direct nurses referring a patient to a pharmacy. However pharmacists are also involved in the training of NHS Direct nurses and call handlers. Training is a key component of pharmacy support for NHS Direct and both community pharmacists and medicines information pharmacists are involved in this. A resource pack has been developed to enable pharmacists to conduct such training. The nurses (and call handlers) receive a two-day therapeutics programme delivered by medicines information pharmacists, along with half a day's training in community pharmacy-related issues. This training is delivered by community pharmacists and includes the role of community pharmacists and the legal status of medicines.<sup>150</sup>

Since April 2004 PCOs have been responsible for commissioning NHS Direct services. NHS Direct is currently a Special Health Authority; however it is likely to be transferred out of the Arms Length Body sector from April 2006.<sup>151</sup>

### **ACTION POINT:**

Make sure that your PCO understands the value of NHS Direct call handlers and nurses having an understanding of community pharmacy issues.

Discuss with the PCO how training can be provided

## Other Areas

### National Service Frameworks

*The New NHS*<sup>35</sup> and *A First Class Service*<sup>152</sup> introduced a range of measures to raise quality and decrease variations in service across the NHS including the development of National Service Frameworks (NSFs). These are intended to set national standards and define service models for a specific service or care group, along with performance milestones against which progress within an agreed timescale will be measured.

Eight NSFs have been published:

- Mental Health<sup>153</sup> (September 1999)
- Coronary Heart Disease<sup>154</sup> (March 2000)
- Cancer<sup>155</sup> (September 2000)
- Older People<sup>155,156</sup> (March 2001)
- Diabetes<sup>157,158</sup> (December 2001, November 2002)
- Children, Young People and Maternity Services<sup>159</sup> (September 2004)
- Renal Services<sup>160,161</sup> (January 2004, February 2005)
- Long Term Conditions<sup>162</sup> (March 2005)

The earlier NSFs made little direct reference to the contribution that community pharmacy can make to the achievement of NSF targets; however the NSF for Older People, Renal Services, Diabetes and Long-term Conditions have all been accompanied by documents relating to medicines management.<sup>163-165</sup>

Although the publication of most NSFs has been accompanied by the announcement of new resources, these have not usually been made available to the NHS as ring-fenced funding for their implementation. Each NSF requires the establishment of a Local Implementation Team (LIT) within the local health economy (although it may be based on an existing group, and called something different). This group is responsible for the development and delivery of a strategic service plan, which should spell out clearly what has to be done at a local level to implement the NSF.

In some areas pharmacists have been successful in attracting funding linked to the delivery of NSF targets. For example in Barnet, Enfield and Haringey community pharmacists have been involved in a project aimed to reduce falls among older people as part of the local work implementing the Older Peoples NSF.<sup>166</sup> Harrow pharmacists have started an intervention programme aimed at screening patients with coronary heart disease using NSF guidelines, and funded by the local PCO.<sup>167</sup>

Disease specific medicines management, medication review and medicines assessment and compliance support services can be commissioned by a PCO as Enhanced services within the new pharmacy contractual framework. All could be used to contribute to the achievement of targets within NSFs.

PSNC has published several guides relating to NSFs.<sup>168-170</sup> Copies of all NSFs and related information can be found on the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthAndSocialCareArticle/fs/en?CONTENT\\_ID=4070951&chk=W3ar/W](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthAndSocialCareArticle/fs/en?CONTENT_ID=4070951&chk=W3ar/W)

**ACTION POINT:**

Contact your local PCO to find out who is the lead for the Local Implementation Teams (or equivalent) for each of the NSFs. Ask for a copy of the Local Delivery Plan.

Consider whether there are activities that local pharmacists can undertake as an Enhanced service to make a contribution to achieving the NSF targets, and put forward proposals to your local PCOs / NSF lead.

## Social Services

Social services departments are responsible for a wide range of services for children, families and adults. These include helping:

- older people live at home by providing them with care in their own home as well as day care and respite care
- people with mental health problems to live safe and fulfilling lives in the community
- people who seriously misuse drugs or alcohol to reduce their misuse and the risks and damage it causes
- people with learning disabilities to improve their job opportunities, education, housing and personal care
- people with physical and sensory disabilities to take the maximum amount of control over their circumstances
- carers who have their own needs to identify suitable support systems
- young people who are at risk or a risk to others

Some community-based services will be provided directly by social services staff, while others are commissioned from public, voluntary and independent sector organisations. In Croydon pharmacists have been used as a distribution point for advice and leaflets on both health issues and topics such as welfare benefits, as part of a “Healthy Croydon” initiative funded by the local council.<sup>171</sup> In other areas pharmacists have participated in projects funded by social services to help patients manage their medication through input from a pharmacist during a domiciliary visit.

## Local Authority Grants

Local Authorities receive a variety of grants to be used for specific purposes, including some intended to support delivery of targets in national service frameworks and PCO local delivery plans. Councils with social services responsibilities receive an annual **Mental Health Grant (MHG)** to invest in developments designed to support implementation of the mental health NSF, and service developments set out in the NHS Plan. Use is restricted to revenue costs for services for adults of working age and must be linked to the Local Implementation Plan and agreed by the Local Implementation Team.<sup>172</sup>

Such councils also receive a **Child and Adolescent Mental Health Services (CAMHS) Grant** to enable them to carry forward joint strategies with the NHS and other agencies to develop CAMHS,<sup>173</sup> and a **Teenage Pregnancy Local Implementation Grant** to support the implementation of local teenage pregnancy strategies.<sup>174</sup>

Since the introduction of reimbursement in October 2003,<sup>175</sup> where social services' departments are charged for patients unnecessarily occupying an acute hospital bed, local authorities have received a **Delayed Discharges Grant**. This is intended to encourage local authorities to work with health partners to invest to tackle the causes of delay in their local system. This is accompanied by the **Access and Systems Capacity Grant** to help build up community based social care services, and to help more older people live at home, through investment in home improvement services, community equipment and home and intermediate care services.<sup>176</sup>

### Partnerships for Older People's Projects

The Department of Health is providing £60 million over two years to fund the Partnerships for Older People Projects (POPP).<sup>177</sup> This is intended to test and evaluate innovative approaches to prevention in order to improve outcomes for older people. Projects are expected to enable older people to maintain their health, wellbeing and independence, avoid premature admission to hospital and longer than necessary hospital stays, and facilitate appropriate discharge.

POPP pilots will be led by councils in partnership with health and other organisations. An underlying principle is that PCOs will be full partners to ensure a holistic approach to redesigning services. Application for the first wave of projects is already underway, but there will be a second round for applications in March 2006.

Further details can be found on the Department of Health's website at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT\\_ID=4099198&chk=5OV7NB](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4099198&chk=5OV7NB).

During the autumn of 2005 a large scale listening exercise 'Your Health, Your Care, Your Say' is being undertaken to inform the development of a White Paper on healthcare outside hospitals. This will include the follow-up on the social care Green Paper<sup>178</sup> published in March 2005 and address issues relating to community and primary care health services.

#### **ACTION POINT:**

Speak to your local PCO prescribing adviser to find out who is the local social services lead for care groups relevant to pharmacy input - i.e. older people's service manager, mental health service manager, teenage pregnancy co-ordinator.

Develop proposals for services which are relevant to these areas; assisting people to maintain their independence, intermediate care, mental health, tackling teenage pregnancy. Discuss them with social services officers.

# National Funding

## Sure Start

Sure Start is a Government programme which aims to achieve better outcomes for children, parents and communities by increasing the availability of childcare for all children, improving health and emotional development for young children, and supporting parents as parents and in their aspirations towards employment. A ten-year strategy was launched in December 2004.<sup>179</sup>

There are now 524 Sure Start Local Programmes running, offering early learning, and health and parenting support to young children and families living in disadvantaged areas. As part of the Sure Start scheme in Eastern Hull community pharmacists have developed a minor ailments service to under 4s for coughs and colds, pain relief and nappy rash.<sup>113</sup>

Details of the Sure Start programme can be found on their website at [www.surestart.gov.uk](http://www.surestart.gov.uk).

### ACTION POINT:

Contact your local PCO to check whether there is a Sure Start programme operating in your area.

Consider how local pharmacists can contribute to the national targets, and put forward proposals to the local Sure Start co-ordinator.

## Lottery Funding

The Big Lottery Fund was formed in June 2003 with the merger of the New Opportunities Fund (NOF) and the Community Fund. The Big Lottery Fund will continue to manage projects which were originally funded by the New Opportunities Fund, but no funding for new projects is available.

In the past lottery funding has been made available for a number of health programmes including health living centres, living with cancer, reducing the burden of coronary heart disease and cancer, and palliative care. Lottery funding is available from as little as £5000 (via the Awards for All Scheme) to many hundreds of thousands of pounds, and can be for research or service provision. In 1999, £127,000 was awarded for research comparing the effectiveness of head lice treatment with the “bug-busting” technique.<sup>180</sup> Pharmacy-based stop smoking services formed part of the healthy living initiative in South London which received funding.<sup>181</sup> A pharmacist-led heart failure project in Glasgow was successful in securing £300,000 of lottery funds in 2003,<sup>182,183</sup> and a project involving a computerised touch screen system in a pharmacy to help reduce the risk of cancer by providing information about healthy living has recently received £125,000 funding.<sup>184</sup>

Further information about lottery funding can be found on the Big Lottery Fund website at [www.biglotteryfund.org.uk](http://www.biglotteryfund.org.uk). A searchable database of all the funding

programmes available from all the lottery distributing bodies can be found at [www.lotterygoodcauses.org.uk](http://www.lotterygoodcauses.org.uk).

## Medicines Management Programmes

The continuous improvement of prescribing and the use of medicines continues to be a crucial element of healthcare, aiming to achieve optimal health gain for patients and value for money for the NHS.

As the pharmacy element of *The NHS Plan, Pharmacy in the Future* set out the requirement for additional, structured professional support to optimise prescribing and to provide extra help to those who need it to get the best from their medicines.

### Medicines Management Services Programme

To take forward this ambitious programme the Collaborative National Medicines Management Services (MMS) Programme was established, hosted by the National Prescribing Centre (NPC) and working in collaboration with the National Primary Care Development Team (NPDT).

