

Practitioner champions set to become pharmacy contract experts in Scotland

Community pharmacy practitioner champions will be leading the implementation of the new community pharmacy contract in Scotland. They met in to hear speakers from the Scottish Executive Health Department outline their new role. **Clare Bellingham** reports

Today is like the launch of the new pharmacy contract, said Bill Scott, chief pharmaceutical officer, Scottish Executive. "We have brought together most of the main players from across the health boards who will be bringing in the new contract. These 130 people will discuss the implementation of the new contract and the minor ailment service in particular." He emphasised that the day was a learning event. "There are no experts in the new contract at this stage but you will become the experts," he told the practitioner champions.

Evolution

"We have taken the decision to bring the contract in by a process of evolution and osmosis rather than a big bang," Mr Scott continued. "We would like the contract to come in without putting people under undue pressure: community pharmacists already play an extremely important role and we don't want to destabilise that. It is not about how quickly we implement the new contract but about how soundly we implement it."

The new contract had taken a long time to come to fruition, he said. It had begun with roadshows that collected pharmacists' views of what they wanted their future roles to be. This had led to the development of "The right medicine: a strategy for pharmaceutical care in Scotland", he explained. "It may not be perfect but it serves as a vehicle and a reference point. The new contract is based on the ethos of 'The right medicine'."

Last year's Smoking, Health and Social Care (Scotland) Act provides the regulatory framework for the new contract. Mr Scott explained that the Act defines pharmaceutical care services and places a duty on health boards to ensure that these services are provided. This duty involves planning the need for services, securing the provision of services and keeping a list of pharmacists able to provide the services. It sets out the essential services that all pharmaceutical care service contracts must contain. They are:

- A minor ailment service (MAS)
- An acute medication service (AMS)
- A chronic medication service (CMS)
- A public health service (PHS)

Mr Scott explained that it is not possible for a pharmacy to have an NHS contract without delivering all the essential services. "So it is highly unlikely that an internet



Bill Scott: no limit in terms of what individual contractors can be paid

pharmacy could get a contract based on these essential services. We will be discussing how internet pharmacy can be used later," he said.

"There is a considerable difference between the contracts in England and Scotland," he commented. "In Scotland, there will be no enhanced services because we think that it will be difficult for the public to understand that they can get something at one pharmacy but then have to go to another pharmacy for something else."

Although funding has yet to be finalised, it has been agreed that national payment rates will be set for all essential services. Funding for these services will be transferred to health boards which will then pay contractors, Mr Scott said. "Health boards will have to pay contractors. There is no limit in terms of what individual contractors can be paid. So if you are still getting new patients at the end of February, you will continue to be paid," he explained.

On top of the essential services, additional services identified by local need, for example needle exchange, will continue to be negotiated locally. Alison Strath, principal pharma-

ceutical officer, Scottish Executive, commented: "We are currently working on benchmark specifications and national suggested tariff prices for additional services. What we have done so far is asked boards to send in the specifications and rates of pay for current services. There is a lot of variation so this is a way to start standardising services."

What does the Scottish Executive think that the new pharmacy contract will achieve? Ms Strath explained that the expected outcomes of the new contract are:

- Promotion of self care
- Improved clinical outcomes
- Improved concordance
- Reduction in iatrogenic disease
- Recognition for pharmacists as 2,000 new clinicians in NHS Scotland
- Better use of pharmacists' skills
- Reduced medicines wastage
- Better value for money for NHS

One of the Scottish Executive's key policy drivers is improving access to health care. "Where better to do this than on the high street," Mr Scott stated. In addition, health inequalities need to be tackled. People living in deprived areas might not have the same expectations of the health service, he said. "So there may be more prescriptions in deprived areas but they are for older, lower-cost medicines compared with less deprived areas where people have the knowledge to ask for newer medicines."

Key strength

Although there are many good examples of chronic care, some patients still have little understanding about their disease and medicines. "These patients come off worse. We need to involve them in their disease management," Mr Scott said. He stressed that pharmacy is wider than just medicines; it is about helping people with their illness, with appliances and medicines, and with primary prevention. "Medicines management is only a part of this," he said. He added that pharmacists' role in self-care is a key strength that has not yet been recognised but will be through the new contract.

It has already been decided that the four essential services will be phased in, with MAS and PHS from April this year, and AMS and CMS following in 2006/07.

"One of the things we have tried to do is to put the infrastructure in place first," Ms

Community pharmacy practitioner champions will lead the implementation of the new pharmacy contract in Scotland. They met in Stirling January 17

Implementing the minor ailment service

The policy on which the minor ailment service is based is allowing people who are exempt from prescription charges to use community pharmacies as the first port of call for treatment on the NHS of common illnesses, explained Alison Strath, principal pharmaceutical officer, Scottish Executive. "One of the main drivers for ministers is to tackle health inequalities. Getting an appointment with a doctor can take time so is a barrier to those people who cannot afford to buy medicines. Through using pharmacists, the minor ailment service will improve access to health professionals in primary care."

