

MAXIMISING HEALTH GAIN THROUGH COMMUNITY PHARMACY

10 HIGH IMPACT CHANGES IN PCT COMMISSIONING PRACTICE



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10 HIGH IMPACT CHANGES

1. Invest in effective communication between PCT executives (CEO, public health director, commissioning director, medical director, head of medicines management) and the LPC and local pharmacy contractors to build trust and a culture of transparency, collaborative planning and decision making.

BEST PRACTICE EXAMPLES

Central Lancashire PCT held a number of clinical engagement events hosted by the Chief Executive Officer, Director of Commissioning, Medical Director and GP PEC Chair - and which included the Local Pharmaceutical Committee and other representative contractor groups as well as clinical leads from PBC groups and from the Provider arm.

A proposal has been made for the representative contractor groups (LMC, LPC, LDC, LOC) to become part of a new Quality Board to drive the delivery of services with a focus on quality and outcomes which would become the basis for Quality Accounts.

2. Facilitate open communication and joint working between pharmacists, their local GP practices and the wider community care team. Build in "protected time" for multi-disciplinary training, quality improvement initiatives and for the development of integrated care pathways.

Facilitate joint working with contractor organisations such as LPC, LMC, LOC, LDC and secondary care to identify shared objectives and benefits for patients.

The BMA/NPA workbook "Improving communication between community pharmacy and general practice" has been developed to support effective professional relationships. Ref. Pharmacy in England. Building on strengths - delivering the future Cm7341, April 2008 White Paper 5.14 is available at <http://bma.org.uk> and <http://www.npa.co.uk>

The BMA/PSNC/ NHS Employers communication (27/01/09) to PCTs, LMCs, LPCs, general practitioners, and community pharmacists advises that facilitated meetings should take place to discuss ways of working together on a wide range of listed topics and is available at <http://www.nhsemployers.org>

BEST PRACTICE EXAMPLES

Central Lancashire PCT and LPC developed a community pharmacy weight management service integrated into the obesity care pathway which was underpinned by a collaborative leadership development programme called Leading Across Boundaries (Royal Pharmaceutical Society) with the backing of the NW SHA Chief Executive. The project was also supported by the National Pharmacy Association. This brought together a group of professionals, including PEC GP and pharmacist, LPC and community pharmacists, dietician lead, public health lead, PBC lead, finance lead, commissioning lead to work together to deliver the service, championed by the PCT medical director. Another outcome was the development of a local clinical network which continues to work together. Members were invited to join the SHA clinical leadership network.

Additionally, the PCT has now funded protected education time for pharmacists and staff (similar to protected education time for GPs and practice staff) to increase the PCT's public health capacity by developing the community pharmacy workforce to carry out brief interventions and motivational interviewing as part of the multi-disciplinary primary care team.

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City and Hackney Teaching PCT is discussing providing its pharmacy contractors with a "learning account" to change the way pharmacists are currently paid for undertaking training to provide enhanced services - and in order to provide greater flexibility for pharmacists to identify the skills and competencies required to provide an enhanced service - and then to decide who among their staff should receive training to deliver the service.



3. Working collaboratively with the LPC, take a whole systems, integrated approach to pharmacy service and provider development that encompasses:

- Representation on PCT/practice based commissioning (PBC) strategic commissioning forums to develop the new World Class Commissioning vision for clinical commissioning (PBC).
- PCT medicines management teams and LPCs working to integrate medicines management systems and services between hospitals, GP practices, pharmacies and community services e.g. Wirral PCT medicines management team are working closely with GPs, social services, the Falls Services etc to integrate medicines use reviews (MURs) and clinical medication reviews into a structured approach to reduce hospital admissions for fractured neck of femur.
- Darzi care pathways in whatever way they are being incorporated into local commissioning structures. Bring in early provider perspectives as they can contribute from a holistic perspective.
- Individual long term condition (LTC) care pathways e.g. CVD, diabetes, osteoporosis, COPD, mental health. Make the PCT pharmacy lead responsible for ensuring that LTC service leads understand the MUR service and integrate it into all relevant LTC care pathways to add value to the patient care pathway and use it as a potential platform from which to develop new services for LTCs.
- The Public Health Directorate and builds on opportunities to include pharmacy in the provision of: NHS Health Checks, obesity management, tobacco, alcohol, substance misuse and sexual health services. Increase the PCT's public health capacity by developing the community pharmacy workforce to provide brief interventions. Develop "Healthy Living Pharmacies" to support self-care, health improvement and wellbeing. Ref. Pharmacy in England White Paper 4.6
- Transformation of community services by facilitating links with new community provider organisations, integrated care organisations, voluntary sector providers and social services. Ref. Pharmacy in England White Paper 5.14