The first 26 pilot schemes were announced in July 2001 and three further waves have now joined the programme taking the number of areas involved to 146 (see Appendix 8). These schemes, which must involve the participation of at least five GP practices, are expected to:

- identify and address unmet pharmaceutical need
- help patients to get the best from their medicines and thereby deliver improvements in health
- develop innovative medicine management approaches that improve service efficiency and reduce waste
- provide convenient access to a range of medicines management services in different environments through multidisciplinary working

Positive results have recently been published for the first three wave sites, demonstrating that improvement methodology can be successfully applied to medicines management services.<sup>130-132</sup> These include reduction in the level seen for polypharmacy, inequivalent prescriptions, prescriptions without specific dosage instructions and increased review of medication for the residents of care homes.

### Community Pharmacy Framework Collaborative

The collaborative methodology is also being applied to community pharmacy through the Community Pharmacy Framework Collaborative (CPFC) which aims to improve NHS pharmaceutical services provided from community pharmacies. It is part of the national programme of support for the implementation of the new contractual framework for community pharmacy. Twenty-eight “host” PCTs are involved; some working with other PCOs from their SHA area (see Appendix 8). £4m has been made available to support project management within the twenty eight PCOs and facilitate the spread of good practice to other PCOs within each SHA area.

As part of the collaborative, PCOs will collect regular data to allow them to monitor progress; some measures collected within individual pharmacies, others across the PCO.

Figure 4 - CPFC Measures

<b>Within Pharmacies</b>
<ol style="list-style-type: none"> <li>1. Items dispensed on repeatable prescription as a percentage of all items dispensed (increase)</li> <li>2. Average number of interventions undertaken in community pharmacies per head of PCO population (increase)</li> <li>3. Percentage of items dispensed without specific dosage instructions (decrease)               <ol style="list-style-type: none"> <li>a) Of these, the percentage from a locally agreed list of high-risk medicines (e.g. warfarin, insulin, methotrexate) (decrease)</li> </ol> </li> <li>4. Number of face-to-face medicines use reviews completed per head of PCO population (increase)               <ol style="list-style-type: none"> <li>a) The percentage completed for a long-term condition agreed with the PCO (increase)</li> <li>b) The percentage that reduce medicines waste (increase)</li> </ol> </li> <li>5. Prescriptions not fully completed within one working day of receipt as a percentage of all prescriptions accepted for dispensing (decrease)</li> <li>6. Number of people enabled to self-manage their condition according to a locally agreed approach (increase)</li> </ol>
<b>Across the PCO</b>
<ol style="list-style-type: none"> <li>1. Percentage of pharmacies dispensing repeatable prescriptions (increase)               <ol style="list-style-type: none"> <li>a) Of these, the percentage receiving prescriptions electronically (ETP) (increase)</li> </ol> </li> <li>2. Percentage of pharmacies with an approved patient consultation area (increase)</li> <li>3. Percentage of pharmacies accredited to provide Advanced services (increase)               <ol style="list-style-type: none"> <li>b) a. Of these, the percentage that are actually providing an MUR service (increase)</li> </ol> </li> <li>4. Percentage of locally-commissioned (GP or PCO) Enhanced services provided through community pharmacies (increase)</li> <li>5. Percentage of pharmacies providing services at each of the 3 levels of the contractual framework (increase)</li> </ol>

Further information can be found at [www.npc.co.uk/mms/index.htm](http://www.npc.co.uk/mms/index.htm).

**ACTION POINT:**

Find out what measures have been chosen by the CPFC host PCO in your area and how the findings are intended to be spread across the rest of the SHA area.

## Repeat Dispensing

The NHS Plan announced the development of a repeat dispensing scheme nationwide to make it easier for patients with long-term conditions to obtain repeat prescriptions, speeding up services and relieving pressure on GP surgeries. Repeat dispensing provides an opportunity to make better use of pharmacists' skills by helping patients get the most out of their medicines and reduce waste of medicines.

Following successful piloting in around eighty pathfinder sites, repeat dispensing now forms part of the Essential services specification within the new contractual framework for community pharmacy (see earlier section on Contract Funding). PCOs will be responsible for managing the introduction of repeat dispensing within their areas.

## Invest to Save Budget

The Invest to Save Budget (ISB) is a joint venture between the Treasury and the Cabinet Office. It provides funds to encourage two or more public bodies (e.g. health organisations, local authorities, voluntary sector bodies) to work together to jointly reconfigure elements of their work or to initiate new processes to provide innovative, streamlined or better modes of service.

The programme will allocate nearly £400m over five years and has currently invested in over 380 cutting edge partnership projects across both central Government and the wider public sector. Bids are invited from partnerships made up of two or more public bodies and guidance can be found at [www.isb.gov.uk](http://www.isb.gov.uk), along with a database of ISB projects.

Relevant programmes funded from ISB include electronic transfer of prescription data in Northern Ireland, and one-stop service facilitators providing the gateway to services, including community pharmacy, for older people in West Norfolk.

## Working in Partnership Programme

The Working in Partnership Programme (WiPP) has been established under the new GMS Contract to develop and implement a strategy for general practice that addresses the effective use of clinicians' time whilst improving the availability of services for patients.<sup>185</sup> The programme is also intended to highlight services that could be offered by other health professionals, especially where these services could be accessed more easily and more cost-effectively than through traditional general practice.

The programme has identified eight categories as a result of a national workload analysis which create a high demand for consultations in general practice. These are:

- minor illness management
- non-GP led models for managing patients with long-term conditions
- new roles for a wider range of health care professionals
- musculoskeletal, chiropody and podiatry conditions
- common dermatological conditions
- common women's health conditions
- common conditions in children
- new technologies

WiPP has funding available to meet the costs of pilot sites working with an external reference group to assist with the development, road-testing and

evaluation of a package of support. Funding may also be available for mainstreaming the outcomes. Community pharmacists in Derbyshire are taking part in a new coronary heart disease risk assessment pilot as part of the self-care element of this study.<sup>186,187</sup>

Further information can be found at [www.workloadmanagement.nhs.uk](http://www.workloadmanagement.nhs.uk).

## Local Pharmaceutical Services

*Pharmacy in the Future* announced the piloting for community pharmacy of contractual arrangements similar to PMS and PDS for GPs and dentists, through the development of Local Pharmaceutical Services (LPS) pilots. This is designed to allow pharmacists to work outside the national contract and enter into more flexible, locally designed arrangements.<sup>188</sup>

LPS pilots provide PCOs with the flexibility to design services with patient's needs in mind, while at the same time helping to deliver PCO priorities. The first four waves of LPS pilots have resulted in 31 successful schemes (see Appendix 9). Each pilot has a dispensing element, but a number of pilots provide a range of other services, such as services tailored for patients 75 and over, diagnostic services and training and education for patients, carers and pharmacists.

A new form of LPS scheme (ESP LPS) has been introduced to replace the Essential Small Pharmacy Scheme (ESPS) which will cease from April 1<sup>st</sup> 2006. Applications were open to existing ESPS community pharmacies, although application had to be made to their local PCO by 31<sup>st</sup> October 2005. Discussions are also underway about a standard form LPS scheme for low volume contractors.

Information about LPS schemes including the guidance on making applications and relevant forms can be found on the Department of Health website at [www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/LocalPharmaceuticalServices](http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/LocalPharmaceuticalServices). PSNC can also provide advice about LPS.

## NHS Local Improvement Finance Trust (NHS LIFT)

*The NHS Plan* indicated the development of 500 one-stop primary care centres by 2004 as part of its commitment to invest in NHS facilities. It also committed the NHS to entering into a new public private partnership within an equity stake company to improve primary care premises in England.

Partnerships for Health is a fifty-fifty partnership capitalised by Partnerships UK, the former, and now privatised, Treasury Taskforce of which 51% is owned by financial institutions. Partnership UK and the Department of Health each contributed £5 million to procure the legal and financial advice, and create the legal, financial and organisation frameworks for NHS LIFT.

The aim of NHS LIFT is to help improve the primary care estate, providing empowerment and assistance to the regeneration of local communities by providing better healthcare facilities, through the establishment of LIFT Companies. They will own properties which they will rent or lease to GPs, dentists, pharmacists etc.<sup>189</sup>

NHS LIFT actively seeks to co-locate additional services and facilities to provide integration of services wherever possible. PCOs will have already undertaken a stocktake of primary care premises, in preparation for the development of their premises strategy, and to link in with the development of Strategic Service Development Plans (SSDPs), which may form part of the LDP.

Initially the Department of Health focused LIFT schemes on deprived inner city areas with high levels of health need and a disproportionately high number of sub-standard premises. However 51 projects, in four waves, have now been approved (see Appendix 10), although the final wave has not yet progressed to procurement stage. Further information about NHS LIFT can be found on the relevant pages of the Department of Health website at [www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT](http://www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT)

**ACTION POINT:**

Try and get pharmacy services included in the SSDP if they are not already.

Check whether your PCO is developing proposals to submit for the LIFT programme. If so make sure that the inclusion of pharmacy premises is not overlooked and full consultation takes place.

## Health Action Zones (HAZ)

The Health Action Zone initiative was announced in June 1997 and involved partnerships between the NHS, local authorities (including social services), community groups and the voluntary and business sectors. The aim of a HAZ is to develop and implement a health strategy to deliver, within their area, measurable improvements in public health and in the outcomes and quality of treatment and care. They are designed to trigger health action programmes by adopting a whole systems approach in deprived areas with poor health status and significant pressures on services.

Twenty-six areas were designated as Health Action Zones. PCOs HAZ funding is available until April 2006<sup>21</sup> so the main emphasis is now on evaluation and mainstreaming those initiatives supported by the programme. A number of HAZ areas developed innovative pharmacy projects. Community pharmacists in the Tyne and Wear HAZ were involved in one of the first minor ailment schemes.<sup>190</sup> Projects in the Manchester, Salford & Trafford and the Lambeth, Southwark and Lewisham HAZs have seen suitably trained community pharmacists providing emergency hormonal contraception (EHC) under a patient group direction (PGD).<sup>78-83</sup> The *National Strategy for Sexual Health and HIV* has highlighted these schemes, and the importance of pharmacies as an important access route for EHC. Pharmacists were also involved in funded smoking cessation projects in HAZs in Northumberland<sup>191</sup> Gateshead<sup>96</sup> and London.<sup>192</sup>

## NHS Institute for Innovation and Improvement and NaTPaCT

The NHS Modernisation Agency was established in April 2001 to support the NHS in England, and its partner organisations, in the task of modernising services and improving experiences and outcomes for patients. On 1<sup>st</sup> July 2005 it was superseded by the **NHS Institute for Innovation and Improvement**.

