

Implementing the new contract

In the second article in our series about the services community pharmacists in Scotland will be expected to offer under their new community pharmacy contract from April 2006, **Clare Bellingham** describes how the new contract will be implemented

This week, the Scottish Executive published details about how the new community pharmacy contract in Scotland will be implemented. The implementation programme starts immediately and will continue until April 2007.

A phased implementation has always been on the cards. The Scottish Executive Health Department and the Scottish Pharmaceutical General Council agreed some time ago that each of the four core services within the new contract should only be implemented when the supporting e-infrastructure became available. This means that, from April 2006, the public health and minor ailment services will be introduced.

The e-infrastructure for the other two services — the acute medication and chronic medication services — is still in development so these services will not be implemented until later. It is hoped that the electronic applications for these services will become available next summer but they will not be fully rolled out until April 2007.

Implementation of the new contract will be managed at three levels: in small local groups, at an NHS board level and at a national level. National co-ordination of the implementation programme will be carried out by an implementation management group, which will be part of the SEHD. Its role is to ensure that all community pharmacists are offered the same level and standard of support.

Local implementation groups will be established by NHS boards.

Local practitioner champions

Perhaps the most important person in the implementation plan — certainly in terms of whom pharmacists will have the most contact with — is the local practitioner champion. These practitioner champions will be community pharmacists whose role will be to gain expertise in the new contract and then to use their knowledge and experience to train and support other pharmacists.

The idea is that these practitioner champions will become a local contact point through which training can be cascaded to other pharmacists. As new parts of the contract are introduced, training will be managed through the practitioner champions. So information will flow from the SEHD to local implementation groups at NHS board level and on to local practitioner champions.

Practitioner champions are not expected to do this on their own: they will be trained, supported and remunerated for this role. NHS Education for Scotland (NES) Pharmacy will provide an initial round of training. After that, the practitioner champi-

Key points

1. The new community pharmacy contract in Scotland will be phased in from April 2006, depending on the availability of a supporting e-infrastructure for each service.
2. Implementation of the new contract will be managed at three levels: in local groups, at NHS board level and nationally.
3. Local practitioner champions will initially gain expertise of the new contract and then use this knowledge to train other pharmacists.
4. A new contract website is being set up and NES Pharmacy will provide national training on the new services.
5. Patient registration for the minor ailment service will begin in March.

ons will be supported by the local implementation groups at NHS board level. Remuneration for the practitioner champion role will come from a ring-fenced central fund allocated to NHS boards by the SEHD. This funding will cover the both the time and travel costs associated with the role.

What community pharmacists have to do now is agree and appoint local practitioner champions. Since practitioner champions are to be appointed on a geographical basis, this decision will be co-ordinated through the area pharmacy contractor committee. The SPGC and NHS boards must be notified of the names of practitioner champions by 19 December.

A personal specification for a pharmacist taking up the role has been prepared. It states that such pharmacists should be on the practising register of the Royal Pharmaceutical Society, be wholly or mainly employed in community pharmacy, have good communication skills, and be aware of the present and potential future role for community pharmacy services. Desirable qualities include experience of teaching, mentoring skills, leadership skills and an understanding of the principles of the new contract.

The practitioner champions will be supported by local implementation groups established by NHS boards by 21 December. These groups will co-ordinate local training activities and deal with any specific local issues that might impact on the implementation of the contract. They will liaise with the SEHD and pass on any information to the local practitioner champions.

Local groups are expected to comprise all the local practitioner champions, representatives from the area pharmaceutical committee, representatives from the area pharmacy contractor committee, the board's director of

pharmacy and medical director, representatives from primary care and IM&T, and a patient representative.

At a national level, the SEHD's internal implementation management group will oversee the implementation. It will be advised by a stakeholder group consisting of representatives from the SPGC, NES Pharmacy, the NHS and patients.

Also at a national level, NES Pharmacy will continue to play a key role in providing training to all community pharmacists as well as specific training to practitioner champions. Another national resource will be a new contract website, the address for which will be announced shortly. It is hoped that pharmacists will use this website as a virtual support group to share best practice, log problems, provide solutions and report progress.

What will happen now?

Service specifications for both the public health and minor ailment services are expected to be published by the end of the year.

On the e-infrastructure front, the N3 (NHSnet) connection programme is expected to be completed by the end of December. Connection is either direct, for independent pharmacies, or via a head office connection for multiple pharmacies. Although all independent pharmacies and all multiple head offices will be connected by the end of the year, connection of each individual multiple pharmacy will depend on the company head office's timetable. Another e-infrastructure development is the roll-out of the application to support the minor ailment service.

The national electronic patient registration system is now in place and all pharmacy software suppliers are on course to provide a software module for the service by April. Some companies are expected to start introducing the software in December with others following in the new year.

In January 2006, the implementation programme really kicks in with an NES Pharmacy national workshop on the minor ailment service, NES Pharmacy training for the practitioner champions, and a national workshop on the new contract for the NHS and practitioner champions. This will be followed, in February, with the SEHD beginning national public awareness initiatives about the new contract. March brings the final preparations for implementation of the first two core services. A minor ailment service resource pack will be issued by NES Pharmacy and pharmacists will start to register patients for the service. Implementation of the minor ailment and public health services is scheduled for April.