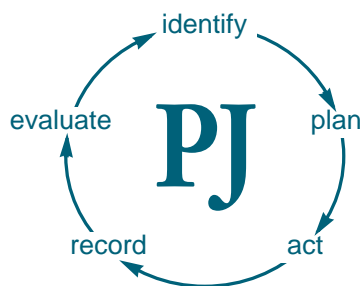


COMMUNITY PHARMACY SERVICE DEVELOPMENT

(1) HOW TO ESTABLISH A NEW COMMUNITY PHARMACY SERVICE

By Rebecca Russell, MSc, MRPharmS

This article is the first in a series on community pharmacy service development. There are significant opportunities for developing community pharmacy services in the new NHS but, in order to be successful, bids must be carefully prepared. This article looks at factors that need to be considered when putting a bid together



identify gaps in your knowledge

1. What should influence the type of service you choose?
2. How should you set out a bid?
3. List three key stakeholders in a pharmacy-based minor ailments service.

Before reading on, think about how this article may help you to do your job better.

The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record," (available at: www.rpsgb.org.uk/education). This article relates to "achieving effective and efficient community pharmacy services" (see appendix 4 of "Plan and record").

Until the publication of the NHS Plan and pharmacy strategies for England, Scotland and Wales, community pharmacy services had been defined by the national pharmacy contract. The Pharmacy in the Future website,¹ which is designed to help pharmacists develop their role within a modernised National Health Service, states that pharmacy services should be:

- Designed around the needs of patients, not organisations
- Developed in response to both local and national needs and programmes
- Focused on patients' clinical needs, in particular helping them to get the most out of their medicines
- Integrated with other services (both health and social care)
- Of high quality and convenient for service users to access
- Developed making the best use of all staff and their skills
- Developed using a multidisciplinary, team approach

The potential range of new pharmacy services includes services to residential homes, smoking cessation and disease management clinics, medicines management schemes and minor ailments services.

One of the most significant factors in increasing the likelihood that a new service will be implemented is whether it meets an unmet patient or primary care organisation (PCO) need. If a bid is made for a service, which does not solve a PCO problem, it is almost certain to fail. A service that is developed to add value to or complement an existing service, relieve workload or reduce appointment times or

waiting times within primary care is more likely to be taken forward than one which meets none of these criteria.

WHAT TYPE OF SERVICE?

How do pharmacists identify gaps in current service provision or unmet needs and tailor a new service to provide a solution? First, it may be possible to identify a local need simply by liaison with local general practitioners — close collaboration with local practices often leads to ideas for additional services. Second, PCOs publish their key health priorities in a variety of strategic documents and local plans. Pharmacists can use these plans to identify opportunities for new services to improve health in their area. New services that help PCOs to meet planned targets are more likely to succeed because budgets will often be committed to these priority areas many months in advance. Copies of local plans are available on individual PCO websites or as hard copies from PCO offices.

The new GP contract could provide opportunities for new community pharmacy services, which either seek to support existing GP workload or help GPs to meet their quality and outcome targets, including those set by the national service frameworks (NSFs) and the Scottish Intercollegiate Guidelines Network (SIGN) guidelines. These set the gold standards in each area of care and contain specific targets, which PCOs have to meet.

MAKING A BID FOR A NEW SERVICE

When a potential service has been identified, a formal bid must be prepared and should include evidence to demonstrate the need for the service. Evidence can include the results of an audit of current practice, results from pilots or research into the effectiveness of a similar service. The next article in this series will look at sources of evidence.

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PANEL 1: A CHECKLIST FOR ANY NEW SERVICE

- Is there a specific patient need for the service?
- Does the proposed service meet a local or national target?
- Is there a good evidence base for the new service?
- Has a similar service been developed elsewhere? — learn from others
- Have providers and other stakeholders been fully involved in the service development? — if both are fully consulted, the service is more likely to be adopted and successful
- How will the service work in practice?
- Has clinical governance been built in to ensure a high quality service?
- Have training needs been identified?
- Are potential sources of funding understood?
- Have channels of communication with providers and stakeholders been developed?

A local health needs assessment is also useful in identifying gaps in patient care. The PCO may have already undertaken a needs assessment exercise as part of the development of local plans.

Local stakeholders Early on in the development of a bid, local stakeholders should be contacted to enlist their support for the service. Stakeholders include practice managers and GPs, practice nurses, secondary care specialists, the PCO board and executive committee members, pharmaceutical advisers, community pharmacists and patient groups. Partnership working is a key part of the new NHS and collaborative bids, involving other stakeholders, will often succeed in gaining funding where independent bids fail.