Created as a Special Health Authority on 1<sup>st</sup> July 2005, the NHS Institute for Innovation and Improvement will support the NHS and its workforce in accelerating the delivery of world-class health and healthcare for patients and public by encouraging innovation and developing capability at the frontline. Further details can be found at [www.institute.nhs.uk](http://www.institute.nhs.uk).

The National Primary and Care Trust Development Programme (NatPaCT) was established following the publication of *Shifting the Balance of Power* to provide organisational development support to PCOs. The NatPaCT programme ended on 31<sup>st</sup> March 2005 and most of its responsibilities for supporting the development of PCOs passed to SHAs.

Currently details of the Modernisation Agency programmes can still be found at [www.wise.nhs.uk](http://www.wise.nhs.uk) and at the archived NaTPaCT website [www.natpact.nhs.uk](http://www.natpact.nhs.uk). New websites have been created at [www.networks.nhs.uk](http://www.networks.nhs.uk), dealing with clinical networks, and at [www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk) which provides information about primary care contracting including information relevant to pharmacy.

## Landfill Tax Credit Scheme

The Landfill Tax Credit Scheme (LTCS) encourages and enables landfill operators to support a wide range of environmental projects by giving them a 90 per cent tax credit against their donations to Environmental Bodies up to a maximum of 6.5% of the operator's landfill tax liability. A very wide range of organisations may register as Environmental Boards and receive LTCS money.

DUMP campaigns in Buckinghamshire and Carlisle have been successful in attracting LTCS funding to promote the responsible disposal of unwanted medicines. In both cases funding has been secured in conjunction with the Environmental Services departments of their local authorities. Further information can be found at [www.ltcs.org.uk](http://www.ltcs.org.uk).

### **ACTION POINT:**

Talk to your local environmental services department about the possibility of working jointly to develop this type of scheme.

## European Funding

In some cases it may be possible to include proposals for pharmacy services within bids for European Union funding. Further details can be obtained from PSNC.

## Research & Development Funding

### Department of Health

The Department of Health invests in the region of £600 million on research each year through a number of programmes. There are four streams of funding:

- The **New and Emerging Applications of Technology (NEAT)** programme supports work which applies recent advances in fundamental knowledge and technology to the development of new products and interventions for improved health and social care or for disease prevention and treatment. (See [www.neatprogramme.org.uk](http://www.neatprogramme.org.uk)).
- The **Health Technology Assessment (HTA)** programme works to provide all those who make decisions in the NHS with high-quality information on the costs, effectiveness and broader impact of health care treatments and tests. (See [www.nchta.org](http://www.nchta.org)).
- The **Service Delivery and Organisation (SDO)** Programme is intended to consolidate and develop the evidence base on the organisation, management and delivery of health care services. (See [www.sdo.lshtm.ac.uk](http://www.sdo.lshtm.ac.uk)).
- The **Policy Research Programme (PRP)** commissions research to support a wide range of policy activity in health and social care, including healthy living and social well being, disease prevention, the organisation of the NHS, and strategies for treating particular diseases or conditions. (see [www.info.doh.gov.uk/doh/rd2policy.nsf/pages/home?open](http://www.info.doh.gov.uk/doh/rd2policy.nsf/pages/home?open)).

Some NHS R&D funds are used to help to improve capacity to undertake research - for example, the provision of Fellowships and Primary Care Awards. Details of the funding opportunities available can be found on each programme's website.

### Practice Research

#### Pharmacy Practice Research Trust

A number of pharmacy practice research awards are available. Through the Pharmacy Practice Research Trust, funding is available to support community pharmacists who wish to undertake research training. The Society also offers small grants to fund pharmacists wishing to conduct research relating to pharmacy practice.

Details can be found at [www.rpsgb.org.uk/members/pracres/index.html](http://www.rpsgb.org.uk/members/pracres/index.html).

## Community Pharmacy Research Consortium

The Consortium consists of the RPSGB, NPA, Company Chemists Association and Scottish Pharmaceutical General Council. Its remit is to develop, through co-operation and investment, a strong research base to inform community pharmacy policy and practice.

## Awards

### Community Pharmacy Development Awards

PSNC's Community Pharmacy Development Awards, worth up to £2,500, were launched in 2002 to promote the role of the community pharmacist. Open to LPCs, applications must relate to new initiatives or new developments of services currently being offered. Details can be found at [www.psn.org.uk](http://www.psn.org.uk).

### Pharmaceutical Care Awards

These annual awards are organised by the Pharmaceutical Journal and sponsored by GlaxoSmithKline. In recognition that the demarcation between pharmaceutical disciplines is becoming more blurred the awards are no longer divided into categories. Three awards are offered for new ideas or ways of working which have improved patient care and reflect the modern and dynamic face of pharmacy today. Details and an application form appear annually in the Pharmaceutical Journal.

### Community and Hospital Awards

The National Pharmacy Association (NPA), the Guild of Healthcare Pharmacists and Merck Sharp & Dohme offer a joint award for evidence-based pharmacy practice in the NHS. The award of £5,000 is made available for a joint project between community and hospital pharmacy, with an emphasis on developing quality and cost effectiveness in pharmacy practice. Details can be found at [www.ghp.org.uk](http://www.ghp.org.uk).

### Guidelines in Practice Awards

Every year Medendium Group Publishing offers a range of awards of between £3,000 and £7,000 which recognise innovative primary and shared care initiatives that implement national evidence-based clinical guidance in the NHS. There are a range of entry categories include medicines management, smoking cessation, older people and specific clinical areas such as asthma, diabetes and epilepsy. Details can be found at [www.eguidelines.co.uk](http://www.eguidelines.co.uk).

### Health and Social Care Awards

The Health and Social Care Awards offer NHS and social care staff the chance to highlight good ideas. Winners of the regional rounds each receive £1,000; winners of the national awards receive £15,000. Prize money must be spent on service development and sharing good practice. There are a range of entry categories including long-term conditions and care of the elderly. Details can be found at [www.healthandsocialcareawards.org](http://www.healthandsocialcareawards.org).

## Other Sources

A variety of other awards are offered from time to time. It is worth keeping an eye on the pharmaceutical publications for the announcement of these, as the period between the announcement and closing date can often be quite short.

## How to Apply for Funding

Applying for funding to develop additional services need not be a difficult process, but it does require considerable preparation to be successful, and may take a significant period of time between the initial idea and a service starting.

A number of articles have been published which provide advice to pharmacists about developing bids.<sup>167,193-199</sup> These provide a useful starting point if you are considering making a bid to your local funding organisations.

The most important part of preparing a funding proposal is to make sure the service is needed and that the need can be demonstrated, linking it to the key issues that it addresses for the organisation you are approaching for funding - such as NSF standards, local QOF results, NHS Plan targets etc. All PCOs will have undertaken a pharmaceutical needs assessment (PNA) in preparation for the new pharmacy contract, so gaps in local service provision can be identified through the results of this exercise.

It is also important to decide whether a bid is for funding a pilot scheme or the full-scale implementation of a national or local Enhanced service.

Before the formal submission of a proposal it is sensible to do some groundwork:

- approach local stakeholders for feedback on your ideas - exactly who will depend what you are hoping to develop
- start influencing key opinion leaders
- consider obtaining the views of some of the patients who may benefit
- ensure that you have the evidence you require to demonstrate a need - do a small scale pilot if necessary, or audit current practice to collect data
- make sure that resources are available from your intended funding organisation, and that your proposal meets the criteria for use of those resources.
- unless what you are proposing is very innovative, make sure that you use peer-reviewed evidence of best practice as the basis for what you are proposing. Carry out a literature review, or if you can't find any published data, try the PSNC database at [www.psn.org.uk/database](http://www.psn.org.uk/database)

### Keeping Ahead

The PSNC produces regular LPC Briefings and has a number of 'model bids' available which can be adapted to suit your local circumstances. Some service specifications are now available for national Enhanced services within the new pharmacy contract, with further specifications being developed.

If you are successful in your proposals you will need to keep up to date with current developments in the field. A list of useful information sources is contained in Appendix 11 and relevant websites in Appendix 12.

The “What’s New” section of the Department of Health’s website at [www.dh.gov.uk/NewsHome/WhatsNewOnTheSite/fs/en?CONTENT\\_ID=4015576&hk=JyeI9N](http://www.dh.gov.uk/NewsHome/WhatsNewOnTheSite/fs/en?CONTENT_ID=4015576&hk=JyeI9N) and the regular weekly Chief Executive’s Bulletin at [www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin](http://www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin) are particularly useful for keeping abreast of resources that become available nationally, and locally.

The Department’s publications library, which contains both publications and circulars - is searchable. Searching for terms such as “money” “funding” or “allocations” should identify relevant documents, press releases and web-pages [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary).

Also make sure you build a relationship with the relevant lead officers in your local PCOs such as Prescribing Advisers, the Director of Public Health, Commissioning Lead, and that pharmacist members of PCO Boards, Executive Committees, or PCO subcommittees are able to identify funding opportunities which may not obviously have a “pharmacy” label attached.

### Points to Cover in a Proposal

If you are asked to complete an application form, or to provide information under specific headings in your funding bid make sure that all elements are completed as fully as possible, using a PCO proforma if available. If it is not clear what is required in a particular section of an application, ask the relevant officers - it could make the difference to whether your application is considered or rejected!

### Establish a Need

If the service is not needed, the bid will probably be rejected, so it is important that all proposals are supported by evidence that demonstrates a need. This may be collected by undertaking a small-scale pilot (and include patient quotes if relevant) or by identifying gaps in service through a local health needs assessment. This would need to cover the following:

- what is the population being assessed ?
- why is the assessment topic a priority ?
- what is driving the process ?
- what are the fixed points and is there sufficient work to be undertaken ?
- what is happening locally that is relevant ?
- who should be involved in what is happening ?
- what are the resource implications ?
- what are the benefits of the service?

