

MODERNISING PHARMACY — THE STOCKPORT EXPERIENCE OF PRODUCING A PHARMACY DEVELOPMENT STRATEGY IN THE NEW NATIONAL HEALTH SERVICE

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Since 1999 there have been a number of key changes in National Health Service policy. The development of primary care groups and health improvement programmes have been central to these changes. In December 1999 the Stockport Pharmacy Strategy Group decided that the timing was appropriate to build previous local pharmacy initiatives and future intentions into a comprehensive pharmacy strategy. The strategy would take account of future NHS policy changes and grow with them. This article describes the strategy development process and its relationship to the local health improvement programme timetable and objectives.

For a number of years representatives of Stockport Local Pharmaceutical Committee (LPC) have met with health authority and, earlier, family health services authority (FHSA) managers to discuss pharmaceutical issues and the development of pharmacy services across Stockport. The group has developed over the years and incorporated the health authority pharmaceutical adviser after he was appointed.

Early in 1999, the Stockport Pharmacy Strategy Group (SPSG) was created and the above membership expanded to enable more effective co-ordination of pharmacy service initiatives. Additional members included all LPC members, the chief pharmacist from the local hospital trust, pharmacist representation from the three Stockport Primary Care Group (PCG) areas and a PCG management representative. The group also included the Stockport community pharmacy facilitator, the local Centre for Pharmacy Postgraduate Education tutor and the chairman of the local branch of the Royal Pharmaceutical Society. These last two individuals also currently hold posts as PCG prescribing support pharmacists. The local branch of the Society also has one further member on the SPSG, and one member of the SPSG regularly attends local branch meetings. This ensures good two-way communication. In addition, the local branch programme now includes one meeting annually to present the strategy and to consult on local developments.

Stockport Health Authority facilitated the early development of the SPSG via a primary care manager who provided support to the group. Once the three Stockport PCGs

formed locally, one of the PCGs took a local lead on pharmacy issues and, as a result, the chief executive of that PCG became a member of the strategy group and provided administrative support.

Group membership has thus evolved to include all local pharmacy and NHS elements, providing a platform for discussion and dissemination of ideas and a local driving force for the development of a pharmacy strategy.

DEVELOPING THE PROJECT PLAN

Throughout 1999, the SPSG initiated a number of mainly short-term projects without longer-term development aims. In December 1999 the group decided that a longer-term approach was required and agreed to work towards the development of a comprehensive pharmacy strategy with short-term, medium-term and long-term objectives.

It quickly became clear that a considerable amount of time would be required to produce the type of strategy the group had in mind. As each member of the group had many commitments, it did not seem appropriate for any individual member to take on

the burden of co-ordinating and managing the strategy process. Funding was therefore obtained to appoint an independent facilitator to co-ordinate the strategy through the brainstorming, development and consultation stages.

Although the facilitator was a pharmacist, she had no direct pharmacy responsibilities in the Stockport area. Funding was initially by a support grant from Hoechst Marion Roussel to provide up to 10 days input to the project. It was difficult at this early stage to identify the exact time input necessary because the facilitator's brief was a broad one — to bring together the various strands of local initiatives to date and co-ordinate their further development and incorporation into a formal strategy document for consultation. Once the project had reached the initial consultation stage, the 10 days' support had been completed. However, it was believed that further support would be helpful. A further three days' funding was therefore identified by Stockport Health Authority. This saw the project through further editing and consultation stages to publication of the final draft of the strategy document.

STARTING POINT

As a starting point, the group obtained copies of other pharmacy strategy documents from across the United Kingdom. These were intended to provide ideas for overall approach and presentation of the final document and indicate key factors the group wished the Stockport document to include rather than form reference documents throughout the process.

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Many of the strategy documents studied were stand-alone policies which dealt with pharmacy services in isolation from other health care issues. In addition, many of the documents covered only one financial year in terms of service planning. It was therefore agreed that the Stockport strategy would be an active working document which would form the baseline for pharmacy initiatives in future years and include timetables and detailed action plans for current developments. It would take account of local and national NHS developments and incorporate the views of local health care providers during the prioritisation process.

The group decided that, rather than produce a stand-alone document and attempt later to add this into local health strategy, it would shadow the timetable and prioritisation process for the local Health Improvement Programme (HImP). Thus any pharmacy initiatives would be developed to match local health targets and priorities and build on these wherever possible. In this way, it was hoped that the document would be more readily and rapidly incorporated into Stockport health policy.

The priority areas for the Stockport HImP 2001–04 are summarised in Panel 1. The areas reflected national priorities as laid out in National Priorities Guidance 2001–04 and other key national policy documents such as “Saving lives: our healthier nation”, and the National Service Frameworks for Mental Health and Coronary Heart Disease.

