

# THE MEDICINES MANAGEMENT COLLABORATIVE: SUCCESSFUL INTEGRATION OF COMMUNITY PHARMACY INTO THE WORK OF A PCT

By Rosie Benham, BA

*In this article, the author describes the development of a programme to encourage community pharmacists to meet on a regular basis and to exchange ideas*



*A community pharmacist supervises a survey of patients using monitored dosage systems being carried out by a group of sixth form students*

Who would have thought that you could get a dozen community pharmacists to give up three hours of their own time — six times in four months — for non-compulsory education?

This was the challenge that I, as a newly appointed medicines management project facilitator for the Wyre Forest, faced when I decided that it would be a good thing to get community pharmacists meeting together on a regular basis.

Seven years of experience as a medical education manager in an acute trust taught me that you might get hospital doctors to come to a lunchtime lecture if a hot meal were on offer and they did not have to pay, though you would struggle to get them all into the lecture theatre once they had eaten — a symphony of bleeps would start just as you tried to herd them in. If the carrot method did not work you employed the stick — no study leave would be approved for doctors who had not attended (or at the least signed the attendance register) for at least 70 per cent of the teaching

sessions on offer. Even with carrots and sticks, getting doctors to attend a meeting in a post-graduate centre after working hours was a concept dreamed up in a bygone age.

## PERHAPS PHARMACISTS WILL BE DIFFERENT

Not being jaded by years of wining and dining by pharmaceutical companies, I wondered if the offer of a nice meal and an interesting talk — with the opportunity for some interactive learning and the chance to meet other pharmacists — might prove enough to entice pharmacists along to a few meetings. If we could get the meetings accredited for continuing professional development that would be even better.

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## THE NEXT CHALLENGE

The next challenge was to get community pharmacists to talk to me. Should I ring them first, or just present myself in person? I decided that if I was going to get the brush-off I should go for the face-to-face encounter; after all, the modern local pharmacist is portrayed as friendly, approachable and able to answer all sorts of questions. So I ventured forth to speak to a few.

The experience was more than a little daunting. There was a certain quizzical expression on the pharmacists' faces when they approached me having been informed that someone from the primary care trust was here to see them. This made me somewhat defensive as I tried to convey in all of 30 seconds what I was doing there: I am the medicines management project facilitator for the PCT working with the Medicines Management Collaborative — that is the National Prescribing Centre — and are you interested in some local teaching sessions

with food and accreditation for CPD if I could organise all of that?

Responses were a little guarded, but positive enough to encourage me to take the next step in trying to put together a programme and get it accredited.

#### ACCREDITATION — WHO DOES IT?

I knew that there was an organisation called the Centre for Pharmacy Postgraduate Education that provided formal courses held in centres such as Birmingham, Wolverhampton and Walsall. These were not exactly local for pharmacists in North Worcestershire. I found out that there were regional CPPE tutors and I arranged to meet one from a neighbouring region, there being no tutor for Worcestershire at the time. Although she was helpful and offered to work with us, I was reluctant to lose control of my programme; I wanted to be able to tailor it to the needs and wants of the group, hypothetical as the group was at this stage.

I also spoke to the Royal Pharmaceutical Society but drew a blank on advice about how to have meetings accredited. I asked the local Society branch secretary who agreed that it ought to be possible to get educational events accredited, but did not know how. He said that if I could find out he would be delighted to know and then, perhaps, he could get branch meetings accredited.

My last port of call was the College of Pharmacy Practice where I found success. Once I had explained what I was trying to do, I found out that there was a form on which I could submit my provisional programme of workshops. The form would be examined by the accreditation panel who would send me written approval (or otherwise) within two weeks. On payment of £47.50 for the year (being a non-profit organisation) we could go ahead and organise our programme. In the event, I asked the CPP administrator to cast her eyes over my programme and advise me as to whether it would be accepted. Within half an hour of e-mailing a draft to her, she had rung me to say she was confident it would be approved. I asked her to submit it as my final application.

#### THE NEXT STEP . . .

Having received the written approval in about a week, I wrote to the community pharmacists attaching the provisional programme and describing how we would organise the evenings — in Kidderminster hospital postgraduate centre with caterers providing a hot meal and sponsored by pharmaceutical companies. Pharmacists were invited to complete a response form indicating which evenings they would be free to attend.