Clinical governance Clinical governance demands that the provider of any service within the NHS is accountable for delivering a safe, high quality service to patients. Elements that must be considered include systems for assessing the competency of those delivering the service, risk management, standard operating procedures for consistency of service, the development of clear referral pathways and protocols and the ongoing monitoring and evaluation of the service. Integral to a new service should be a series of performance indicators against which progress can be measured.

SETTING OUT A BID

The formal written bid should include an executive summary so that decision makers with little time can understand the proposal quickly. A suggested outline for a proposal would include:

- Executive summary
- Background and introduction to establish the need for the proposed service and the evidence base
- Proposal
- Costings
- Outcomes expected
- Monitoring, evaluation and clinical governance
- References

One of the most difficult areas within a bid is the realistic costing of a service. When a figure has been suggested, it will be difficult to go back for additional funding if factors have been overlooked. The bidder must be able to justify costings and demonstrate the evidence, and calculations behind the bid. There are many hidden costs in a new service. Examples include professional input, preparation time, travelling time, account processing, extra dispensing efforts, delivery costs, stationery, postage and telephone use, administration, investment in hardware, monitoring and evaluation costs and training.

Before making a bid, it is a good idea to contact the local pharmaceutical committee (or equivalent body). In some areas, it can help to negotiate with the PCO and bids made through teamwork are often more successful.

A number of points, listed in Panel 1, should be applied in the development of any service.

REFERENCES

1. Pharmacy in the future. Available at: www.pharmacyinthefuture.org.uk (accessed 14 August 2003).

FURTHER READING

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- Welsh Assembly 2002. Remedies for success — a strategy for pharmacy in Wales. Available at: www.wales.nhs.uk/documents/PharmacyStrategy.pdf (accessed 14 August 2003).
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RESOURCES

- For distance learning packs and workshops on minor ailments contact the centres for pharmacy postgraduate education in England, Scotland and Wales.
- Full details of the NSFs can be found at www.doh.gov.uk/nsf
- The Scottish Intercollegiate Guidelines Network guidelines can be found at www.sign.ac.uk
- Health Action Zones www.haznet.org.uk
- Sure start www.surestart.gov.uk

USEFUL CONTACTS

- Georgina Craig, head of NHS service development, National Pharmaceutical Association: g.craig@npa.co.uk (tel 01727 858687 ext 293)
- Barbara Parsons, local pharmaceutical committee liaison officer, Pharmaceutical Services Negotiating Committee: barbara.parsons@psnc.org.uk (tel 01296 432823)
- Annamarie McGregor, NHS director, Pharmaceutical Care Model Scheme Development Team: annamarie@rpsis.com (tel 0131 556 4386)
- Catherine O'Brien, secretary of the Welsh Executive, Royal Pharmaceutical Society: wales@rpsgb.org.uk (tel 02920 412800)

action: practice points

Reading is only one way to do CPD and the Society will expect to see various approaches to CPD in a pharmacist's portfolio.

1. Obtain a copy of your PCO's plan for health.
2. Identify any gaps in which new pharmacy services could make a difference to patient care.
3. Contact the national pharmacy bodies to identify similar services, which are already making a difference.

evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following three questions:

- What have you learnt?
- How has it added value to your practice? For example, have you applied this learning or had any feedback?
- What will you do now and how will this be achieved?

CASE STUDY: SETTING UP A MINOR AILMENTS SERVICE

Management of minor ailments is a key area for community pharmacy service development. Community pharmacists already spend a great deal of time advising on minor ailments, recommending treatment or referring to another health care professional. General practices manage high-levels of self-treatable conditions (eg, during the hay fever season or cold and 'flu epidemics in the winter) and can sometimes be overwhelmed by patients who could be seen and treated as effectively by a pharmacist.

If community pharmacy were to take over the management of even a small fraction of patients who currently consult their GP for minor ailments, pressure on GP workload would be substantially eased. This, in turn, would mean that GPs could deal more effectively with patients presenting with more serious conditions. Ultimately, minor ailment services could ease pressure on surgery appointments and facilitate the transfer of some treatments, traditionally seen only in secondary care, to primary care and thus potentially also reduce pressure on secondary care waiting lists.