### National and Local Priorities

Make sure that you can relate the proposal you are making to the key issues for the particular organisation. Make the links to the relevant national priorities such as NSFs, NHS Plan targets, QOF, PCO performance indicators or local priorities identified in Local Delivery Plans.

Your proposal needs to be presented as a solution to the organisation's problems, not another problem for staff to think about.

### Clinical Effectiveness

Demonstrate that your proposal is based on the best clinical evidence and include references wherever possible. Ensure that the relevant training needs have been identified and that the proposals demonstrate how these will be met.

### Benefits

Clearly document the impact that you expect implementation to have on local services and wherever possible, on patient outcomes. Base these assumptions on published data wherever possible, including references.

Make sure the benefits that you quote are achievable and meaningful in the local context. Don't be tempted to make claims that can't be realised.

### Risk and Performance Management

Incorporate clinical governance principles into the proposal to make sure that the services are safe, appropriate and efficiently delivered.

Decide at the outset how you intend to monitor the service and what data on patients, interventions or referrals will need to be collected. How will this be collated and outcomes measured? Timescales and a review process will also need to be incorporated.

### Value for Money and Pricing

The price that an organisation will be prepared to pay for a service will be related to the value of the outcome to that organisation. Discussions therefore may need to be based on benefits not cost-driven pricing.

### Multidisciplinary approach

Proposals for the development of any service are likely to be more successful if they demonstrate a clear understanding of how pharmacy can contribute in relation to other elements of the NHS, and make appropriate links with other professionals.

For example think about the links between what you are offering and the single assessment process, community matrons, case management etc.

### Presenting Your Case

Be ready to make either formal or informal presentations. Try to make any presentation as professional as possible using presentational and word processing software as appropriate. Prepare a summary of points to leave with the PCO.

Make sure that you can produce relevant references to back up your claims, somebody is sure to ask for the details to satisfy themselves.

Get a champion within the PCO and ideally from another profession to support your case and engage with your local GPs.

## Costing Services

Less expensive services are more likely to be funded; however that is not necessarily reason to exclude a more comprehensive, well thought out service.

Agree standards with the purchaser - interventions with patients in a pharmacy or surgery setting will be less expensive than seeing them in their own home. If using a cost-driven formula break down the service into individual components, which include the manpower element and other resources.

For example:

- Manpower
  - Pharmacist / assistant / technician time (including time to prepare, write up notes / documentation)
    - Determine the cost per day (based on the annual salary, including NI, other company benefits etc)
    - Identify all the tasks that need to be completed and calculate how much of a day is needed to complete them
- Other Resources
  - Cost of equipment (non-disposable)
  - Costs of disposable equipment (MDS, gloves, sharps bins, lancets etc)
  - Private space, including furnishings if necessary
  - Documentation, telephone calls
  - Quality control
  - Advertising (prescription bag inserts, posters, window displays, local media, leaflet drop etc)
  - Travel costs, including petrol, insurance etc
  - Training costs, including venues, trainers, replacement costs (locums)
  - Costs associated with undertaking audit or getting a report written up

From these you should be able to arrive at a total figure including fixed and variable costs for the service. You need to be confident to be able to discuss them in detail and to be able to back up your assumptions.

## Implementation

Having secured funding you then need to set up and manage the service.

Make sure that you have a written agreement in place. If the service you are providing falls outside the recognised Enhanced services you will need to put in place a service level agreement (SLA) with the commissioning organisation. Further information about SLAs can be found in a PSNC briefing on the subject.<sup>200</sup>

Pharmacists providing extended services must make sure that they are adequately covered by indemnity insurance. Existing insurance arrangements may only cover the traditional professional activities, especially for locums. Also make sure that you are familiar with the relevant Code of Ethics<sup>201</sup> requirements, and any additional guidance issued by the RPSGB which is relevant to the service you are providing.

Tailor your training to the service you will be providing. Make sure that you build in clinical governance principles, embracing setting and maintaining standards, recording, monitoring and audit, continuing professional development, evidence based practice and risk management.

### So...Making it Happen

To start with, try to keep it simple, start with small discrete projects or developments which can be introduced within a relatively short timescale, and if these are successful move on to more ambitious plans. If applying to provide Enhanced services which a PCO wishes to commission, much of the groundwork will already have been covered in that there will be a service specification detailing exactly what you are expected to provide.

The commissioning organisation will want to see that the outcomes you are contracted to provide are delivered, so expect to be asked to provide regular monitoring information on performance indicators for the service. These may be crucial to ensuring that a service is sustained over a period of time as regular review will occur within the PCO's planning cycle to ensure that they are getting what they expect from the service you are providing and therefore remain willing to continue to commission the service.

The following checklist will help you make sure that you don't overlook anything.

- ✓ Decide what type of service you want to provide, making the relevant links to the NSF standards, PCO Local Delivery Plans and other national and local priorities.
- ✓ Identify a need for the service and how what you propose to do can assist this PCO to address its key issues.
- ✓ Make informal contact with individuals who you think will be able to give you support and feedback on your ideas.
- ✓ Identify any learning needs that you may have, and consider whether there is further training that you need to undertake to be in a stronger position to provide this type of service.
- ✓ Make sure that you are familiar with the current issues in the relevant service area.
- ✓ Consider if the service will need to be piloted first.

- ✓ Identify the key individual within the PCO to whom you should make a formal proposal. This will vary from one organisation to another. Draw up a formal proposal to provide services in your locality. Ideally the proposed service should be multidisciplinary involving integrated care plans and working in partnership with other professionals. This approach is more likely to be successful in obtaining funding and being incorporated into the Local Delivery Plans.
- ✓ Put together a proposed implementation plan with timed milestones of delivery.
- ✓ If you are bidding to provide an Enhanced service make sure that you are completely familiar with the service specification, how you can meet its requirements and what you will be expected to provide to the PCO in terms of performance monitoring.

## Conclusion

Although this resource pack provides information on a number of sources of funding, knowing what resources are available is only the start of the process of enhancing local pharmaceutical services.

Developing sustainable relationships with the key stakeholders in relevant organisations, and being able to rely on them to consider pharmacy as a potential solution to their challenges will require time and effort. However the opportunities are well worth the investment.

# Appendices

## New Pharmacy Contract

### Essential Services

- **Dispensing of Medicines** - the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable their safe and effective use
  - where appropriate this will include adjustments to service provision arising from the requirements of the Disability Discrimination Act 1995
- **Repeat Dispensing** - the management and dispensing of repeatable NHS prescriptions in partnership with the patient and the prescriber
- **Disposal of Unwanted Medicines** returned to the pharmacy by individual patients or residential (but not nursing) homes
- **Promotion of Healthy Lifestyles** either as part of specific campaigns or linked to the presentation of prescriptions where the patient has diabetes, coronary heart disease, smokes, or is overweight
- **Signposting** - provision of information about other health and social care providers and support organisations
- **Support for self-care** - provision of advice to people caring for themselves or their families, on treatment options or changes to lifestyle
- **Clinical Governance** will underpin all elements of the services provided

### Advanced Services

- **Medicines Use Review and Prescription Intervention Service** where, with the patient's agreement, the pharmacist will improve his or her knowledge and use of drugs, by in particular
  - establishing the patient's actual use, understanding and experience of taking drugs
  - identifying, discussing and resolving poor or ineffective use of drugs by the patient
  - identifying side effects and drug interactions that may affect the patient's compliance with instructions given to him by a health care professional for the taking of drugs
  - improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

Service provision is subject to accreditation of the pharmacist, provision of a consultation area and the pharmacist satisfactorily complying with all obligations to provide essential services and to have an acceptable system of clinical governance.

## Enhanced Services

- **Anticoagulant Monitoring Service** to test the patient's blood clotting time, review the results and adjust (or recommend the adjustment to) the anticoagulant dose accordingly
- **Care Home Service** which will provide advice and support to residents and staff in a care home relating to:
  - the proper and effective ordering of drugs and appliances for the benefit of residents in the care home
  - the clinical and cost effective use of drugs
  - the proper and effective administration of drugs and appliances in the care home
  - the safe and appropriate storage and handling of drugs and appliances
  - the recording of drugs and appliances ordered, handled, administered, stored or disposed of
- **Disease Specific Medicines Management Service** intended to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional
- **Gluten Free Food Supply Service** to supply gluten free foods to patients
- **Home Delivery Service** to deliver drugs and appliances to patients at their home
- **Language Access Service** intended to provide, either orally or in writing, advice and support to patients in a language understood by them relating to:
  - drugs which they are using
  - their health
  - general health matters relevant to themand where appropriate referral to another health care professional
- **Medication Review Service** where the pharmacist will:
  - conduct a review of the medicines used by a patient, including on the basis of information and test results included in the patient's care record with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient
  - advise and support a patient regarding his use of medicines including encouraging the active participation of the patient in advice and decision making relating to his use of drugs
  - where appropriate, refer the patient to another health care professional

**Medicines Assessment and Compliance Support Service** where the pharmacist will:

- assess the knowledge of, compliance with, and use of, medicines by vulnerable patients and patients with special needs
- offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of medicines with a view to improving the patient's knowledge of, compliance with, and use of, such drugs
- **Minor Ailment Scheme** to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply medicines to them for the treatment of the minor ailment
- **Needle and Syringe Exchange Service** intended to:
  - provide sterile needles, syringes and associated materials to the service user
  - receive from the service user syringes, used needles and associated materials
  - offer advice to the service user and where appropriate refer to another health care professional or a specialist drug treatment centre
- **On Demand Availability of Specialist Drugs Service** where the pharmacist will ensure that patients or health care professionals have prompt access to specialist drugs
- **Out of Hours Services** in which the pharmacist will dispense medicines and appliances in the out-of-hours period (whether or not for the whole of the out-of-hours period)
- **Patient Group Direction Service** where the pharmacist will supply a prescription only medicine to a patient under a Patient Group Direction
- **Prescriber Support Service** intended to provide support to health care professionals who prescribe medicines, and in particular to offer advice on:
  - the clinical and cost effective use of medicines
  - prescribing policies and guidelines
  - repeat prescribing
- **Schools Service** to provide advice and support to children and staff in schools relating to:
  - the clinical and cost effective use of medicines in the school
  - the proper and effective administration and use of medicines and appliances in the school
  - the safe and appropriate storage and handling of medicines and appliances

- the recording of medicines and appliances ordered, handled, administered, stored or disposed of
- **Screening Service** intended to:
  - identify patients at risk of developing a specified disease or condition
  - offer advice regarding testing for a specified disease or condition
  - carry out such a test with the patient's consent
  - offer advice following a test and referral to another health care professional where appropriate
- **Stop Smoking Service** intended to:
  - advise and support patients wishing to give up smoking
  - where appropriate, to supply appropriate medicines and aids
- **Supervised Administration Service** where the pharmacist will supervise the administration of prescribed medicines in the pharmacy
- **Supplementary Prescribing Service** where a pharmacist who is a supplementary prescriber, with the agreement of an independent prescriber and patient, will implement a clinical management plan.