From 16 pharmacies I received 13 positive responses and so set the date for the first meeting. I spoke to the postgraduate centre and discovered that I could not be given an assurance that we would be able to book a regular date. I decided to ring some hotels in the area and find out typical prices for a hot meal and function room. With the cheapest price of £12.95 per head inclusive, for a wait-

ress-served meal, room and screen, I felt emboldened to contact some medical representatives and see if I could persuade them to help us.

#### THE TRUMP CARD

To avoid the embarrassment of asking medical representatives for their money and free gifts, only to shoo them away at the start of the workshop, I decided to invite them to join in. This was so unexpected that the representatives were delighted and enjoyed themselves so much that most of them asked if they could do another evening. With 20 or more participants, the cost of £260 upwards was not insignificant, but only once have we had to approach more than one representative before finding sponsorship.

#### WIDENING THE BOUNDARIES

The first six workshops were aimed solely at pharmacists, mainly community pharmacists, but also the six members of the PCT medicines management team, with pharmacists from South Worcestershire primary and secondary care trusts and with visits from the PCT chief executive officer and prescribing lead. This year we have established the workshops as a regular monthly event, basing the programme on a consensus of the community pharmacists for whom the group was originally conceived. Since March we have widened the meetings to include community nurses, GPs, practice dispensing assistants, practice-based social workers, clinical leads from the PCT and anyone else for whom the subject or emphasis of the particular evening is relevant.

#### OUTPUTS FROM THE WORKSHOPS

Since February we have been piloting a pharmacy intervention scheme across 15 pharmacies and all practices within the PCT. The community pharmacists worked with us to design and test the scheme using models from other PCTs. In the first three months we had processed 220 interventions

and the easily identifiable savings on 75 of these, demonstrate the worth of the scheme.

Three pharmacies are taking part in an audit of returned medicines in conjunction with a group of sixth formers from two local schools. This will provide evidence of wastage costs for a publicity campaign we hope to get off the ground over the next few months.

Some community pharmacists are also helping to supervise a survey of patients on monitored dosage systems (MDS) being carried out by some more sixth formers. The students are using both of these pieces of work to contribute to their University Awards Scheme — a sort of academic Duke of Edinburgh. We hope to be able to publish the work as a contribution to the growing body of research into the value and efficacy of MDS.

Community pharmacists have joined our local medicines management team at the MMS Collaborative, taking part in workshops both as team members and presenters.

#### BENEFITS

The benefits of the workshops extend right across the health care network as relationships are developed among the community pharmacists, and with PCT staff, pharmacists from the acute trust, community nurses, nurse specialists, social workers and GPs.

This is helping to spread the knowledge of whom to contact with a problem or question and to promote more appropriate use of available health care services across the PCT. The culture of talking to one another has grown and continues to grow. No longer do I get a quizzical or suspicious look when I enter a pharmacy but a smile and a welcoming "Come through".

The number of participants continues to grow and the feedback is verging on the enthusiastic. As newcomers find out about us and ask to come we could soon be turning people away, or looking for a larger venue.

All I can say to anyone who does not have this kind of forum is give it a try. It is well worth the effort and we are even managing to fulfil some of the requirements of the clinical governance agenda as a by-product.

## Medicines Management Collaborative

The Medicines Management Collaborative (MMS) is a national programme based at the National Prescribing Centre in Liverpool. There are 106 primary care trusts in three waves and Wyre Forest is a second wave site that joined the collaborative in April 2002. Each site has a project team based on five general practices with one GP member from each and one other professional or administrative staff member. This is supplemented by the project facilitator and another member from the PCT making 12 members in all. Some teams co-opt other members such as a patient and a community pharmacist. In Wyre Forest there are 13 practices in all, of which three are rural and dispensing. There are 16 community pharmacies, of which five are independent contractors.

The collaborative process is about introducing small sustainable improvements for all participants to adopt, particularly in repeat prescribing and medication review, as well as in the patient pathway (as it relates to medicines) across the whole health and social care sector. All practice staff are encouraged to contribute actively to the improvement work both practically and through putting forward ideas to try out. The culture of trying new things and the appointment of a dedicated facilitator for two years makes it possible to set up and organise new initiatives such as the programme described.

For more information about the MMS Collaborative see [www.npc.nhs.uk/mms](http://www.npc.nhs.uk/mms).