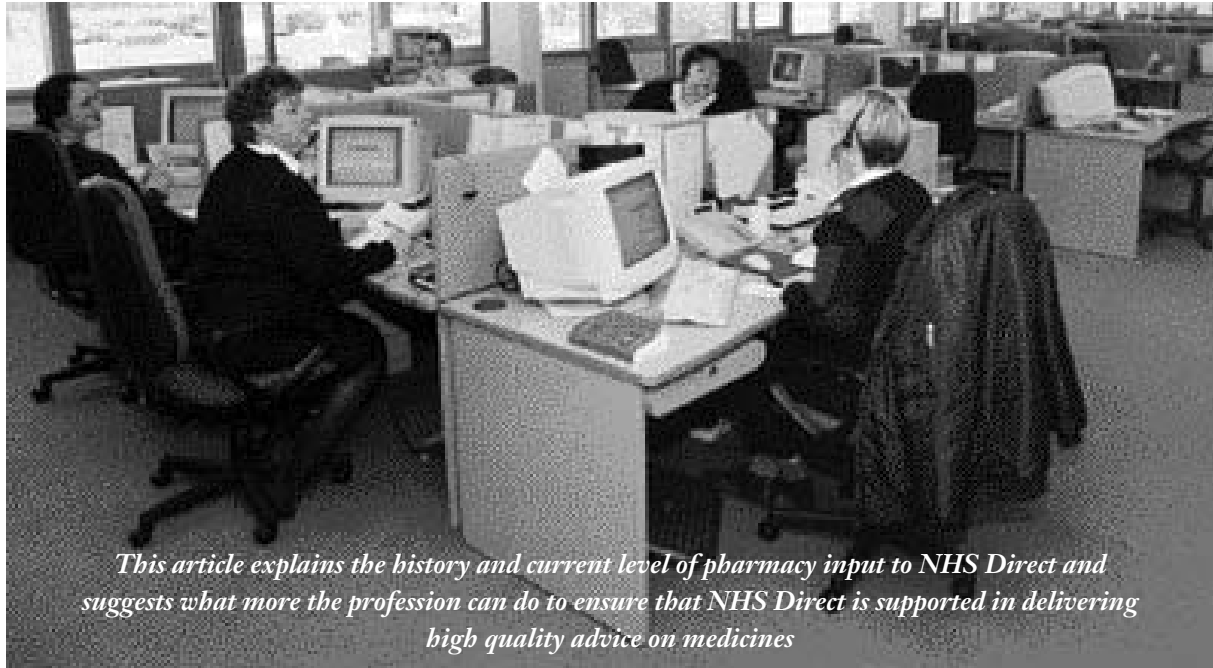


Pharmacy support to NHS Direct: what is needed and what is delivered?

By Hazel Jamieson, MRPharmS, and Anne Joshua, MSc, MRPharmS



This article explains the history and current level of pharmacy input to NHS Direct and suggests what more the profession can do to ensure that NHS Direct is supported in delivering high quality advice on medicines

When NHS Direct was conceived, it was not anticipated that enquiries about medicines would constitute such a large percentage of the calls, so pharmacy advice was not initially sought. However, research has shown that almost 6 per cent of calls (over 7,000 per week) are for advice about medicines and approximately 40 per cent of calls (48,000 per week) include advice about medicines.¹

In 1998, when the first call centres opened, a few pharmacists approached NHS Direct and suggested that pharmaceutical input was vital to support nurse advisers when handling medicines-related calls. Since then pharmacy support to NHS Direct has developed so that the service now employs its own pharmacy advisers.

NHS DIRECT — AN OVERVIEW

The concept of NHS Direct was introduced in December 1997 in the White Paper entitled "The new NHS: modern, dependable".² The service is intended "to provide quicker, easier and faster access to advice and information for people about health, illness and the NHS so that they are better able to care for themselves and their families".

First piloted in 1998, NHS Direct now operates from 22 call centres in England providing health advice and information to callers 24 hours a day. On average, the service handles 120,000 calls a week. Staffing the call centres are nurse advisers, health information specialists and call handlers who each have a defined role (Panel 1).

Nurse advisers use decision support software (NHS Clinical Assessment System — NHS CAS) incorporating robust clinical guidelines to assist them in making an assessment and in giving advice. All centres use the same system, which means that NHS Direct can deliver consistent advice calls can be directed around the network as demand changes.