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BEST PRACTICE EXAMPLES

The Portsmouth City Director of Public Health is a member of the DH Pharmacy Public Health Leadership Forum (PHLF) and has worked closely with the HIOW LPC Chief Officer (also a member of PHLF), Portsmouth University and pharmacy stakeholders in developing the model for the Healthy Living Pharmacy for piloting. Contact. Mike Holden LPC Chief Officer michael.holden@hampshirelpc.org.uk

East Sussex and Weald PCT and Hastings and Rother PCT have commissioned a Stop Smoking local enhanced service implementing a new 3-tier approach across the two PCTs and available to all residents in the area. The PCTs are keen to target areas of highest need - those wards with the highest smoking levels and lowest life expectancy. The model proposes higher levels of engagement of primary care practitioners, increased services for smoking cessation and a new annual Smokers Health Check for all smokers. The range of smoking cessation services can also be delivered on a clustered or geographical basis.

- The Level 1 service monitors smokers and provides them with an annual health check and information.
- The Level 2 service is an "any willing provider" model enhanced service for delivery by a pharmacy, a GP practice, a specialist stop smoking practitioner or via a GP cluster scheme - or by any other suitable provider that can demonstrate competence to provide that service.
- The Level 3 service is delivered through the Public Health specialist Stop Smoking services and also targets cannabis smokers.

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Wirral PCT has commissioned an alcohol screening and brief intervention service from community pharmacies. Pharmacies raise public awareness about alcohol usage, safe drinking limits and calculation of units per drink. A questionnaire is used to assess drinking habits and using a scoring system, people are offered information, behavioural change techniques or referral to a specialist service. Follow up is at 8 and 52 weeks.

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Hampshire PCT and PBC groups have worked with Hampshire & IOW LPC to develop a multi-disciplinary service where patients are referred to a pharmacy by a GP practice for adherence support and an inhaler technique check. Patients are seen twice within a 6-month period to reinforce good technique. When implemented on the Isle of Wight this reduced hospital admissions, length of stay and improved appropriate cost-effective prescribing.

Isle of Wight PCT and Hampshire & IOW LPC are working on a community pharmacy pre-admission/post discharge support service involving medicine reconciliation and adherence support to reduce preventable medicines related re-admission - with input from the two new DH National Clinical Directors for Pharmacy for hospital services and primary & community services.

4. Work collaboratively with local authorities and local strategic partnerships to develop integrated plans for pharmacy development that build on pharmacy as a public health resource and an anchor for economic growth in local communities.

BEST PRACTICE EXAMPLES

A pharmacy Heart MOT service to improve male life expectancy was commissioned as a partnership approach by South Birmingham PCT on behalf of the three Birmingham PCTs and was funded by the Birmingham Health and Wellbeing Partnership (Birmingham City Council & the PCTs).

The service was developed by Lloydspharmacy and was delivered in 29 pharmacies (including independent pharmacies) based in target wards. Evaluation showed that of nearly 1,000 males tested, 65% were referred (30% elevated BP; 35% elevated cholesterol; 18% elevated blood glucose; 36% high CVD risk). This showed that systematic targeting is essential and that there is a need for Local Authorities, PCTs and community pharmacy providers to work more closely together to deliver on health inequalities.

<http://www.improvement.nhs.uk/NHSHealthCheck/CaseStudies/tabid/56/Default.aspx>

5. Base pharmacy commissioning on a robust, continually evolving PNA, developed in partnership with local stakeholders. Join up the Pharmaceutical Needs Assessment (PNA) with the Joint Strategic Needs Assessment (JSNA) to ensure integrated planning. Refer to DH document "Primary Care and Community Services: Improving pharmaceutical services." (March 2009) and the NHSE guidance on PNAs <http://www.nhsemployers.org>

6. With the LPC and PCT community pharmacy leads, develop a sustainable three year strategic commissioning plan for community pharmacy services, underpinned by a community pharmacy workforce development plan that recognises the opportunity for clinical skills escalation e.g. Pharmacists with a Special Interest, Independent and Supplementary Prescribing pharmacists. Ensure this is joined up and aligned with the PCT's broader strategic primary care plan and supports key health improvement priorities. Commission new services where appropriate.