*Source: The National Health Service (Pharmaceutical Services) Regulations 2005 and the Pharmaceutical Services (Advanced and Enhanced Services)(England) Directions 2005.*

## New General Medical Service Contract

### Essential Services

- **Management of Patients who are ill or believe themselves to be ill**, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable
- General management of patients who are **terminally ill**
- **Management of chronic disease** in the manner determined by the practice, in discussion with the patient.

### Additional Services

- **cervical screening** - the performance of cervical screening tests on women who have agreed to participate in that Programme, arranging for women to be informed of the results of the test, and ensuring that test results are followed up appropriately
- **contraceptive services** - providing advice and treatment about the full range of contraceptive methods, including sexual health promotion referral as necessary for specialist sexual health services
- **vaccinations and immunisations** - providing vaccinations and immunisations excluding childhood vaccinations and immunisations and influenza vaccination
- **childhood vaccinations and immunisations** - providing all vaccinations and immunisations to children
- **child health surveillance** - provision of services in respect of any child under the age of five to monitor their health, well-being and physical, mental and social development
- **maternity services** - to provide to female patients and their babies all necessary maternity medical services throughout the antenatal and postnatal period but excluding intra partum care
- **minor surgery** - to undertake the procedures of curettage, cautery, cryocautery of warts and verrucae, and other skin lesions.

### Directed Enhanced Services

- Access to general medical services
- Childhood immunisations
- Influenza immunisation
- Minor surgery
- Quality information preparation
- Services to support staff dealing with violent patients

## National Enhanced Services

- Anti-coagulation monitoring
- Enhanced care of the homeless
- Intra-partum care
- Intra-uterine contraceptive device fitting
- Minor injury services
- Specialised services for patient with multiple sclerosis
- Specialised sexual health services
- Service for patients who are alcohol misusers
- Services for patients suffering from drug misuse
- Near-patient testing
- Immediate care and first response care
- Specialised care for patients with depression
- Innovative out-of-hours schemes

## Quality and Outcomes Framework (QOF)

The framework contains four **domains**. Each domain contains a range of **areas** described by key **indicators**. The indicators describe different aspects of performance. The four domains are:

- clinical domain - contains ten disease areas:
  - coronary heart disease (CHD) & left ventricular dysfunction (LVD)
  - stroke and transient ischaemic attacks (TIA)
  - hypertension
  - hypothyroidism
  - diabetes
  - mental health
  - chronic obstructive pulmonary disease (COPD)
  - asthma
  - epilepsy
  - cancer
- (ii) organisational domain - contains five areas:
  - records and information
  - communicating with patients
  - education and training
  - (d) medicines management

- (e) clinical and practice management.
- (iii) additional services domain - contains four areas:
  - cervical screening
  - child health surveillance
  - maternity services
  - contraceptive services.
- (iv) patient experience domain - contains two areas:
  - patient survey
  - consultation length.

## Public Service Agreement Targets

Priority	Target
I. Improve the Health of the Population	<p>Improve the health of the population. By 2010 increase life expectancy at birth in England to 78.6 years for men and 82.5 years for women.</p> <ul style="list-style-type: none"> <li>● Substantially reduce mortality rates by 2010 (from the <i>Our Healthier Nation</i> baseline 1995-97) <ul style="list-style-type: none"> <li>- from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole</li> <li>- from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole</li> <li>- from suicide and undetermined injury by at least 20%.</li> </ul> </li> <li>● Reduce health inequalities by 10% by 2010 (from a 1997-99 baseline) as measured by infant mortality and life expectancy at birth.</li> <li>● Tackle the underlying determinants of ill health and health inequalities by: <ul style="list-style-type: none"> <li>- reducing adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups<sup>1</sup> (from 31% in 2002) to 26% or less;</li> <li>- halting the year-on-year rise in obesity among children under 11 by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole. (Joint target with the Department for Education and Skills and the Department of Culture, Media and Sport); and</li> <li>- reducing the under-18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health. (Joint target with the Department for Education and Skills.)</li> </ul> </li> </ul>
II. Supporting People with Long-Term Conditions	<ul style="list-style-type: none"> <li>● To improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the expected 2003/04 baseline), through improved care in primary care and community settings for people with long-term conditions.</li> </ul>
III. Access to Services	<ul style="list-style-type: none"> <li>● To ensure that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment.</li> <li>● Increase the participation of problem drug users in drug treatment programmes by 100% by 2008 (from a 1998 baseline); and increase year on year the proportion of users successfully sustaining or completing treatment programmes.</li> </ul>
IV. Patient/User Experience	<ul style="list-style-type: none"> <li>● Secure sustained national improvements in NHS patient experience by 2008, ensuring that individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys. The experiences of black and minority ethnic groups will be specifically monitored as part of these surveys.</li> <li>● Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by: <ul style="list-style-type: none"> <li>- increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and</li> <li>- increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.</li> </ul> </li> <li>● Achieve year on year reductions in MRSA levels, expanding to cover other health care associated infections as data from mandatory surveillance becomes available</li> </ul>

Priority	Target
Existing Commitments	<ul style="list-style-type: none"> <li>● Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005, and a comprehensive Child and Adolescent Mental Health Service by 2006.</li> <li>● Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose the hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four to five different health care providers for planned hospital care, paid for by the NHS.</li> <li>● Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005.</li> <li>● Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005.</li> <li>● 800,000 smokers from all groups successfully quitting at the 4-week stage by 2006.</li> <li>● In primary care, update practice-based registers so that patients with CHD and diabetes continue to receive appropriate advice and treatment in line with NSF standards and, by March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of CHD, particularly those with hypertension, diabetes and a BMI greater than 30.</li> <li>● A minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by 2006, and 100% by 2007.</li> <li>● Achieve a maximum wait of 3 months for an outpatient appointment by December 2005.</li> <li>● Achieve a maximum wait of 6 months for inpatients by December 2005.</li> <li>● Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.</li> <li>● Delayed transfers of care to reduce to a minimal level by 2006.</li> </ul>

## Prescribing Incentive Schemes

### Authorised Purposes of Prescribing Incentive Payments

1. The purchase of material or equipment which is to be used for the treatment of patients of the members of the practice including diagnostic equipment, ECG machines, blood testing equipment, sterilisers, nebulisers, fetal heart detectors, cryothermic probes and defibrillators.
2. Payments to dieticians or counsellors providing advice on diet, life-style, alcohol consumption or smoking.
3. The purchase of material or equipment which will enhance the comfort or convenience of patients of members of the practice including furniture, furnishings, security features, heating/air conditioning or vending machines for the practice.
4. The purchase of computers including hardware and software.
5. Non-recurring staff costs.
6. Initiatives to improve prescribing.
7. The purchase of materials or equipment relating to health education including television, videos, leaflets and posters and payment for advice on how best to disseminate health education advice to patients.

### Purposes on which prescribing incentive payments may not be spent

1. The purchase of services or equipment which are unconnected with health care.
2. To reduce a practice's contribution to the employment costs of existing practice staff.
3. The purchase of land or premises.
4. To pay off existing loans taken out by the members of the practice.
5. The purchase of drugs, medicines or appliances.
6. The purchase of hospital services.

*Source: The National Health Service (Health Authorities in England) (Prescribing Incentive Schemes) Directions. 31<sup>st</sup> March 2000*

## The Spearhead Group of Local Authorities and PCOs

SHA	PCO	Local Authority	male life expectancy at birth	female life expectancy at birth	cancer mortality rate (under 75s)	cardiovascular disease mortality rate (under 75s)	Index of Multiple Deprivation	
Northumberland, Tyne & Wear	Gateshead	Gateshead	✓	✓	✓	✓	✓	
	Newcastle	Newcastle upon Tyne	✓	✓	✓	✓	✓	
	North Tyneside	North Tyneside	✓	✓	✓	✓		
	South Tyneside	South Tyneside	✓	✓	✓	✓	✓	
	Sunderland	Sunderland	✓	✓	✓	✓	✓	
	Northumberland (Part)	Blyth Valley		✓	✓	✓	✓	
		Wansbeck		✓	✓	✓	✓	✓
County Durham & Tees Valley	Hartlepool	Hartlepool	✓	✓	✓	✓	✓	
	Middlesbrough	Middlesbrough	✓	✓	✓	✓	✓	
	Langbaugh	Redcar & Cleveland	✓	✓	✓	✓	✓	
	North Tees	Stockton-on-Tees	✓	✓	✓	✓		
	Durham & Chester-le-Street (Part)	Chester-le-Street	✓	✓	✓	✓		
	Derwentside	Derwentside	✓	✓	✓	✓	✓	
	Easington	Easington	✓	✓	✓	✓	✓	
	Sedgefield	Sedgefield	✓	✓	✓	✓	✓	
	Durham Dales (Part)	Wear Valley	✓	✓	✓	✓	✓	