The NHS CAS software consists of approximately 200 clinical algorithms, each of which is based on a symptom, such as headache, fever or chest pain. Using the relevant algorithm, a nurse adviser will assess, advise and refer callers to the NHS service that best meets their needs, whether to dial 999, go to accident and emergency, go to a GP (within four hours, 24 hours or more than 24 hours) or to undertake self-care. During 2002, an additional referral option will be introduced: referral to a community pharmacist.

NHS Direct has been evaluated by researchers at Sheffield University³ and by the National Audit Office,⁴ which have shown that:

Mrs Jamieson (née Rattenbury) and Mrs Joshua are employed by the Department of Health on a job-sharing basis to advise NHS Direct and NHS Walk-in centres in England on all issues pertaining to pharmacy and medicines. Enquiries about NHS Direct should be directed to Mrs Jamieson at hazel.jamieson@doh.gov.uk and those about NHS Walk-in centres to Mrs Joshua at anne.joshua@btinternet.com. Further information is also available at www.nhsdirect.nhs.uk and www.pharmacyinthefuture.org.uk

Panel 1: Roles of NHS Direct staff

Call handler

Logs caller details and provides basic services information

Nurse adviser

Provides clinical assessment and advice

Health information specialist

Responds to health information enquiries

- 1 It is a well used and rapidly developing service
- 1 It appears as safe as other entry routes to health care — adverse clinical events are rare
- 1 It is appreciated by callers
- 1 It has not been unhelpful to other services
- 1 It is facilitating broader service developments
- 1 It is offsetting around half of its running costs by encouraging more appropriate use of NHS services

The NHS Direct central management team situated in the Department of Health runs the service, although call centres are hosted by local health organisations, such as primary care trusts, hospital trusts and ambulance service trusts.

HISTORY OF PHARMACY SUPPORT

The Pharmacy Support Network was formed in 1998 with the aim of sharing information on the development of pharmacy support to NHS Direct and facilitating networking among pharmacists providing that support. Members represent key pharmacy organisations, community pharmacists, the UK medicines information service, the national poisons information service, the Department of Health and NHS Direct. The network meets quarterly and is chaired by the NHS Direct service development manager. Its key achievements to date are:

- 1 Development of principles for pharmacy support to NHS Direct (Panel 2) to facilitate the development of consistent pharmacy support across all sites and to enable a wider audience to understand the nature of the pharmacy support required by NHS Direct sites
- 1 A recommendation to appoint a national pharmacist to advise NHS Direct
- 1 Development of outline framework for nurses' induction training on pharmacy and medicines
- 1 Supporting the pilot scheme to refer callers to community pharmacies

CURRENT PHARMACY SUPPORT

NHS Direct adopted the recommendation from the Pharmacy Support Network to appoint a national pharmacist. We were appointed on a job-sharing basis in June 2001 to advise both NHS Direct and NHS Walk-in centres in England on all issues pertaining to medicines and pharmacy. The Pharmacy Support Network now also advises NHS Walk-in centres on pharmacy and medicines issues.

IS NHS DIRECT GETTING THE PHARMACY SUPPORT IT NEEDS?

One of our first priorities was to identify the type and extent of pharmacy support to NHS Direct call centres. Were the call centres accessing comprehensive pharmacy support as outlined in the principles for pharmacy support? The NHS Direct central management team believed that despite excellent examples of pharmacy support in some areas, there was large variability around England. However there was no evidence to support this view.

In September 2001, we surveyed NHS Direct call centres, local pharmaceutical committees, medicines information services and poisons services in England. The questionnaire was based on the principles for pharmacy support and sent to 22 call centres, 89 LPCs, 11 regional medicines information services and four of the national poisons information services. Response rates were 22 (100 per cent), 50 (56 per cent), 6 (55 per cent) and 2 (50 per cent), respectively.

The results (Panel 3) showed that all call centres obtain some form of pharmacy support, but that the level of support varied. The survey has highlighted a need to im-

