

# Aspects of the contract in the north east

Pharmacists from Tyne and Wear met recently to hear about the new community pharmacy contract. **Malcolm Goldie** reports

Introducing the meeting, Ian Spencer, director of clinical governance at the Northumbrian and Tyne and Wear Strategic Health Authority said that, by and large, NHS patients are satisfied with the service they receive. There is nevertheless a need to move the service from one that treats sickness to one that tackles the causes of ill health. Various governmental initiatives have sought to change the direction of the service and the NHS is gradually beginning to change its mode of operation.

Pharmacists have been finally recognised as an underutilised resource and the new contract is seeking to make better use of their skills by employing essential, advanced and enhanced arrangements. Dr Spencer pointed out that the new services that are being offered to pharmacists are not necessarily theirs of right and if the profession fails to pick them up others would step into the roles. He said that community pharmacists must show their primary car trusts that they are ready to deliver the new services.

## Clinical governance

The need for community pharmacists to embrace clinical governance was put by Lucy Topping, head of clinical quality at Gateshead PCT.

Clinical governance covers the whole gamut of pharmacy's work and embraces education and training from PCTs. There is a requirement within the new contract for pharmacists to undertake audit within their pharmacies and audit training would be on the agenda. Staff management, policy development and patient forums within GP surgeries (which should ideally include a community pharmacist) were mentioned as subjects coming within the scope of clinical governance. So too are risk management, root cause analysis, the use of information and data protection.

## Public health

Amanda Potts, health promotion manager at Gateshead PCT, said that community pharmacists would have to become involved under the new contract with health promotion by taking part in up to six promotions per year. She emphasised that the promotion of healthy lifestyles for people presenting prescriptions who have diabetes or coronary heart disease, those who are overweight, and those who smoke is part of the "essential services" that pharmacists are obliged to deliver.

## Fitness to practise

Christine Briggs, lead for contractor administration at Tyne and Wear Contractor Services Agency, said that applicants for new premises or for taking over an existing pharmacy will need to register with the relevant PCT to practise. This will involve professional references and an undertaking that the applicant is in good standing with the police. A search of criminal records will be introduced at some time at the future. Contractors who were on the PCT list on 1 April 2005 must, by 3 October, supply what is termed "fitness to practise" information in writing to their responsible PCT. Special arrangements apply to bodies corporate. The information must be provided forms that can be downloaded from [www.twcsa.nhs.uk](http://www.twcsa.nhs.uk). Useful information can be downloaded from [www.twcsa.nhs.uk/healthpro/letter\\_pharmacy.doc](http://www.twcsa.nhs.uk/healthpro/letter_pharmacy.doc), which, although it is directed at contractors in Tyne and Wear, is applicable elsewhere. These requirements apply only to those currently in contract and not to pharmacist employees or locums. A supplementary list for pharmacy service performers, those other than contractors, is to be produced later this year.

The outcome of this situation is that a PCT can suspend or remove a contractor from the list, or refuse an application to practise. A suspended pharmacist has a right to appeal and to nominate a replacement.

## Accreditation

Mark Burdon, a community pharmacist employed part time by Gateshead and South Tyneside PCTs as a clinical governance co-ordinator, spoke on the subject of the monitoring accreditation of pharmacies and pharmacists. He explained that the PCT is the inspecting body but the manner of the inspection has not yet been determined. He could not say whether monitoring would be by self-certification, with spot checks, or by the Royal Pharmaceutical Society's inspectorate. One point he made was that the pharmacist being inspected can request the attendance of a LPC representative.

Mr Burdon explained that the PCT and the LPC were more than prepared to help individual contractors so that they could achieve the necessary contract requirements. There were different aspects of the new contract that required an undertaking from management and many items would at least have to have started, if not be completed, by 1 October 2005, from which time inspections would commence. Practitioners would need to have standard operating procedures in place for a whole range of services. Records of various activities would need to be kept and stored and practice leaflets would have to be available. Patient satisfaction surveys would

need to be planned and undertaken and training certificates would need to be available for inspection. For advanced services, a consultation area would need to be in place. Contractors were urged not to leave matters until the last minute.

## Monitored dosage systems

David Carter, chairman, Gateshead LPC, gave a presentation that looked at the subject of monitored dosage systems. He explained that in South Tyneside PCT area there has been a payment, since the refusal of GPs to produce seven-day prescriptions, of £5 per patient per week. The new contract paid 5.5p per prescription, which is to cover the provision of aids, not necessarily MDS, to those patients who, after assessment by the pharmacist (for which no fee is payable), are deemed to fall within the provisions of the Disability Discrimination Act. The problem to some extent lies in demands from social service home workers who are not prepared to prompt their clients to take their medicines unless they are in MDS packs. To this must be added the demands of residential homes, which also request MDS packing where able-bodied staff are supervising medicines. The 5.5p payments are only intended to cover those patients whose supply was under the DDA. Other patients would need either to be self-funded or funded by the PCT. Mr Carter repeated that community pharmacists could not be expected to pay for these additional patients and funding would be necessary from some source, if not the PCT. A training scheme accredited by Sunderland University has been delivered to care-home workers to train them not to ask for MDS packing. There are, however, a tremendous number of workers to train and staff turnover adds to the burden.

## Enhanced services

Cathy Glover, primary care liaison manager at Gateshead PCT, gave a brief overview of enhanced services that would in due course be locally commissioned by PCTs working to a national tariff. She expected that contractors would be asked to sign up to a service level agreement. There was a rigorous process that had to be undertaken before an enhanced service was introduced that involved taking the idea, assessing it, preparing a business case to include the costs of any training and prescribing if applicable, before approval is sought from the professional executive committee and the PCT board. Ms Glover saw existing services, eg, methadone supply, being rolled out as enhanced services. There is a short list of potential services that include needle exchange, prescribing support to GPs, emergency hormonal contraception and smoking cessation services.

The meeting organised by **Gateshead Local Pharmaceutical Committee** and **South Tyneside Primary Care Trust** took place on 1 June