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Special interests: update on progress

Beth Taylor, national development lead for pharmacists with special interests at NHS Primary Care Contracting, reports on the session on these pharmacists. Mrs Taylor also spoke at the session, giving an overview of the initiative

The session aimed to update participants on progress towards implementing the pharmacists with a special interest (PhwSIs) initiative in England. It illustrated, through two case studies, how some pharmacists are already providing specialist care "closer to home". The national framework for PhwSIs was launched by health minister Andy Burnham at the 2006 BPC (*PJ*, 9 September 2007, p299), and I started the session by describing further key publications for all PhwSIs — the PhwSI definition and principles are now aligned with those for GPs with special interests and, in April, the Department of Health published new guidance on the commissioning and accreditation of services using this section of the workforce.

Commissioners will increasingly want to move some specialist care to convenient locations in primary care, and the guidance includes examples of how different professionals, including pharmacy, might contribute to this shift. The guidance "Implementing care closer to home: convenient quality care for patients" is in three parts, and part 3 covers the nationally recognised process for accreditation of GPs and pharmacists with special interests. Now that this is available, primary care trusts can, if they wish, start to use this new model.

In addition, two workshops in October for potential early adopters will explore how pharmacists and commissioners can prepare for this. Resources that are being developed to support aspiring PhwSIs include a template PhwSI portfolio and specialist guidelines to support accreditation.

Pharmacy should consider where PhwSIs could add most value to NHS care, and that good business cases might be made around long-term conditions, to fill gaps in local service provision (for instance to address inequalities) and in areas of need where there may be less interest from GPs. (A range of resources to support pharmacists is available at www.pcc.nhs.uk.)

Steve Henderson, a GP and associate director, clinical engagement, NHS North West, welcomed developments. He saw huge potential for pharmacists to broaden their range of services and use clinical skills so that patients and the public could be much more actively involved in care. He also saw a number of potential roles for PhwSIs in case management of patients in nursing homes or long-term care; in medicines management in specialist care; in the monitoring of long-term conditions; in supporting self care with medicines; in providing the first response to more minor conditions; and in the early investigation of certain conditions as well as the work required up to the point of diagnosis.

Tim Cottingham: providing a specialist substance misuse service

To move from good ideas to a contract outcome, pharmacists must influence policy making, collaborate with commissioners and build a case for a service. One important way that both the profession and individual pharmacists could influence policy making at present was to become involved in the consultation "Our NHS, our future", which is cascading through NHS organisations.

Dr Henderson advised that pharmacists need to identify who makes commissioning decisions — this might include practice-based commissioners and also the public, who have the right to petition for services where they feel that existing services are unresponsive or resistant to their needs. He also warned the audience not to underestimate how difficult and lengthy the procurement and contract negotiation process can be. New factors such as policy on "any willing provider" and practice-based commissioning were making an impact here.

Case studies

Two pharmacy practitioners who already provide a specialist service in a community setting described how their services had been established and how they had evolved, and what accreditation as a PhwSI could offer them. Tim Cottingham, of Cottingham Pharmacy and Freelance Needle Exchange Ltd, North East Lincolnshire, provides a comprehensive service for substance misusers from his pharmacy. In addition, he co-ordinates this service across all participating pharmacies in two PCTs and over 6,500 supervised doses (to 550 service users) are now provided per month via 26 pharmacies.

Mr Cottingham's interest in the field of substance misuse started with curiosity, then grew, culminating in gaining the Royal College of General Practitioners certificate in the management of drug misuse. He is now considering becoming a pharmacist prescriber because this might offer new opportunities to manage prescribing of methadone or buprenorphine for some stable clients. Although he now has areas of expertise in this specialist role Mr Cottingham does not consider himself as an expert.

Mr Cottingham described how his pharmacy has been modified and developed in order to offer the range of specialist services that his customers wanted. For example, it now has a dedicated dosing area and needle exchange facility. He showed how the SuMMS (supervised and monitored methadone service) recording system and communication tool supports monitoring of supervised dosing. He believes that the success of the service reflects the prompt and efficient way in which it is provided, combined with an understanding of the need for tolerance from staff and other pharmacy customers. Mr Cottingham gave an excellent example of how a much needed specialist service can be incorporated into existing community pharmacy practice.

The second case study involved the provision of a primary care dermatology service in Hull PCT. Pharmacist Rod Tucker developed expertise in dermatology during his experience in prison pharmacy. Dr Tucker explained why dermatology was a key priority in his locality — between a third and a quarter of the population suffers from a skin problem at any time, resulting in four million working days being lost each year. Acne, psoriasis and leg ulcers account for 76 per cent of all dermatology consultations in primary care and, in 2001/02, 30 per cent of patients waited over 13 weeks for a first outpatient appointment.

Hull PCT has established a consultant-led outreach service, which aims to ensure more appropriate use of secondary care. In addition to the consultant, the team included two GPs with special interests, one pharmacist, nurse support for skin surgery and cryotherapy, and administrative support. As a qualified prescriber Dr Tucker sees 18 to 20 patients per clinic and prescribes for them using clinical management plans. Over 20 months he has seen 289 patients with a range of conditions, including acne, eczema and psoriasis.

The service is a DoH "Care closer to home" pilot site, and preliminary data suggest a 41 per cent reduction in referrals to secondary care and a 52 per cent decrease in consultation costs. This service may be a future model for practice-based commissioners, and may be expanded to cover all areas of the PCT.