Panel 2: Principles for pharmacy support

1. All call centres should have representation from medicines information pharmacists and community pharmacists from the outset
2. All NHS Direct sites should have access to comprehensive pharmacy support including:
 - 1 training for NHS Direct nurses and call handlers
 - 1 access to suitable contracted medicines information back-up (usually a 24-hour NHS medicines information/residency service)
 - 1 access to poisons information services
 - 1 up-to-date information on opening hours of community pharmacies (both contracted and voluntary) and availability of specialist services
3. Where it is practical and safe to do so, NHS Direct will aim to answer queries while the caller remains on the line. NHS Direct nurses' core training will aim to enable them to answer medicines-related queries safely and effectively, within the individual nurse's level of competence
4. When a nurse feels that a medicines-related query lies outside his or her competence, he or she must be able to contact the contracted medicines information service. This service will also aim to answer the query while the caller remains on the line.
5. All NHS Direct nurses will be trained, as an integral part of their induction programme, routinely to advise callers that their community pharmacist is a helpful source of advice on all medication issues
6. NHS Direct nurses' core training should enable them to identify instances where a patient might benefit from a visit to another health professional, eg, a community pharmacist or a GP, and to refer such callers appropriately
7. Support for the development of a referral, where appropriate, to a community pharmacist for a face-to-face consultation
8. The UK Medicines Information Pharmacists Group (UKMIPG) should collate information about frequently asked questions (FAQs) and develop regularly reviewed standard responses for NHS Direct nurses to use.
9. The UKMIPG will work with other national pharmacy bodies to ensure that the number and types of medicines-related queries that the service is receiving, and information on responses to FAQs, is disseminated as widely as possible within the profession

prove the consistency of pharmacy support so that all 22 NHS Direct call centres obtain the same level of pharmacy input for enquiry answering, training and advice.

CURRENT ACTIVITIES

Training NHS Direct has devised a national competency framework which sets the standards to which staff are expected to perform. We are developing a national strategy for pharmacy and medicines training, to link in with the competency framework. The strategy will encompass learning outcomes and advice on access to suitable training packages such as that produced by the National Pharmaceutical Association on community pharmacy.

Medicines-related enquiries The regional medicines information services provide expert enquiry answering support to over half the call centres. The UK Medicines Information Pharmacists Group task group for NHS Direct and NHS Walk-in centres is producing guidance for medicines information centres on service level agreements and associated charges to facilitate the extension of medicines information support to all call centres.

The survey also highlighted the need for a more comprehensive and more accessible enquiry answering service out of usual working hours. This has prompted discussion about the type and level of out-of-hours information service that is needed. We are

currently examining call data to identify the needs of NHS Direct with respect to out-of-hours enquiry answering support.

NHS clinical assessment system (CAS) and guardian groups Guardian groups are being established by NHS Direct to ensure that the clinical information used by nurse advisers is kept up to date. Eleven guardian groups will each take responsibility for a set of algorithms and we have been instrumental in ensuring that the core membership of each group includes a pharmacist. As the representative professional body, the Royal Pharmaceutical Society is responsible for nominating pharmacists to sit on the groups. The Society is setting up a support network for these pharmacists to share information and ensure consistency of pharmacy advice across guardian groups.

Community pharmacy referral project The community pharmacy referral project is an objective in the NHS plan.⁵ This exciting development will assist the referral of calls by nurse advisers to a community pharmacist for the management of minor ailments. A team at Keele University led by Professor Alison Blenkinsopp has reviewed all clinical algorithms within NHS CAS, identifying those endpoints (ie, routine GP appointment, self-care) suitable for referral to a pharmacist. The nurse adviser can also provide information on the availability of local pharmacy services. The Centre for Postgraduate Pharmacy Education and the NPA

Panel 3: Key findings from a survey of NHS Direct call centres and pharmacy providers

- 1 All 22 call centres have some form of pharmacy support
- 1 Eight call centres (36 per cent) have a member of staff with designated responsibility for pharmacy and medicines issues (this has since increased to 21 [95 per cent])
- 1 10 call centres (45 per cent), six medicines information/poisons services (75 per cent) and 23 local pharmaceutical committees (46 per cent) are aware of the document "Principles for pharmacy support for NHS Direct"
- 1 15 call centres (68 per cent) use medicines information support during usual working hours
- 1 The six medicines information centres that responded provide enquiry answering to 13 call centres
- 1 12 call centres (55 per cent) use medicines information support out of working hours
- 1 21 call centres (95 per cent) use a national poisons information service
- 1 28 local pharmaceutical committees (56 per cent) provide advice, support and/or services to NHS Direct call centres either independently or jointly with other pharmacy organisations
- 1 Information about opening hours and services of community pharmacies is mainly provided by health authorities
- 1 Induction training on pharmacy and medicines is provided to nurse advisers in 20 call centres (91 per cent), to health information advisers in 12 (55 per cent) and to call handlers in six (27 per cent)
- 1 Continuing professional development on pharmacy and medicines is provided to nurse advisers in 12 call centres (55 per cent), to health information advisers in eight (36 per cent) and to call handlers in three (14 per cent)
- 1 Availability of up-to-date medicines information resources is variable, although most call centres hold or have access to publications such as the "OTC Directory", British National Formulary, "Immunisation against infectious diseases", "Health information to overseas travellers", TOXBASE and the eBNF

have developed a programme to train nurse advisers in the referral process and in understanding the benefits a pharmacist can bring to the management of minor ailments. The scheme will be launched in all call centres during 2002, before which all pharmacists in England will be provided with details of the project.