SHA	PCO	Local Authority	male life expectancy at birth	female life expectancy at birth	cancer mortality rate (under 75s)	cardiovascular disease mortality rate (under 75s)	Index of Multiple Deprivation
Cumbria & Lancashire	Blackburn with Darwen	Blackburn with Darwen	✓	✓	✓	✓	✓
	Blackpool	Blackpool	✓	✓	✓	✓	✓
	Morecambe Bay (Part)	Barrow-in-Furness	✓	✓	✓	✓	✓
	Eden Valley (Part)	Carlisle	✓	✓	✓	✓	
	Carlisle & District (Part)						
	Burnley, Pendle & Rossendale	Burnley	✓	✓		✓	✓
		Pendle	✓	✓		✓	✓
		Rossendale	✓	✓	✓	✓	
	Hyndburn & Ribble Valley (Part)	Hyndburn	✓	✓	✓	✓	
Preston (Part)	Preston	✓	✓		✓	✓	
Greater Manchester	Bolton	Bolton	✓	✓		✓	✓
	Bury	Bury	✓	✓	✓	✓	
	South Manchester	Manchester					
	Central Manchester		✓	✓	✓	✓	✓
	North Manchester						
	Oldham	Oldham	✓	✓	✓	✓	✓
	Rochdale	Rochdale	✓	✓	✓	✓	✓
	Heywood & Middleton						
	Salford	Salford	✓	✓	✓	✓	✓
	Tameside & Glossop (Part)	Tameside	✓	✓	✓	✓	✓
Ashton, Leigh & Wigan	Wigan	✓	✓	✓	✓	✓	

SHA	PCO	Local Authority	male life expectancy at birth	female life expectancy at birth	cancer mortality rate (under 75s)	cardiovascular disease mortality rate (under 75s)	Index of Multiple Deprivation
Cheshire & Merseyside	Knowsley	Knowsley	✓	✓	✓	✓	✓
	North Liverpool	Liverpool	✓	✓	✓	✓	✓
	Central Liverpool						
	South Liverpool						
	St Helens	St Helens	✓	✓	✓	✓	✓
	Bebington & West Wirral	Wirral	✓		✓		✓
	Birkenhead & Wallasey						
	Halton	Halton	✓	✓	✓	✓	✓
Warrington	Warrington	✓	✓		✓		
North & East Yorkshire and North Lincolnshire	Eastern Hull	Kingston upon Hull	✓	✓	✓	✓	✓
	West Hull						
	North East Lincolnshire (Part)	North East Lincolnshire	✓		✓		✓
West Yorkshire	Airedale	Bradford	✓	✓		✓	✓
	Bradford City						
	Bradford South & West						
	North Bradford						
	Eastern Wakefield	Wakefield	✓	✓		✓	✓
	Wakefield West						
Trent	Nottingham City	Nottingham	✓	✓	✓	✓	✓
	North Eastern Derbyshire (Part)	Bolsover		✓	✓		✓
	West Lincolnshire (Part)	Lincoln	✓	✓		✓	

SHA	PCO	Local Authority	male life expectancy at birth	female life expectancy at birth	cancer mortality rate (under 75s)	cardiovascular disease mortality rate (under 75s)	Index of Multiple Deprivation
South Yorkshire	Barnsley	Barnsley	✓	✓	✓	✓	✓
	Doncaster Central	Doncaster	✓	✓	✓	✓	✓
	Doncaster East						
	Doncaster West						
Rotherham	Rotherham		✓	✓	✓	✓	
Leicestershire, Northamptonshire & Rutland	Leicester City West	Leicester	✓	✓		✓	✓
	Eastern Leicester						
	Northamptonshire Heartlands (Part)	Corby	✓	✓	✓	✓	
Shropshire & Staffordshire	North Stoke (Part)	Stoke-on-Trent	✓	✓	✓	✓	✓
	South Stoke (Part)						
	Burntwood, Lichfield & Tamworth (Part)	Tamworth	✓		✓	✓	
Birmingham & the Black Country	South Birmingham	Birmingham	✓	✓		✓	✓
	North Birmingham						
	Heart of Birmingham						
	Eastern Birmingham						
	Oldbury & Smethwick	Sandwell	✓	✓	✓	✓	✓
	Rowley Regis & Tipton						
	Wednesbury & West Bromwich						
	Walsall	Walsall	✓			✓	✓
Wolverhampton City	Wolverhampton	✓	✓		✓	✓	

SHA			male life expectancy at birth	female life expectancy at birth	cancer mortality rate (under 75s)	cardiovascular disease mortality rate (under 75s)	Index of Multiple Deprivation
	PCO	Local Authority					
West Midlands South	Coventry	Coventry	✓	✓		✓	✓
	North Warwickshire (Part)	Nuneaton & Bedworth		✓	✓	✓	
North West London	Hammersmith & Fulham	Hammersmith & Fulham	✓		✓		✓
North Central London	Haringey	Haringey	✓	✓		✓	✓
	Islington	Islington	✓	✓	✓	✓	✓
North East London	Barking & Dagenham	Barking & Dagenham	✓	✓	✓	✓	✓
	City & Hackney (Part)	Hackney	✓		✓	✓	✓
	Newham	Newham	✓	✓	✓	✓	✓
	Tower Hamlets	Tower Hamlets	✓	✓	✓	✓	✓
South East London	Greenwich	Greenwich	✓	✓	✓	✓	✓
	Lambeth	Lambeth	✓	✓	✓	✓	✓
	Lewisham	Lewisham	✓	✓	✓	✓	✓
	Southwark	Southwark	✓	✓	✓		✓

## Communities for Health

Local Authority	Reducing smoking	Obesity	Improving sexual health	Improving mental health & well-being	Developing the workforce	Promoting personal health	Encouraging sensible drinking	Children & young people	Older people
Barnsley Metropolitan Borough Council	✓	✓			✓		✓	✓	
Bradford	✓					✓		✓	
London Borough of Camden		✓			✓	✓			
Coventry City Council						✓			
London Borough of Croyden		✓		✓		✓			✓
Dorset County Council	✓		✓			✓			✓
Gateshead		✓			✓	✓		✓	✓
Greenwich						✓			
London Borough of Hammersmith		✓	✓	✓	✓	✓			✓
Islington PCT	✓								
Kirklees Metropolitan Council	✓	✓		✓	✓	✓		✓	✓
Knowsley Health and Social Care			✓						
Manchester City Council	✓		✓			✓			✓
Nottingham City Council						✓			
Portsmouth City Council						✓		✓	✓
Sheffield City Council	✓					✓			
Stockton-on-Tees Borough Council	✓	✓	✓			✓		✓	
Wigan Borough Council	✓	✓	✓	✓		✓		✓	✓
Wolverhampton City Council	✓					✓		✓	

## Neighbourhood Renewal Fund Areas

(Local Authorities)

<b>A</b>	Allerdale Ashfield	<b>K</b>	Kensington & Chelsea Kerrier Kingston upon Hull Kirklees Knowsley
<b>B</b>	Barking & Dagenham Barnsley Barrow-in-Furness Birmingham Blackburn with Darwen Blackpool Bolsover Bolton Bradford Brent Brighton & Hove Bristol Burnley	<b>L</b>	Lambeth Leeds Leicester Lewisham Lincoln Liverpool Luton
<b>C</b>	Camden Coventry Croydon	<b>M</b>	Manchester Mansfield Middlesbrough
<b>D</b>	Derby Derwentside Doncaster Dudley	<b>N</b>	Newcastle upon Tyne Newham North Tyneside Nottingham
<b>E</b>	Ealing Easington Enfield	<b>O</b>	Oldham
<b>G</b>	Gateshead Great Yarmouth Greenwich	<b>P</b>	Pendle Penwith Plymouth Portsmouth Preston
<b>H</b>	Hackney Halton Hammersmith & Fulham Haringey Hartlepool Hastings Hyndburn	<b>R</b>	Redcar and Cleveland Rochdale Rotherham
<b>I</b>	Islington	<b>S</b>	Salford Sandwell Sedgefield Sefton Sheffield South Tyneside Southampton Southwark

St Helens  
Stockton-on-Tees  
Stoke-on-Trent  
Sunderland

T Tameside  
Tower Hamlets

W Wakefield  
Walsall  
Waltham Forest  
Wandsworth  
Wansbeck  
Wear Valley  
Westminster  
Wigan  
Wirral  
Wolverhampton

## Medicines Management Programme Sites

### Medicines Management Scheme (MMS) Sites

- |  |   |
|--|---|
| <p><b>A</b> Amber Valley PCT<br/>Ashfield PCT<br/>Ashford PCT</p> <p>Bassetlaw PCT</p> <p><b>B</b> Bath &amp; North East Somerset PCT<br/>Bexley PCT<br/>Birkenhead &amp; Wallasey PCT<br/>Blackburn with Darwen PCT<br/>Bootle &amp; Litherland PCT<br/>Bracknell Forest PCT<br/>Bristol North PCT<br/>Bristol South &amp; West PCT<br/>Broadland PCT<br/>Broxtowe &amp; Hucknall PCT<br/>Burntwood, Lichfield &amp; Tamworth PCT</p> <p><b>C</b> Camden PCT<br/>Carlisle &amp; District PCT<br/>Castle Point &amp; Rochford PCT<br/>Central Cheshire PCT<br/>Central Cornwall PCT<br/>Central Liverpool PCT<br/>Central Suffolk PCT<br/>Cheltenham &amp; Tewkesbury PCT<br/>Chesterfield PCT<br/>Colchester PCT<br/>Cotswold &amp; Vale PCT<br/>Coventry PCT<br/>Croydon PCT</p> <p><b>D</b> Derwentside PCT<br/>Doncaster Central PCT<br/>Durham &amp; Chester-le-Street PCT</p> <p><b>E</b> Ealing PCT<br/>Easington PCT<br/>East Cambridgeshire &amp; Fenland PCT<br/>East Hampshire PCT<br/>East Kent Coastal PCT<br/>East Lincolnshire PCT<br/>East Staffordshire PCT<br/>East Yorkshire PCT<br/>Eastern Cheshire PCT North</p> | <p>Eastern Leicester PCT<br/>Eastern Wakefield PCT<br/>Eastleigh &amp; Test Valley South PCT<br/>Eden Valley PCT<br/>Erewash PCT<br/>Exeter PCT</p> <p><b>F</b> Fareham &amp; Gosport PCT</p> <p><b>G</b> Gedling PCT<br/>Great Yarmouth PCT<br/>Greenwich PCT<br/>Guildford &amp; Waverley PCT</p> <p><b>H</b> Halton PCT<br/>Haringey PCT<br/>Hartlepool PCT<br/>Heywood &amp; Middleton PCT<br/>Hounslow PCT<br/>Huddersfield Central PCT<br/>Huntingdonshire PCT<br/>Hyndburn &amp; Ribble Valley PCT</p> <p><b>K</b> Kingston PCT<br/>Knowsley PCT</p> <p><b>L</b> Lambeth PCT<br/>Langbaugh PCT<br/>Leeds North East PCT<br/>Leicester City West PCT<br/>Lewisham PCT<br/>Luton PCT</p> <p><b>M</b> Mansfield PCT<br/>Medway PCT<br/>Mendip PCT<br/>Middlesbrough PCT<br/>Mid Devon PCT</p> <p><b>N</b> New Forest PCT<br/>Newark &amp; Sherwood PCT<br/>Newcastle PCT<br/>North Birmingham PCT</p> |
|--|---|

