

Enhanced services: what is on offer

Enhanced services form the third tier of the new community pharmacy contract in England and Wales. **Clare Bellingham** examines the 10 enhanced service specifications published last week

Finally, after a long wait, the first enhanced service specifications were published last week. The enhanced services form the third tier of the community pharmacy contract in England and Wales. These are the services that are to be commissioned locally by primary care organisations: the services that offer pharmacists the opportunity to develop new roles.

Initially, 10 specifications have been published jointly by the Pharmaceutical Services Negotiating Committee, the Department of Health and the NHS Confederation. More are around the corner. The PSNC says that the next batch will be available within weeks.

The idea behind the template specifications is that they form the basis for local pharmaceutical committees or individual pharmacy contractors and PCOs to negotiate service provision. Local modification can be made or the templates can just be used on their own. Each of the 10 service specifications is summarised below. Certain elements feature in all: ensuring that everyone providing the service is appropriately trained, following local protocols and maintaining records. Pharmacy premises also need to be suitable.

Key points

1. Enhanced services form the third tier of the new community pharmacy contract in England and Wales.
2. Enhanced services are not part of the national contract; they are commissioned at a local level by primary care organisations.
3. Ten enhanced service specifications were published last week. They cover:

- Supervised administration of prescribed medicines
- Needle and syringe exchange
- On-demand supply of specialist medicines
- Stop-smoking service
- Care home support
- Medicines assessment and compliance support
- Full medication review
- Minor ailment service
- Out-of-hours access to medicines
- Supplementary prescribing

4. Further enhanced service specifications are expected to be published in the coming weeks.
5. Pricing of enhanced services will be down to local negotiation between a primary care trust and pharmacist or local pharmaceutical committees. A pricing toolkit is to be published to help this process.

Supervised administration

Supervising the consumption of methadone is something that a number of pharmacists already do. But the supervised administration enhanced service goes beyond methadone to include other medicines used in opiate dependence, in the management of mental health conditions and in tuberculosis.

According to the specification, this service will involve the pharmacist presenting the medicine to the patient in a suitable receptacle and providing some water — either to help swallow the medicine or to ensure that the medicine has been taken rather than held in the mouth. A three-way agreement between the pharmacist, prescriber and patient should be set up so that all know exactly how the service will operate, how the patient should behave and what action will be taken if the patient breaks this agreement.

The aim of the service is to provide patients with a non-judgemental, confidential service that prevents diversion of medicines to the illicit market and protects the wider community from the consequences of under- or over-usage of medicines.

Needle exchange

Not all drug users are ready to give up their habit so the stage before the supervised administration service is the needle and syringe exchange enhanced service. It aims to help drug users stay healthy while they continue to inject drugs. And it also protects local communities by reducing the quantity of discarded injecting equipment as well as their exposure to blood-borne infections.

The service involves the pharmacy providing sterile needles and syringes plus — where agreed locally — other items such as citric acid, swabs and condoms. Sharps containers should also be provided so that used injecting equipment can be returned to the pharmacy for safe disposal.

Provision of harm reduction advice is central to the service. Such advice should include information about safer injecting practice, overdose prevention, sexual health, and HIV and hepatitis transmission. Pharmacists are also expected to act as a gateway to other health and social services.

Specialist drugs supply

The third enhanced service is the on demand supply of specialist drugs, for example those used in palliative care, TB or bacterial meningitis. These are drugs for which demand can be urgent or unpredictable and the idea behind the service is that the pharmacy retains a stock of these specialist drugs.

Under the service specification, the PCO will agree with local stakeholders the list of



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medicines the pharmacy has to stock, plus any associated equipment such as syringe drivers. The method of supply will be dispensing against an NHS prescription.

The service is not just about stocking these specialist medicines but also about how they can be accessed outside normal working hours. One possible arrangement is an on-call rota between a number of pharmacists.

Smoking cessation

Providing advice on how to stop smoking is part of everyday life for community pharmacists. However, it is not currently an NHS role. The fourth of the enhanced services formalises and develops this role, and makes it part of the NHS stop-smoking service.

This enables pharmacists to provide one-to-one support to people who want to give up smoking. How people will be referred to the service should be decided locally. Initially, an assessment should be made of a person's readiness to quit and willingness to use treatment. The consultation should include a carbon monoxide test plus the provision of information about passive smoking, the benefits of quitting and the features of tobacco withdrawal. Treatment options and support strategies should be discussed.

Depending on local agreement, the pharmacist might supply treatment, such as nicotine replacement therapy, making use of patient group directions or supplementary prescribing. Follow-up consultations also need to be carried out and include validating smoking status using a carbon monoxide test.

Care home support

Provision of advice and support about medicines to the staff and residents of care homes forms the fifth enhanced service. The aim is to improve patient safety within the care home. The service focuses on the ordering, storage, administration and disposal of medicines. The pharmacist will need to make an initial assessment visit, then follow-up visits to monitor systems at least every six months. Under the specification, the pharmacist will be responsible for ensuring that appropriate systems are in place for the ordering, storing, administering and disposing of medicines, and the recording of these actions. In addition, the pharmacist will have to provide training (at least annually) on medicines and the systems to care home staff.

Compliance support

The medicines assessment and compliance support enhanced service aims to support independent living. Through this service, pharmacists will be able to help people who fall outside the criteria of the Disability Discrimination Act 1995 with support to manage their medicines.