Two initial brainstorming sessions were held to enable SPSG members to suggest ideas for overall approach, potential project areas and the local consultation process. It was clear from these sessions that there was no shortage of ideas, with a wide range of potential development areas from which to select. These suggestions were examined in conjunction with the HImP priorities.

INTERVIEWS

Following the brainstorming sessions, a series of semi-structured interviews were conducted by the project facilitator with key PCG representatives during April and May 2000. These included a PCG chief executive, a nurse adviser and health authority board member and a GP who was both a PCG prescribing and clinical governance lead. The interviews sought general views regarding the current contribution that pharmacy services made to health improvement and also more specific responses to issues such as an extended role for local pharmacists in areas such as smoking cessation, pharmaceutical care of specific patient groups (eg, the elderly) and suggestions for improvements in the delivery of pharmacy services. As the interviewees were able to express their views to an individual who was not directly linked to local pharmacy services, the results obtained were frank and wide-ranging. The interviewees also valued the experience of being approached early in the strategy development process as their usual experience was to be asked for comments following completion of such a document.

Panel 1: Priority areas for the Stockport health improvement programme 2001–04

- 1 Cancer services
- 1 Cardiovascular disease
- 1 Children and young people
- 1 Promoting independence
 - (i) Older people
 - (ii) Physical and sensory disability
 - (iii) Learning disability services
 - (iv) Managing emergency demand
- 1 Sustainability
- 1 Reducing inequalities through community development

WORKSHOP

In May 2000, the Royal Pharmaceutical Society and the North West NHS Executive hosted a “Pharmacy futures” conference at the Reebok Stadium in Bolton for North West pharmacy development teams to attend. A team from Stockport attended the conference and used the afternoon workshop session to plan the next stages of the strategy development, following a brief presentation from the project facilitator which summarised the results of the semi-structured interviews.

The interview results had a number of common elements. There was strong support for initiatives with elderly patients and in particular any which improved current working practices and communications across the primary/secondary care interface. A local need was identified for an extended drug misuse role for pharmacy to relieve current pressures within the system. Similarly, smoking cessation services were thought to require further pharmacy input in order to cope with current pressure, although not all of the interviewees supported this. The role of community pharmacy in the management of minor illness and health promotion was well supported. There were, however, some reservations regarding further extension of this role, in particular regarding the need to ensure that a local strategy was well co-ordinated, an identified need for more pharmacy consulting rooms and uncertainty regarding training requirements. Each interviewee expressed a strong wish to see services such as emergency hormonal contraception by means of patient group directions. The interview comments were not attributed to individuals or professional groups as this had been one of the key features which had encouraged the PCG representatives to be completely open in expressing their views.

In general, pharmacy was acknowledged to make a significant contribution to local health care but not currently to be fully integrated within the health care system. There was broad support for extending the pharmacy contribution to health improvement but concern that associated training needs

Panel 2: Pharmacy development priorities identified

Short-term

- 1 Information technology development
- 1 Hospital discharge dispensing
- 1 Emergency hormonal contraception
- 1 Supervised methadone consumption

Medium-term

- 1 Treatment of minor illness
- 1 Drug history taking
- 1 Links with NHS walk-in centres, one-stop centres and NHS Direct
- 1 Community pharmacy contractual changes

Long-term

- 1 Multi-profession prescribing
- 1 Repeat dispensing
- 1 Pharmacist-led clinics

and co-ordination issues be addressed. There was general concern that any future developments in service should be reproducible across the Stockport area rather than creating pockets of excellence in selected localities.

The workshop group was able to consider the interview results in the light of previous discussions regarding pharmacy development and decided on a small number of key development areas to take back to the next formal meeting of the SPSG, namely, hospital discharge dispensing for the elderly, emergency hormonal contraception and information technology. The latter group was felt to be key to future pharmacy developments as communication and co-ordination would be essential components of any service initiative.

ACTION GROUPS AND CONSULTATION

At the May 2000 meeting of the SPSG a formal action plan for the overall pharmacy strategy was drawn up. Working groups were also established for each of the main development areas. These included members of the SPSG and co-opted other members as necessary, eg, hospital pharmacists co-opted on to the discharge dispensing group and health authority IT specialists on to the IT group. The working groups enabled rapid progress to be made in drawing up detailed action plans and in identifying and overcoming potential barriers to development. The action plans would ultimately include the aims and objectives of the initiative, key development targets and deadlines for their achievement together with a clear identification of any funding or training needs associated with the project.

At the beginning of August 2000, detailed action plans were available for two of the groups. The emergency hormonal contraception group experienced some delays owing to confusion at the time

regarding the potential move of EHC from prescription-only medicine status. These action plans were incorporated into a draft strategy document which included development ideas formulated into short-term, medium-term and long-term pharmacy service objectives. Panel 2 sets out the final priority areas agreed during the strategy development process.