	North Birmingham PCT		South Stoke PCT
	North Bradford PCT		South Warwickshire PCT
	North Devon PCT		South West Dorset PCT
	North Dorset PCT		South West Kent PCT
	North East Lincolnshire PCT		South Wiltshire PCT
	North Eastern Derbyshire PCT		Southampton City PCT
	North Manchester PCT		Southend on Sea PCT
	North Peterborough PCT		Southern Norfolk PCT
	North Sheffield PCT		Southport & Formby PCT
	North Surrey PCT		Southwark PCT
	North Warwickshire PCT		St Helens PCT
	Northamptonshire Heartlands PCT		Stockport PCT
	Northumberland Care Trust		Suffolk West PCT
	Nottingham City PCT		Sutton & Merton PCT
<b>P</b>	Plymouth PCT	<b>T</b>	Taunton Deane PCT
<b>R</b>	Redbridge PCT		Telford & Wrekin PCT
	Redditch & Bromsgrove PCT		Torbay PCT
	Richmond & Twickenham PCT	<b>W</b>	Wakefield West PCT
	Rugby PCT		Walthamstow, Leyton & Leytonstone PCT
	Rushcliffe PCT		Wandsworth PCT
<b>S</b>	Sheffield South West PCT		Warrington PCT
	Sheffield West PCT		Watford & Three Rivers PCT
	Shropshire County PCT		Waveney PCT
	Slough PCT		Welwyn Hatfield PCT
	Somerset Coast PCT		West Cumbria PCT
	South & East Dorset PCT		West Gloucestershire PCT
	South Birmingham PCT		West Lancashire PCT
	South East Hertfordshire PCT		West Lincolnshire PCT
	South East Sheffield PCT		West Norfolk PCT
	South Gloucestershire PCT		West of Cornwall PCT
	South Leeds PCT		Westminster PCT
	South Liverpool PCT		Wolverhampton City PCT
	South Peterborough PCT		Wycombe PCT
	South Sefton PCT		Wyre Forest PCT

## Community Pharmacy Framework Collaborative (CPFC) Sites

Amber Valley PCT	Milton Keynes PCT
Burntwood, Lichfield & Tamworth PCT	Newham PCT
Bristol North PCT	Portsmouth City PCT
Carlisle & District PCT	Rugby PCT
Central Suffolk PCT	South East Sheffield PCT
Durham & Chester-le-Street PCT	South West Dorset PCT
East Leeds PCT	South West Kent PCT
Eastern Birmingham PCT	St Helens PCT
Gateshead PCT	Stockport PCT
Haringey PCT	Sutton & Merton PCT
Hinckley & Bosworth PCT	Tendring PCT
Lambeth PCT	Welwyn & Hatfield PCT
Mid Devon PCT	West Hull PCT
Mid Sussex PCT	Westminster PCT

## Local Pharmaceutical Services Pilot Sites

### First Wave Sites

- Ashton, Leigh & Wigan PCT
- Central, North & South Manchester
- Northumberland PCT
- Salford PCT

### Second Wave Sites

- Blackpool PCT
- Brighton & Hove PCT
- Camden PCT
- Central Liverpool PCT
- Chesterfield PCT
- Harrow PCT
- Lambeth PCT
- Lewisham PCT
- Northumberland Care Trust
- South Liverpool PCT
- Southwark PCT
- St Helens PCT
- Trafford PCT
- Wandsworth PCT

### Third Wave Sites

- Bebington & West Wirral PCT
- Birkenhead & Wallasey PCT
- Eastern Hull PCT
- North Somerset PCT
- Northumberland Care Trust
- Salford PCT
- Wandsworth PCT
- Warrington PCT
- West Lancashire PCT

### Fourth Wave Sites

- Bromley PCT
- Eastbourne Downs PCT
- Kensington & Chelsea PCT
- North Somerset PCT

## LIFT Schemes

### First Wave Sites

- **Barnsley**  
Barnsley PCT
- **Camden & Islington**  
Camden PCT  
Islington PCT
- **East London & City**  
Newham PCT  
Tower Hamlets PCT  
City & Hackney PCT
- **Manchester, Salford & Trafford**  
Salford PCT  
North Manchester PCT  
South Manchester PCT  
Central Manchester PCT  
Trafford North PCT  
Trafford South PCT
- **Newcastle & North Tyneside**  
North Tyneside PCT  
Newcastle PCT
- **Sandwell**  
Rowley Regis & Tipton PCT  
Wednesbury & West Bromwich PCT  
Oldbury & Smethwick PCT

### Second Wave Sites

- **Barking & Havering**  
Barking & Dagenham PCT  
Havering PCT
- **Birmingham**  
Eastern Birmingham PCT  
Heart of Birmingham PCT  
North Birmingham PCT  
South Birmingham PCT  
Solihull PCT
- **Bradford**  
Bradford City PCT  
Airdale PCT  
Bradford South & West PCT
- **Cornwall & Isles of Scilly**  
West of Cornwall PCT  
Central Cornwall PCT  
North & East Cornwall PCT
- **Coventry**  
Coventry PCT  
Hillfields PCT  
Longford PCT  
Cheylesmore PCT  
Canley PCT
- **East Lancashire**  
Blackburn with Darwen PCT  
Hynburn & Ribble Valley PCT  
Burnley PCT
- **Hull**  
East Hull PCT  
West Hull PCT  
Hull & East Riding PCT
- **Leicester**  
Leicester City West PCT  
Eastern Leicester PCT
- **Liverpool/Sefton**  
Southport & Formby PCT  
South Sefton PCT  
North Liverpool PCT  
South Liverpool PCT  
Central Liverpool PCT
- **North Staffordshire**  
North Stoke PCT  
South Stoke PCT  
Staffordshire Moorlands PCT  
Newcastle-under-Lyme PCT
- **Redbridge & Waltham Forest**  
Walthamstow, Leyton & Leytonstone PCT  
Redbridge PCT  
Chingford, Wanstead & Woodford PCT

## Third Wave Sites

- **Ashfield**
  - Bassetlaw PCT
  - Mansfield District PCT
  - Newark & Sherwood PCT
  - Ashfield PCT
- **Ashton, Leigh & Wigan**
  - Ashton, Leigh & Wigan PCT
  - Barnet, Enfield & Haringey
  - Haringey PCT
  - Enfield PCT
  - Barnet PCT
- **Brent & Harrow**
  - Brent PCT
  - Harrow PCT
  - Hillingdon PCT
- **Bristol**
  - Bristol South & West PCT
  - Bristol North PCT
- **Bromley, Bexley & Greenwich**
  - Bromley PCT
  - Bexley PCT
  - Greenwich PCT
- **Colchester & Tendring**
  - Colchester PCT
  - Tendring PCT
- **Derby**
  - Derby Dales & South Derbyshire PCT
  - Amber Valley PCT
  - Erewash PCT
  - Greater Derby PCT
  - Central Derby PCT
- **Doncaster**
  - Doncaster West PCT
  - Doncaster Central PCT
  - Doncaster East PCT
- **Dudley**
  - Dudley South PCT
  - Dudley Beacon & Castle PCT
- **Ealing, Hammersmith & Hounslow**
  - Ealing PCT
  - Hammersmith & Fulham PCT
  - Hounslow PCT
- **East Hampshire, Fareham & Gosport**
  - East Hampshire PCT
  - Fareham & Gosport PCT
- **Lambeth, Southward, & Lewisham**
  - Lambeth PCT
  - Lewisham PCT
  - Southwark PCT
- **Leeds**
  - Leeds West PCT
  - Leeds North West PCT
  - Leeds North East PCT
  - East Leeds PCT
  - South Leeds PCT
- **Norfolk**
  - North Norfolk PCT
  - Southern Norfolk PCT
  - West Norfolk PCT
  - Suffolk West PCT
- **Oldham**
  - Oldham PCT
- **Oxford**
  - Oxford City PCT
- **Plymouth**
  - Plymouth PCT
- **SE Sheffield**
  - North Sheffield PCT
  - Sheffield West PCT
  - Sheffield South West PCT
- **South West London**
  - Kingston PCT
  - Richmond & Twickenham PCT
  - Wandsworth PCT
  - Croydon PCT
  - Sutton & Merton PCT
- **Tees Valley**
  - Middlesbrough PCT
  - Hartlepool PCT
  - North Tees PCT
  - Easington PCT
  - Durham Dales PCT
  - Sedgefield PCT
- **Wolverhampton/Walsall**
  - Wolverhampton PCT
  - Walsall PCT

**Fourth Wave Sites** (currently at pre-tender stage)

- Bury, Tameside & Glossop
- Kensington & Chelsea Rochdale, Bolton and
- Heywood & Middleton
- South East Essex
- South East Midlands
- South Midlands
- South West Hampshire
- Sustainable Communities in Kent
- Wiltshire

## Information Sources

### Pharmaceutical Services Negotiating Committee (PSNC)

PSNC has negotiated the new community pharmacy contract and is the source of information on these new arrangements and associated funding. PSNC also gives advice on NHS service development, Drug Tariff issues and regulatory matters. Support for new and existing services is available through information from the Community Pharmacy Services Database, and a range of models bids and resource packs available at [www.psn.org.uk](http://www.psn.org.uk)

Contact: Barbara Parsons, Head of Pharmacy Practice, Pharmaceutical Services Negotiating Committee, 59 Buckingham Street, Aylesbury, Buckinghamshire, HP20 2PJ. (☎ 01296 438404)

E-mail: [barbara.parsons@psnc.org.uk](mailto:barbara.parsons@psnc.org.uk)

### National Prescribing Centre

A variety of publications, including MeReC, is available for pharmacists providing prescribing support and supplementary prescribing. Copies of Competency Frameworks and other documents can be downloaded from their website ([www.npc.co.uk](http://www.npc.co.uk)). NPC also maintain a database of prescribing advisers.