One of the main barriers to the development of minor ailments schemes has been that pharmacists have not been able to supply pharmacy-only medicines on the NHS without a prescription. There is little motivation for patients who are exempt from prescription charges to visit the pharmacist for advice because this means having to buy a remedy for their minor ailment when they are able to obtain it free on an NHS prescription. A number of schemes throughout the United Kingdom have sought to overcome this barrier and are now running successful minor ailments services. More information is available on the Pharmacy in the Future website (www.pharmacyinthefuture.org.uk) and from the National Pharmaceutical Association's NHS service development department.

In the new Scottish contract, it is likely that a minor ailments service will be a core service, offered by all pharmacies, but in England, this service may either be a core ("essential") or additional service. Here, the points in Panel 1 (p 238) are applied to the development of a pharmacy-based minor ailments service.

Is there a specific patient need for the service? A minor ailments service may seem like a good idea for every pharmacy and GP practice, but how do you find out if it is needed by the local population? The level of deprivation in your area will be significant. Low-income families will readily consult their GP for minor ailments because they often cannot afford to self-treat. It would be useful to find out the percentage of prescriptions issued for minor ailments. A practice audit can identify other key areas, such as the percentage of GP appointments inappropriately taken up by patients with minor ailments.

Does the proposed service meet a national target? Easy access to services is an important goal in the new NHS. The government has made a commitment to improve access to health care around the needs and convenience of patients. There is also a commitment to improve primary care services and reduce waiting times in secondary care. A minor ailments service based in community pharmacy would not only be highly accessible but would also support GP and, ultimately, secondary care teams in meeting their access targets.

Is there a good evidence base for the new service? PCO budgets are under enormous pressure. It is unlikely that money will be allocated to a new service unless there is evidence of proven benefit. The Royal Pharmaceutical Society's technical information department has prepared a comprehensive list of references for pharmacy minor ailment schemes. The Society's database on pharmacy practice (RPS e-PIC) can be accessed at www.rpsgb.org.uk.

Has a similar service been developed elsewhere? Contact details for people and organisations able to provide you with further information on other minor ailments services are included on p238.

Have providers and stakeholders been involved? You need to consider who should participate in the scheme to get it off the ground and make it successful. Close collaboration between pharmacy and surgery staff is essential. Locum pharmacists should also be involved.

A second consideration is how will you manage your staff to accommodate the new service. Secondary care practitioners may need to be involved, for example, microbiologists should be consulted if patient group directions involving antibiotics are developed.

How will the service work in practice? You will need to come up with answers for the following questions:

- Is there going to be a formulary?
- What paperwork and systems will be used to ensure that the patient will receive advice or treatment promptly?
- Will two-way referral mechanisms (to and from the surgery) be in place?
- Will patient group directions be needed?
- Who will develop the protocols?
- How will remuneration be managed?

For example, a minor ailment scheme, "Care at the chemist", operating across Bootle and Litherland PCT covers over 20 minor ailments (including thrush and threadworm) and self-limiting conditions under a locally agreed formulary with referral criteria. Patients can self-refer into the scheme or be referred by local surgeries or the walk-in centre.

More information on this and the other national minor ailment schemes currently operating is available at www.pharmacyinthefuture.org.uk

Has clinical governance been built in? Clinical governance requires a checking system for interventions to be in place. You will need to have considered what will be checked, for example, adherence to protocols, recording of interventions and the information provided to patients. Similarly, you will need to decide what data and audits are required for evaluation, such as patient satisfaction, cost of intervention and types of minor ailments involved. Think about risk management, the patient journey, the paper trail, complaints procedures and local ethical committee approval.

Have training needs been identified? Clinical governance also concerns the training needs of the participants. In addition to operational training for pharmacy and practice staff, individual practitioners will be required to assess their own learning needs and take any steps to update their knowledge, especially where patient group directions are involved.

Are potential sources of funding understood? Community pharmacists have been able to secure funding for minor ailments services from a range of sources including health action zone initiatives and "Sure Start" programmes. A later article in this series will look at NHS funding streams.

Have channels of communication with providers and stakeholders been developed? You will need to have thought about where and how the service will be promoted to patients and other health care professionals. You should also be prepared to keep practitioners updated on service issues and changes to the formulary or patient group directions.

In addition to these questions, other issues to be addressed include indemnity insurance cover. In some areas, special provisions for language difficulties may be needed. Local demographics are also significant, for example, areas with a high concentration of single parents with young children may require a focus on paediatric minor ailments.