



Community pharmacy briefing

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Community pharmacy: enhanced services

The NHS Confederation and the NHS Modernisation Agency's National Primary and Care Trust Development Programme (NatPaCT), in association with the Department of Health and the Pharmaceutical Services

Negotiating Committee (PSNC), have developed a series of briefings to assist primary care organisations (PCOs) and community pharmacies in England and Wales to prepare for the new community pharmacy arrangements.

This *Briefing* focuses on enhanced services and what PCOs can do to support their implementation. It is the second in a set that also contains *Essential and advanced services* (No. 1) and *Control of entry regulations* (No. 3). The series will be completed with the publication of *Funding* (No. 4) and *IM&T* (No. 5).

Key points

- Enhanced services provided by community pharmacies will be commissioned locally by PCOs to meet local needs.
- These services will be funded locally by PCOs from their existing unified allocations.
- Model service specifications and benchmark prices will be available to support PCO commissioning.
- PCOs need to plan strategically to take advantage of the opportunities presented by community pharmacy enhanced services.
- Subject to the contractor ballot, the new contractual framework should go live on 1 April 2005.
- PCOs should assess what services are already being provided (such as needle exchange, emergency hormonal contraception schemes, advice to care homes) and designate these budgets for provision as an enhanced service.

The new community pharmacy contractual framework is intended to improve access to pharmacy services and to raise the quality of those services as described in *A vision for pharmacy in the new NHS* (Department of Health, 2003). The framework introduces three levels of services to be provided by community pharmacies: essential, advanced and enhanced services.

By commissioning enhanced services from community pharmacies, PCOs can address the health priorities set out in the NHS Improvement Plan

'Enhanced services will also help to deliver the goals of the Department of Health's Vision for Pharmacy'

and public service agreement (PSA) targets, namely:

- patient and user experience
- health and well-being of the population
- improving health outcome for people with long-term conditions
- access to services.

Enhanced services will also help to deliver the goals of the Department of Health's Vision for Pharmacy, in which community pharmacies:

- are – and are seen to be – an integral part of the NHS family in providing primary care and community services
- support patients who wish to care for themselves
- respond to the diverse needs of patients and communities
- are a source of innovation in the delivery of services
- help deliver the aspirations within National Service Frameworks
- help to tackle health inequalities and improve health outcomes.

What are enhanced services?

Examples of enhanced services include:

- minor ailments management*
- supervised administration of methadone*
- needle exchange scheme*
- healthy living service
- disease-specific medicines management services
- patient group direction service*
- supplementary prescribing
- palliative care services
- emergency hormonal contraception service
- full clinical medication review*
- concordance services*
- out-of-hours service
- care home* and intermediate care services
- prescriber support services
- home care services – domiciliary assessments
- anticoagulant monitoring*
- head lice management service
- stopping smoking service*
- gluten-free food supply service
- specific services to schools.

(Model service specifications are initially being produced for those marked *.)

Like the enhanced services in the new GMS contract, community pharmacy enhanced services will be commissioned and funded by PCOs. Model service specifications with benchmark pricing are being

developed nationally as a guide to some of the most commonly commissioned services in this category. PCOs will be able to modify these model specifications to meet particular needs and negotiate these locally, as the recommended prices are benchmark only and can be changed to suit local circumstances. PCOs can also develop other enhanced services to meet their needs over and above those already identified.

It is envisaged that the framework will develop over time, to keep pace with the changing needs of patients and the NHS. Services at present designated as enhanced may in time become recategorised as advanced, just as some advanced services could become redefined as essential. The transition between categories will be determined by the Department of Health, the PSNC and the NHS Confederation through a formal negotiating process.

Commissioning and planning for enhanced services

PCOs are encouraged to consider how the flexibility in the community pharmacy arrangements and the new GMS contract together will assist them in meeting both the public service agreement targets in England and equivalent in Wales as well as their local strategic aims. As part of their role in implementing the new primary care contracts, PCOs

How enhanced services might be delivered in practice: two examples

Minor ailments management

This would be similar to schemes already developed, such as the Care at the Chemist scheme originated by South Sefton PCT. This offers patients suffering from minor ailments appropriate treatment and advice on the NHS without the need to see a GP. The pharmacist can treat any of the specified ailments with any of the formulary medication provided the marketing authorisation for the over-the-counter medicine permits.