Contact: The Infirmary, 70 Pembroke Place, Liverpool, L69 3GF. (☎ 0151 794 8134)

### Royal Pharmaceutical Society of Great Britain

The Society provides a range of services, from support to Pharmacy Development Groups and others wishing to develop their services, to clinical governance and audit advice.

Contact: Practice and Quality Improvement Directorate,  
Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN. (☎ 020 7735 9141 ext 2207)

E-mail: [qualityimprovement@rpsgb.org](mailto:qualityimprovement@rpsgb.org)

Website: [www.rpsgb.org](http://www.rpsgb.org)

## **Collaborative National Medicines Management Services Programme**

Contact: Richard Seal, Medicines Management Project Team Leader  
National Prescribing Centre, 70 Pembroke Place, Liverpool, L69  
3GF. (☎ 0151 794 8137)

E-mail: [npc-mms@liverpool-ha.nhs.uk](mailto:npc-mms@liverpool-ha.nhs.uk)

Website: [www.npc.co.uk](http://www.npc.co.uk)

## **National Pharmacy Association (NPA)**

The NPA NHS Service Development Department has a wide range of resources on service development and access to extensive examples of good practice. Nationwide details of current and past local projects are available along with individualised advice on relevant NHS policy and service developments.

Contact: NHS Service Development Department, National Pharmacy Association, Mallinson House, 38-42 St Peter's Street, St Albans, Hertfordshire. AL1 3NP (☎ 01727 858687 ext 376 or 231)

E-mail: [nhs.dev@npa.co.uk](mailto:nhs.dev@npa.co.uk)

Website: [www.npa.co.uk](http://www.npa.co.uk)

## Useful Websites

Big Lottery Fund	<a href="http://www.biglotteryfund.org.uk">www.biglotteryfund.org.uk</a>
Change Agent Team	<a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/IntegratedCare/ChangeAgentTeam/fs/en">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/IntegratedCare/ChangeAgentTeam/fs/en</a> <a href="http://www.changeagentteam.org.uk/">www.changeagentteam.org.uk/</a>
Clinical Governance Support Team	<a href="http://www.cgsupport.org">www.cgsupport.org</a>
Delayed Discharges	<a href="http://www.doh.gov.uk/jointunit/delayeddischarge/index.htm">www.doh.gov.uk/jointunit/delayeddischarge/index.htm</a>
Department of Health	<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>
DrugScope	<a href="http://www.drugscope.org.uk">www.drugscope.org.uk</a>
Health Inequalities	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/fs/en</a>
Healthy Living Centres	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthyLiving/HealthyLivingGeneralInformation/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthyLiving/HealthyLivingGeneralInformation/fs/en</a>
Healthcare Commission (Commission for Healthcare Audit and Inspection)	<a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a>
Home Office (Drugs Unit)	<a href="http://www.homeoffice.gov.uk/drugs">www.homeoffice.gov.uk/drugs</a>
Investing in Primary Care	<a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/InvestingInPrimaryCare/fs/en">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/InvestingInPrimaryCare/fs/en</a>
Landfill Tax Credit Scheme	<a href="http://www.ltcs.org.uk">www.ltcs.org.uk</a>
Local Pharmaceutical Services	<a href="http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/LocalPharmaceuticalServices/fs/en">www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/LocalPharmaceuticalServices/fs/en</a>
Medicines Management	<a href="http://www.medicinesmanagement.org.uk">www.medicinesmanagement.org.uk</a> <a href="http://www.npc.co.uk/mms/index.htm">www.npc.co.uk/mms/index.htm</a>
Modernisation Agency	<a href="http://www.modernnhs.nhs.uk">www.modernnhs.nhs.uk</a>
National Assembly for Wales	<a href="http://www.wales.gov.uk">www.wales.gov.uk</a>
National Association of Primary Care	<a href="http://www.primarycare.co.uk">www.primarycare.co.uk</a>
National Institute for Health and Clinical Excellence (NICE)	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
National Prescribing Centre	<a href="http://www.npc.co.uk">www.npc.co.uk</a>
National Primary & Care Trust Development Programme (NatPaCT)	<a href="http://www.natpact.nhs.uk">www.natpact.nhs.uk</a>
National Primary Care Development Team	<a href="http://www.npdt.org">www.npdt.org</a>
National Primary care Research and Development Centre	<a href="http://www.npcrdc.man.ac.uk">www.npcrdc.man.ac.uk</a>
National Service Frameworks	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthAndSocialCareArticle/fs/en?CONTENT_ID=4070951&amp;chk=W3ar/W">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthAndSocialCareArticle/fs/en?CONTENT_ID=4070951&amp;chk=W3ar/W</a>
National Treatment Agency	<a href="http://www.nta.nhs.uk">www.nta.nhs.uk</a>
Neighbourhood Renewal Unit	<a href="http://www.neighbourhood.gov.uk/">www.neighbourhood.gov.uk/</a>

NHS Counter Fraud and Security Management Service	<a href="http://www.cfsms.nhs.uk/">www.cfsms.nhs.uk/</a>
NHS LIFT	<a href="http://www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT/fs/en">www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT/fs/en</a>
NHS Plan for Wales	<a href="http://www.wales.gov.uk/healthplanonline">www.wales.gov.uk/healthplanonline</a>
NHS Primary Care Group Alliance	<a href="http://www.nhsalliance.org">www.nhsalliance.org</a>
Office of the Deputy Prime Minister	<a href="http://www.odpm.gov.uk">www.odpm.gov.uk</a>
Out of Hours Services	<a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/ImplementingOutOfHours/fs/en">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/ImplementingOutOfHours/fs/en</a> <a href="http://www.out-of-hours.info">www.out-of-hours.info</a>
Payment by Results	<a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSFinancialReforms/fs/en">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSFinancialReforms/fs/en</a>
Pharmaceutical Services Negotiating Committee	<a href="http://www.psn.org.uk">www.psn.org.uk</a>
Practice-Based Commissioning	<a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en</a>
Primary Care	<a href="http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/fs/en">www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/fs/en</a>
Primary Care Contracting	<a href="http://www.primarycarecontracting.nhs.uk">www.primarycarecontracting.nhs.uk</a>
Repeat Dispensing	<a href="http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/PrescriptionsArticle/fs/en?CONTENT_ID=4000157&amp;chk=UyNZdF">www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/PrescriptionsArticle/fs/en?CONTENT_ID=4000157&amp;chk=UyNZdF</a>
Research & Development	<a href="http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/fs/en">www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/fs/en</a> <a href="http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/fs/en">www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/fs/en</a>
Sexual Health Strategy	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SexualHealth/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SexualHealth/fs/en</a>
Stop Smoking Services	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en</a> <a href="http://www.givingupsmoking.co.uk/">www.givingupsmoking.co.uk/</a>
Substance Misuse	<a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SubstanceMisuse/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SubstanceMisuse/fs/en</a>
Supplementary Prescribing	<a href="http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/SupplementaryPrescribing/fs/en">www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/SupplementaryPrescribing/fs/en</a>
Sure Start	<a href="http://www.surestart.gov.uk">www.surestart.gov.uk</a>
Tackling Drugs agenda	<a href="http://www.drugs.gov.uk">www.drugs.gov.uk</a> <a href="http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SubstanceMisuse/fs/en">www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SubstanceMisuse/fs/en</a>
Teenage Pregnancy Unit	<a href="http://www.teenagepregnancyunit.gov.uk">www.teenagepregnancyunit.gov.uk</a>
The NHS Plan	<a href="http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4002960&amp;chk=07GL5R">www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4002960&amp;chk=07GL5R</a>

# Abbreviations and Glossary

**General Medical Services (GMS)** - services provided by family doctors and their staff, as defined in the General Medical Services Regulations 2004.

**Health Action Zones (HAZ)** - strategies aiming to improve health services by forming new partnerships and reducing poor health

**Health Economy** - health authority and the primary care organisations, main NHS trusts, and social services department(s) that are co-terminous with it.

**Health Improvement and Modernisation Programme (HIMP)** - local strategic plan for the delivery of the health agenda.

**Healthcare Resource Groups (HRGs)** - a tool for classifying patients into a manageable number of groups of cases that are clinically similar and that require similar levels of healthcare resources for diagnosis, treatment and care.

**Local Health Board (LHB)** - 22 LHBs have been set up as statutory bodies in Wales to develop and provide health services based on the needs of the local community within their geographical boundaries.

**National Service Frameworks (NSFs)** - documentation bringing together the best evidence of clinical and cost-effectiveness with the views of service users to determine the best ways of providing particular services

**New National Network (N3)** - the broadband network which will link every site where NHS services are delivered or managed

**Payment by Results (PbR)** - a new system for reimbursing NHS Trusts on the basis of a standard national tariff for the activity they undertake.

**Personal Medical Services (PMS)** - alternative type of contract for the provision of general medical services.

**Practice-Based Commissioning (PBC)** - where responsibility for commissioning care, along with the associated budget transfers from the PCT to primary care clinicians.

**Primary Care Group (PCG)** - sub-committee of the health authority responsible for health services in a geographical area in England.

**Primary Care Investment Plan (PCIP)** - current and planned resource use and service development by a PCO.

**Primary Care Organisation (PCO)** - generic term used to describe LHBs and PCTs.

**Primary Care Trust (PCT)** - free-standing statutory trust responsible for health services in a geographical area in England.

**Service and Financial Framework (SaFF)** - planned resource usage and activity at HA level.

**Single Regeneration Budget (SRB)** - resources to support regeneration initiatives in England carried out by local regeneration partnerships, involving public, private and voluntary sector organisations

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