During August and September 2000, the Stockport community pharmacy development facilitator visited each community pharmacy to ensure that each received a copy of the draft strategy and could discuss the implications further if they wished to. In addition, a letter that summarised the potential development areas which were under consideration was sent to all community pharmacists asking them to provide specific comments as to which areas they would most favour and any practical comments regarding feasibility, training needs etc. The process was again welcomed by local pharmacists and comments received were mainly supportive. In addition, a number of pharmacists expressed interest in becoming further involved in any future development projects. Comments received during this part of the consultation process were incorporated into a second draft of the strategy which was presented to a meeting of the Stockport branch of the Royal Pharmaceutical Society in September 2000.

“PHARMACY IN THE FUTURE”

In September 2000, the Department of Health launched “Pharmacy in the future — implementing the NHS plan”. The SPSG needed to consider the implications of this document before submitting the final draft of the strategy for consultation and approval by local health organisations. A further meeting was therefore arranged with SPSG members to consider what changes if any needed to be made to the final draft in the light of this document’s publication. Members were pleased to note that the priority areas identified within “Pharmacy in the future” largely coincided with those identified and developed as part of the Stockport strategy development. The main changes that were required at this point concerned the timing of certain priorities. It was clear for instance that the group’s early identification of information technology as an important future development area had been accurate but that the deadlines for implementation needed to be brought forward in order to meet national targets for electronic prescribing and dispensing.

There were two further issues which affected the timing of priorities. Following the launch of Zyban (amfebutamone) in June 2000, local smoking cessation services experienced increased pressure to review patients and the need for pharmacy to extend its support in this area became a much higher priority. Additionally, clinical governance issues came into increasing focus with the success of the local community pharmacy accreditation scheme, “Going

Panel 3: Targets agreed and incorporated into the Stockport health improvement programme 2001–04

Target area	Target to be achieved	Deadline
Clinical governance	Fifty per cent of community pharmacies in Stockport to be accredited as part of the “Going for gold” scheme	31 March 2002
Smoking cessation	Selected pharmacies to offer level 2 smoking cessation services from their premises	31 March 2002
Dispensing for discharge	Most patients discharged from the Woodlands elderly care unit to have pharmaceutical discharge information sent to their nominated pharmacist	31 March 2002
Emergency hormonal contraception	Selected pharmacies to provide emergency hormonal contraception under patient group directions	31 March 2002
Information technology	All community pharmacies in Stockport to have ISDN links to support IT development	31 March 2003

for gold”. Consequently, these areas were moved from medium-term priorities to short-term priorities.

Finally, a set of five targets were drawn up and agreed by the group for inclusion in the Stockport HImP targets. These are summarised in Panel 3.

After this final discussion and amendment stage, the final draft was submitted to the three Stockport PCGs, Stockport Health Authority, the social services department of Stockport Council and local community health councils for their consideration. The PCGs and the health authority approved and supported the strategy at their board meetings in December 2000 and January 2001. In addition, the strategy is to be used as a source document for the Stockport HImP and will be updated in the future as the HImP is updated.

THE WAY FORWARD

With the publication and local approval of “Modernising pharmacy: a strategy for Stockport 2001–10”, Stockport Pharmacy Strategy Group has made a major step forward in integrating pharmacy developments into local health care systems. However, this represents only the first phase of pharmacy development in the Stockport area.

The process itself has been a valuable learning and development tool for everyone involved. The SPSG now intends to update and review the strategy priorities on a regular basis, forming new action groups and development plans as necessary. The group has not yet developed formal terms of reference, working to date on a project by project basis. As the local PCT structure formalises and the new structure of the SPSG is

defined, terms of reference will be drawn up.

One of the initial challenges the SPSG set for the strategy was that it would be able to respond rapidly to local and national NHS changes. During the early stages of drafting the strategy this need was demonstrated several times. In April 2001, the three Stockport PCGs merged to form Stockport Primary Care Trust, representing a key change which has affected local health care organisation during 2001 and which will continue to do so. The SPSG is convinced that the framework created by this initial strategy document is flexible enough to cope with such change and respond to it.

The challenge for the future will be to deliver the vision that the strategy has set out, ensuring that all local pharmacists are able to contribute to this vision. Ultimately this will mean that pharmacy services will be able to integrate fully into the Stockport health care system and make a maximal contribution to improving the health of the Stockport population.

THE CURRENT SITUATION

Now, at the time of publication of this paper, an updated strategy has been produced and agreed by the new health authority and primary care trust boards. The short-, medium- and long-term titles have been dropped as the pace of change made them a potential barrier. Some of the stated targets have had to be rescheduled and others brought in. Electronic transfer of prescriptions, POM-to-P changes and collaboratives have all served to increase the pace of change. However, the strategy has enabled a focus to be maintained and positive steps forward taken.