BEST PRACTICE EXAMPLES

Wakefield Integrated Substance Misuse Service (WISMS), Wakefield PCT and Rowlands Pharmacy have developed an innovative shared care process to facilitate local service uptake for substance misuse clients. Utilising clinical management plans, a key support worker and community pharmacist supplementary prescriber hold a weekly pharmacy-based clinic, with IT access into local integrated shared care networks. Wakefield Integrated Substance Misuse Service is a DH integrated care pilot scheme.
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Bradford & Airedale teaching PCT have accredited community pharmacists as "Pharmacists with a Special Interest" (PhwSI) in anticoagulation and are working towards PhwSI accreditation in a number of other areas e.g. diabetes, sexual health and substance misuse.
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7. Clearly communicate all PCT pharmacy and relevant primary care commissioning intentions, changes in PCT organisational structures, and governance procedures through a range of communication channels to all potential providers. Recognise and address the need for different communication strategies with multiple pharmacy chains and independent pharmacy owners.

8. Recognise the potential and prioritise the roll out of repeat dispensing and Medicines Use Reviews (MUR) as key drivers for service redesign in primary healthcare. Work with the LPC and local pharmacists to target these two services to priority patient groups. Ensure that the MUR service becomes an integral part of the development of personal care plans.

BMA/PSNC/NHS Employers "Guidance for GP practices: achieving best value from the community pharmacy medicines use review service" (Jan 2009). <http://www.nhsemployers.org>

BMA/PSNC/NHS Employers "Guidance for the Implementation of Repeat Dispensing" (Jan 2009). <http://www.nhsemployers.org>

BEST PRACTICE EXAMPLES

Trafford PCT is piloting and evaluating a "best practice model for implementing MURs" developed by a wide stakeholder group in NHS North West. This includes effective communications and clarity about what the MUR service is, a targeted approach based on health need and underpinning training linked to target groups. The model advocates that MURs should be part of care pathways where appropriate.

Ref. Pharmacy in England White Paper 3.9

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10 HIGH IMPACT CHANGES

9. Make the best use of commissioned pharmacy services by building them into PCT communications strategies - targeting patients, the public, LINKs and other health and social care professionals.

Focus on:

- communicating and explaining current essential pharmacy services.
- ensuring the benefits of MURs and repeat dispensing are fully understood.
- repositioning community pharmacy as an integral part of the primary care team; the first port of call for the treatment of minor ailments, improved health and wellbeing and support for those with long term conditions.
- Asking patients and the public about what services they would like to access from pharmacies.

Ref. Pharmacy in England White Paper 3.9; 5.7

10. Designate a PCT Director to be accountable for the development of clinical leadership and commissioning skills amongst community pharmacists in order to increase their potential to shape the commissioning agenda. Ensure community pharmacy participation in relevant commissioning forums so that a community pharmacy provider perspective is heard. Alternatively, appoint a pharmacist board member who has in depth experience of the contribution that all pharmacy sectors can make to improving health.

Ensure that PCTs have a named Board member with responsibility for pharmaceutical services. Ref. DH World Class Commissioning Primary Care & Community Services: Improving pharmaceutical services - a practical guide to support PCTs in commissioning pharmaceutical services. <http://www.dh.gov.uk>



POLICY CROSS REFERENCES

DH White Paper Pharmacy in England. Building on strengths - delivering the future (Cm7341, April 2008)

- 3.9 : The Government believes it is necessary for MUR services to be prioritised to meet health needs and to discuss a mechanism for delivering this and ensuring funding rewards health outcomes.
- 5.14 : The Government believes effective professional relationships are important for the future development of services. It has asked NHS Employers on behalf of PCTs to convene and lead a working group of pharmacy, medical and public representatives to formulate a series of actions to promote more effective professional relationships.
- 5.7 : The Government will plan a programme of communications that seeks to: highlight the breadth of services and skills available within pharmacies; illustrate the role pharmacies can play in promoting good health; raise awareness and knowledge of the role that pharmacies can play in managing LTCs and reducing health inequalities; increase the use of pharmacy services among target audiences.

REFERENCES

DH Primary Care Contracting Bulletin 5 - Pharmacy and PBC (June 2006)
www.primarycarecontracting.nhs.uk

DH White Paper Pharmacy in England. Building on strengths - delivering the future (Cm7341, April 2008)

DH The NHS Next Stage Review: High Quality Care for All (June 08)

DH Transforming Community Services; currency and pricing options (November 2008)

DH Integrated Care Pilots

DH Operating Framework (December 08)

DH Tackling HIE 2005-07 policy and data update for 2010 national target (December 08)

DH Pharmaceutical Needs Assessment - Guidance for PCTs (January 2009)

DH Supporting People with Long Term Conditions (January 2009)

DH Transforming Community Services (January 2009)

DH WCC: Clinical Commissioning : our vision for practice-based commissioning (March 2009)

DH WCC: Primary Care & Community Services: Improving Pharmaceutical Services (March 2009)

House of Commons Health Committee: Health Inequalities - third report 2008-9 (February 09)

The Government's Response to the Health Select Committee Report "NHS Next Stage Review" (March 2009)



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