Pharmacy links at NHS Direct sites Partly as a result of the community pharmacy referral project, a pharmacy co-ordinator has been appointed in most call centres. This person, usually a nurse adviser or training manager, is responsible for co-ordinating the local implementation of the community pharmacy referral project including staff training and raising awareness in the local community. The co-ordinators are a key contact for establishing service level agreements (SLAs) with local pharmacy organisations (in particular, LPCs and medicines information services) for provision of training, enquiry answering support, and clinical placements for nurse advisers. It should be noted that a call centre often serves the same population as two or three LPCs, in which case a lead LPC can be nominated to hold the SLA in relation to LPC support. Many call centres hold regular "stakeholder" meetings with local pharmacists.

NHS Direct Online Pharmacy advice is given to all the NHS Direct Online developments including NHS Direct information points (some of which have been piloted in community pharmacies), digital television pilots, the website and on-line enquiry answering service. The launch of the NHS Direct health encyclopaedia in No-

vember 2001 was the most recent development. It provides access to information on over 400 medical conditions and treatments.

National clinical team for NHS Direct We are members of the national clinical team for NHS Direct, a new group that draws together the different clinical aspects of NHS Direct, such as nursing, medicine, epidemiology, mental health and pharmacy. The group advises the NHS Direct central management team on all clinical issues.

Links with NHS Direct (Wales) and NHS 24 in Scotland NHS Direct (Wales) operates from a call centre in Cardiff and obtains advice on pharmacy and medicines from local pharmacists. NHS 24 in Scotland, which will be launched in spring 2002, employs a pharmacy adviser. We maintain close links with the pharmacists who advise each service.

FUTURE PLANS

The NHS plan⁵ set out ways of improving access for patients to health information and medicines. NHS Direct presents many opportunities for pharmacists and pharmacy services to facilitate this for patients.

Improving access to information through the NHS Direct Online website is just one example. It presents an ideal environment to develop access to information specifically about medicines, treatments and pharmacy services, and as a route to advice through the online enquiry service. In the future there may be possibilities for links to recognised pharmacy websites. In the future call centres might wish to employ pharmacists directly to provide advice and information from within their sites working alongside nurse advisers.

Improving access to medicines as an out-of-hours or extended-hours activity is one that will involve partnership arrangements with NHS Direct, primary care trusts and pharmacy contractors. A caller to NHS Direct would like to know that "wherever possible, patients who need to start taking common medicines out of hours are able to obtain them at the same time as the consultation".⁶

Some innovative schemes have already been tested in some localities to achieve this. The development of local pharmaceutical services may facilitate this in the future.

The community pharmacy referral project was a result of a local team of pharmacists in Essex supporting the view that patients required the best information and advice on medicines and pharmacy that was available to them. As a consequence of the work in Essex and with the enthusiastic support of the Pharmacy Support Network, NHS Direct sees pharmacy support as vital to its service. The next step is to achieve this across all sites and to the level necessary for a 24-hour service.

HOW YOU CAN GET INVOLVED

Make contact with your LPC, regional medicines information service or NHS Direct pharmacy co-ordinator. We are also interested in hearing from any local pharmacy initiatives that are involved in supporting NHS Direct either across a primary care trust or a more local area.

REFERENCES

1. Munro J, Nicholl J, O'Cathain A, Knowles E. Evaluation of NHS Direct sites: second report to the Department of Health. Sheffield: University of Sheffield, MCRU; 2000.
2. NHS Executive. The new NHS: modern, dependable. London: Stationery Office; 1997.
3. Munro J, Nicholl J, O'Cathain A, Knowles E, Morgan E. Evaluation of NHS Direct first wave sites. Final report of the phase I research. Sheffield: University of Sheffield, MCRU; 2001.
4. National Audit Office. NHS Direct in England: report by the Comptroller and Auditor General. London: Stationery Office; 2002.
5. NHS Executive. The NHS plan: a plan for investment, a plan for reform. London: Stationery Office; 2000.
6. NHS Executive. Pharmacy in the future: implementing the NHS plan. A programme for pharmacy in the NHS. London: Department of Health; 2000.