Individuals will register with pharmacies to use the service, she explained. "Pharmacists will be remunerated on a capitation basis. This avoids having a perverse incentive of being paid for dispensing. So when treatment is provided, pharmacists will be reimbursed for the cost of the treatment but not paid a dispensing fee."

In terms of eligibility for the service, Ms Strath clarified that it is only those people who are exempt from prescription charges who can be registered for the service. People who have purchased a prepayment certificate are not exempt so are excluded from the service. Block registering of patients is not allowed, for example patients in a care home. In addition, individuals must be registered with a GP in Scotland.

The formulary for the service contains all pharmacy and general sale list medicines that are not blacklisted. In addition, a number of patient group directions will be used for prescription-only medicines, for more cost-effective pack sizes and in order to use products beyond restrictive OTC product licences. "Whenever PGDs are required, we will try to make national PGDs available," said Bill Scott, chief pharmaceutical officer, Scottish Executive. He added that health boards might decide to amend the formulary by adding local prescribing guidance that already applies to other local prescribers.



Alison Strath: one of the main drivers is to tackle health inequalities

coverage of pharmacies in Scotland."

In terms of the CMS and AMS services, Mr Scott said that GPs would not be able to send an electronic prescription directly to a pharmacy. "The message will be sent to the central store: there will be no direction of prescriptions," he said. Mr Green added that the intention is for GPs to start being linked up to the system later this year.

A MAS implementation pack is being developed by NES Pharmacy that all pharmacists will receive within eight weeks, Ms Strath said. In addition, a quality outcome framework will underpin the service and pharmacists will be offered prescribing support to ensure cost-effective prescribing.

The minor ailment service does not include nicotine replacement therapy or emergency hormonal contraception. "We are aware that there are a number of local schemes for NRT and we are currently discussing with SPGC how these fit into MAS," said Ms Strath. They might continue to be locally negotiated services.

Registration and care provision will be via electronic completion of a CP2 prescription form. A manual A4 registration form and a paper CP1 prescription form will be available but can only be used in exceptional circumstances.

Dave Green, ePharmacy programme manager, Scottish Executive, explained that the ePharmacy programme underpins the new contract. Its core components are N3 connection, a central message store, a central patient registration system, system applications for the new contract services and electronic payment functionality (ePay).

"There are 10 pharmacy system suppliers in Scotland. All have said that they will have an eMAS enabled system rolled out on 1 April," he said. "Three suppliers have already started this roll-out and between them they cover 67 per cent of pharmacies in Scotland. A further two will begin roll-out in February bringing that figure up to 92 per cent

Strath said. "We have been investing in premises for a number of years and are currently working with NHS Property Environment Forum to produce a minimum specification for pharmacies, plus a set of aspirational standards. This should avoid health boards producing their own standards." Other investment has been made in the ePharmacy programme and in staff training.

The next step is for all pharmacies to be enabled by April 2006. "It is essential that the electronic links are there; MAS cannot be offered without them," said Mr Scott. "Pharmacists will be the first profession to have compulsory electronic prescribing through MAS."

Implementation of the new contract will be supported by community pharmacy practitioner champions. "We chose to deliver the contract through the practitioner champions because, unless you work in a community pharmacy day to day, you don't have an understanding of community pharmacy: doing a locum once a fortnight is not the same," said Mr Scott.

"Community pharmacy is changing and it is community pharmacists who are dealing with this so who better to implement the new contract."

The role of practitioner champions is to gain personal experience in the new contract and then to facilitate, train and support other pharmacists. Local implementation groups at health boards will support the practitioner champions. The role is not about being an administrator, Ms Strath said, but about learning about the new contract and talking to colleagues about it.

Further support would help the implementation of the ePharmacy programme, she explained. Pharmacy software suppliers were planning training in each individual system but support would also be available from community pharmacy IM&T facilitators and an National Services Scotland help desk.

Training

NHS Education for Scotland (NES) Pharmacy will be offering training. "We are working on the premise that pharmacists are responsible practitioners and professionals. You know your own competence and will seek out additional training if you require it. It is not for us to tell you which certificates you need," said Mr Scott.

In addition, a new contract website is being established. It will set out the details of the new contract and also provide a forum on

which practitioner champions can share ideas.

The responsibility for ensuring success in delivery of the new contract lies not just with the Scottish Executive Health Department, nor with the Scottish Pharmaceutical General Council, but with the practitioner champions, according to Frank Owens, chairman of the SPGC. "It is you who will take community pharmacy forward, encouraging, mentoring and facilitating the local delivery of the new contract services," he told the champions. "I don't want you thinking you are now working for the Scottish Executive, I don't want you thinking you are spying for SPGC and I don't want you thinking you are working for your local NHS board. I want you working for community pharmacy, taking community pharmacy forward, securing our futures."

The NHS modernisation process has created real new opportunities for the profession of pharmacy and, no more so than in the community, said Mr Owens. "But those opportunities are time-limited. We need now to deliver and we have one shot at this. If we fail, we won't get another chance. But I don't believe we will fail. We will deliver this together."