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New ways of working in the NHS

Recently introduced methods of commissioning services that ultimately affect all those working in the NHS were explained at the APTUK conference. Rachel Graham reports

The NHS is slowly waking up to the reality that it is effectively a public limited company, according to Ron Pate, pharmaceutical adviser for secondary care to NHS West Midlands. For example, foundation trusts have members (akin to shareholders), compete for business (with other hospitals) and are paid by customers (primary care trusts), who expect value for money. Reforms such as payment by results and practice-based commissioning are behind the creation of customers and the shift in resources from secondary to primary care.

Mr Pate explained that, under the practice-based commissioning process, PCTs have budgets to buy services for their patients. Individual GP practices are entitled to access and redirect at least 70 per cent of any freed up resources, with the remainder being used by their PCT across the whole trust. Hence, there is an incentive for GPs to treat patients in the primary care sector for as long as possible (rather than paying for them to be treated in hospitals).

Drug budgets tend to be key indicators of financial performance, Mr Pate continued. Trusts that have spending on medicines under control tend to have good overall financial control. Hence, PCTs expect that drugs taken into hospital by their patients will be used during their stay or returned at discharge. Initiatives such as one-stop dispensing and using patients own medicines make this a reality.

Ron Pate: The NHS is beginning to realise that it is effectively run as a public limited company

Collaboration across the interface can help control drug spending, Mr Pate said. He highlighted some recent work carried out at the Department of Medicines Management at Keele University, which found a wide disparity in the use of lansoprazole "FasTabs" (instead of capsules) across secondary care trusts in the area. Having patients discharged on FasTabs unnecessarily was problematic for PCTs, since they pay considerably more for them than for capsules. It turned out that all hospitals had been offered FasTabs at a low price. At those hospitals who used few FasTabs, staff had contacted local PCTs to explain the situation and the PCTs had agreed to reimburse the hospitals for the money they would have saved by buying the reduced-price FasTabs, this cost being less than that of keeping patients on the FasTabs in the community. Transferring money between sectors like this is accommodated within the new commissioning system, Mr Pate explained.

Moving on to payment by results, Mr Pate said that, under the scheme, hospitals are paid for the volume of work they carry out. Prices are based on a national tariff with, for example, high cost drugs (such as drugs based on antibodies) dealt with separately. Tariffs can be "unbundled," with PCTs negotiating a reduced price if a patient is operated on in hospital but his or her aftercare is carried out in a community setting.

As well as cost, personal preference is also a factor in deciding which hospital a patient attends. It might seem that there is little pharmacy staff can do to encourage patients to choose the hospital at which they work. Patients tend to consider issues such as transport and parking — few evaluate how good a hospitals medicines management system is. However, factors such as the incidence rate of meticillin-resistant *Staphylococcus aureus* infection are important to patients, and because pharmacy staff can influence these, they can contribute to bringing in revenue, Mr Pate explained.

New deep vein thrombosis service wins Helapet award

A project presented by Daniel Brough, medicines management technician at the University Hospital of North Staffordshire, to redesign the hospital's anticoagulant services for patients diagnosed with deep vein thrombosis has won the Catherine Miles (the founder of APTUK) award, sponsored by Helapet.

The Association of Pharmacy Technicians UK conference, entitled "Celebrating diversity", was held in Birmingham on 19–22 April. **Rachel Graham** is writer and contributions editor at *Hospital Pharmacist.* Coverage began in last month's issue (p172).

Under the new scheme, Mr Brough ensures that accurate details about patients diagnosed with DVT are faxed to the anticoagulant clinic. He dispenses appropriate supplies of warfarin from ward stock, (which are checked by a pharmacist), and counsels patients about the drug.

Previously, patients only received their warfarin supply once they had attended the pharmacist-led anticoagulant clinic. The new system has meant a more timely introduction of warfarin therapy, reducing the need for subcutaneous injections of dalteparin (which is more expensive than warfarin tablets). In addition, pharmacists now spend less time in clinics and more time on wards.

Runner-up in the award was Ciara Hallows at Birmingham and Solihull Mental Health Trust. Ms Hallow's project involved developing and piloting DVDs containing medicines information in British sign language about the five most common drugs or drug groups used at the trust (amisulpride, risperidone, haloperidol, procyclidine and benzodiazepines).

Before the DVDs were introduced, some patients with hearing difficulties who were taking these medicines required a costly translation service to understand their medicines, because patient information leaflets did not provide them with sufficient information in a format they could easily use.