At an initial assessment, the pharmacist will determine the support and knowledge a person may need in order to take his or her medicines correctly, and then aim to provide this. Support might include the provision of compliance charts, screw tops, medication administration record charts, large-font labels or multi-compartment compliance aids. In addition, the pharmacist might simplify the patient's medicines regimen and provide advice to the patient's carer or other health and social care professionals involved.

Medication review

Enhanced service number seven is the provision of full clinical medication reviews. Such reviews should be to the standard of level three medication reviews, as described in the Medicines Partnership's "Room for review".

The aim of the service is to ensure that patients are receiving optimum therapy. Following a structured, critical review of the patient's medicines, the pharmacist should make appropriate recommendations to the patient's prescriber. These might include tackling the effectiveness and appropriateness of the patient's medicines, and any adverse drug effects the patient has experienced. The pharmacist might also interpret test results and recommend any actions required, plus inform the prescriber if any new treatments are needed. In order to carry out such a review, it is clear that the pharmacist will need access to the patient's medical record. Where the reviews are carried out is a matter for local negotiation, but might be the pharmacy, the GP practice or the patient's home.

An important aspect of the review is to increase compliance by improving the patient's understanding about his or her medicines, simplifying the regimen and, if needed, referring the patient for compliance support aids (see "Compliance support").

Minor ailment service

The minor ailment enhanced service will enable the pharmacist to provide advice and support about minor ailments to people who would otherwise have gone to a GP for a prescription. The aim is reduce workload at medical practices while improving access and choice to people with minor ailments.

The pharmacist's role is to provide advice on the management of the ailment and, where appropriate, to provide a medicine or device to treat the ailment. Medicines should be selected from a local formulary. If the pharmacist decides that the ailment requires further treatment, then the patient should be referred to the appropriate health professional. A record must be kept of the consultation and any medicine supplied.

It will be up to the PCO to determine which groups of people are eligible for treatment under this service. In terms of routes of access, the specification suggests three:

- By "local access" in which any patient registered with a GP practice in the PCO area can access the scheme
- Through a voucher scheme in which people eligible to receive treatment are given vouchers to present at the pharmacy
- By referral from another member of the health care team

It will be the pharmacist's responsibility to check that the person is eligible for treatment and to collect NHS charges if appropriate.

Out of hours

The out-of-hours enhanced service enables the pharmacist to provide people with prompt access to medicines out of hours. Through this service, the pharmacist will dispense medicines against NHS prescriptions and provide advice and information about these medicines.

Exactly how the service will operate will be down to local negotiation between the PCO and the pharmacy contractor. The pharmacist may provide the service for part or all of the out-of-hours period, depending on how frequently the service might be required. Within the local negotiations, factors such as how the pharmacist can be contacted, how the prescription reaches the pharmacy and security procedures all need to be considered. In addition, the way in which the patient obtains the medicine once it has been dispensed has to be determined, and eligibility for home delivery will need to be set by the PCO.

Supplementary prescribing

The final enhanced service provides a specification for use of supplementary prescribing by community pharmacists. In order to provide this service, a pharmacist will need to be registered with the Royal Pharmaceutical Society as a supplementary prescriber.

The aims of the service are to provide patients with quicker and more efficient access to medicines, and to improve choice. It will also make better use of pharmacists' skills, and have benefits for the NHS in terms of reducing the workload at medical practices and encouraging flexible team working. Eligibility criteria and the method of referring patients to the service will need to be agreed locally.

Further services

Right from the beginning, the PSNC said that the contract would be dynamic with new enhanced services being added and some, in future, becoming advanced services. Pharmacists can look forward to the next batch of enhanced service specifications, expected to be published within a matter of weeks. They are anticoagulant monitoring, patient group directions, screening of at-risk people and monitoring.

Funding the enhanced services

Funding of the enhanced services has been taken in an unexpected direction. Pharmacists were expecting — as was set out in the new contract booklet (*PJ*, 30 October 2004, p637) — that national benchmark prices would be agreed for each of the enhanced services. Exact funding would then be negotiated locally between the local pharmaceutical committee or pharmacy contractor and primary care organisation. The benchmark price would be central in guiding these discussions. However, last week the Pharmaceutical Services Negotiating Committee announced that a "better approach" to pricing had been agreed. Instead of benchmark prices, a pricing toolkit is to be jointly agreed by the PSNC, Department of Health and NHS Confederation. According to the PSNC, there are reasons for this new approach:

First, the DoH and NHS Confederation have insisted that in line with "Shifting the balance of power" service specifications must be open to local modification. Second, they have insisted that during local negotiations LPCs will be able to take into consideration local factors that cannot be encompassed in national negotiations and third, that local negotiation allows the value of a service to be enhanced by the environment in which it operates.

It is not clear how benchmark pricing prevents any of these factors. The NHS Confederation itself in a document published last November states: "PCOs will be able to modify these model specifications to meet particular needs and negotiate these locally, as the recommended prices are benchmark only and can be changed to suit local circumstances."

The PSNC says "it is important that LPCs have the maximum flexibility for local negotiations". Some might argue that this is about obtaining pharmacy services for the minimum price. Others might say that PCTs would always stick to a benchmark price yet, without it, LPCs might be able to achieve a higher price. Only when the first round of local negotiations have been completed will a clearer picture emerge.