Transferring this group of patients to a community pharmacy helps to improve demand management in local GP surgeries. At present, up to 40 per cent of GP time may be spent dealing with minor ailments. The service may also reduce the number of people who go to A&E departments, where around 8 per cent of adult attendances are for minor ailments.

Expected effects of this service are that:

- patients are able to have prompt treatment of minor ailments
- GP time can be used more appropriately
- NHS access targets may be achieved.

For more information about South Sefton's scheme contact Alan Cummings on alan.cummings@southsefton-pct.nhs.uk

Supervised administration of methadone

Offering this and other treatments in the management of substance misuse provides regular contact between a pharmacist and a client, leading to opportunities for further advice and support. The pharmacist can refer the client to other professionals or providers when appropriate. This service is likely to be provided in conjunction with another enhanced service, needle exchange.

Expected effects of this service are:

- reduced diversion of prescribed methadone and other substances for sale 'on the street'
- fewer accidental poisonings or overdoses
- improved patient concordance
- improved patient outcomes.

'NatPaCT has developed a needs assessment toolkit for PCOs'

should consider which enhanced services could be provided by community pharmacies in line with the strategy for pharmaceutical services development and primary care development. This should form a part of the local delivery plan.

NatPaCT has developed a needs assessment toolkit for PCOs to use to assess the pharmaceutical services available in their community. This is available on its website www.natpact.nhs.uk/pharmacy The toolkit covers:

- how to do a needs assessment for pharmaceutical services in the community – looking at general issues and specific services as appropriate
- information on how to find out what is already in place and what potential providers may wish to provide
- a guide on how to match the two to find the gaps and then how to prioritise and what to do first.

Assessing existing provision of pharmaceutical services and identifying unmet needs will be important not only for the strategic development of enhanced services, but will also assist PCOs in the implementation of the reforms to the control of entry rules, which are explained in more detail in *Briefing* No. 3 of this series.

'Enhanced services commissioned from community pharmacies will be funded locally, generally through PCO unified budgets'

needle exchange, emergency hormonal contraception schemes, advice to care homes) which will

become enhanced services as of 1 April 2005, and designate their budgets accordingly.

Integrated care

When PCOs are considering the modernisation of health services across their area, they should examine existing patient care pathways and consider the use of primary care enhanced services as an alternative to hospital-based services. Redesigning patient care pathways to bring services closer to patients could be achieved by commissioning some enhanced services from community pharmacies. Examples may include anticoagulant monitoring and disease-specific medicines management.

Funding

Enhanced services commissioned from community pharmacies will be funded locally, generally through PCO unified budgets. PCOs should look at funding schemes as part of their general primary care provision and in the context of the local delivery plan development process. As a part of this process PCOs should assess those services that they are already providing (for example,

What PCOs should be doing now

- appointing an implementation lead with direct input into the project plan of the primary care contracting team
- appointing a community pharmacist to the professional executive committee (PEC) to ensure input at a strategic level
- engaging with local pharmaceutical committees (LPCs), pharmacy development groups and community pharmacists at an early stage
- assessing the capability and capacity of the PCO to implement the changes
- conducting a pharmaceutical needs assessment using the NatPaCT toolkit (see page 3) and considering how the services can help to improve the health of the local population
- considering incorporation of new pharmacy commissioning opportunities and pharmacy premises requirements into strategic service development plans (SSDPs) and local delivery plans (LDPs)
- highlighting the implications of the new community pharmacy arrangements to primary care practitioners and other health providers, including local hospitals.

Further reading

Department of Health:

www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/fs/en

NHS Confederation:

www.nhsconfed.org/ourpriorities/primary_care_contracting.asp

Pharmaceutical Services Negotiating Committee:

www.psnc.org.uk/contract

The Modernisation Agency (NatPaCT)

www.natpact.nhs.uk/pharmacy

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