

# A career in managing unscheduled care

Clare Bellingham interviews John McAnaw, head of pharmacy at NHS24, about his job

Unscheduled care is the name of the game for John McAnaw, head of pharmacy at NHS24. His vision is not just about the role of pharmacists who work for NHS24. He wants to maximise the role that all pharmacists play in delivering unscheduled care.

Mr McAnaw's background is in community pharmacy and academia. Six months ago, he took up his post with NHS24, Scotland's equivalent to NHS Direct in England and Wales. "Before that, I had a half-time lectureship at the University of Strathclyde and worked half-time at a Rowlands community pharmacy in Fife," he explains. "The pharmacy provided a diverse service, including supplementary prescribing, needle exchange and acting as an off-site dispensary for a local psychiatric hospital."

With this background, it is perhaps not surprising that Mr McAnaw is keen to develop the partnership that already exists between NHS24 and community pharmacy. In fact, this was a major factor that led him to the job. "Community pharmacy is one of the first partners for NHS24 and these strong links attracted me to the post. The introduction of the new community pharmacy contract provides me with an opportunity to further develop this partnership," he says. "It ties in with the 'Delivering for health' policy to shift care from a secondary to a primary care setting."

## Role is mainly strategic

His vision may be clear, but what does the head of pharmacy at NHS24 do? "My role is mainly a strategic one. Primarily, I am responsible for the management of the pharmaceutical elements of the service. I also represent NHS24's views to other organisations," says Mr McAnaw. "This means a fair amount of committee work. Probably a third of my time is spent in meetings."

Among these committees are NHS24's clinical governance committee, its national patient safety group and its core clinical group. He also chairs its clinical change governance group. These committees oversee how NHS24 operates to ensure its service is safe and effective. "In the clinical change governance group, we assess the impact of national policies and clinical guidelines on our organisation. The evidence base is constantly changing, so our algorithms must be regularly reviewed and updated," he explains.

Outside NHS24, Mr McAnaw sits on Scotland's Directors of Pharmacy Group, the Scottish Executive's Pharmaceutical Care Delivery Group and the National Pharmaceutical Forum. He says: "It sounds like a lot but I wouldn't say I am overburdened with committee work. Most of the committees are good at moving things forward, creating definite action points and addressing real issues."



John McAnaw: I never have a typical day

The remaining two-thirds of his time is spent working out how to implement the action points the committees create, planning what issues to take to the next meetings and leading the NHS24 pharmacy work programme. To do this, he relies on the pharmacists who work at NHS24. NHS24 has three main sites in Edinburgh, Glasgow and Aberdeen. Each centre has one or two regional pharmacy advisers and a team of pharmacists. "The regional advisers essentially manage the operation at their centre. I get together with them once a month and we have a weekly conference call," says Mr McAnaw. He also moves his office around, working one day a week in each of the three centres.

NHS24 is, and always has been, a nurse-led service. But with one-third of calls having a medicines element, the role of the pharmacist is becoming more important. "Between 6 and 10 per cent of calls are dealt with by pharmacists," he says. "One of the projects I am currently working on is examining call flow to ensure that the calls best dealt with by a pharmacist are routed to a pharmacist, eg, complex medicines enquiries. The next stage is to work out what this means in terms of pharmacist resource, and the early indications are that we need more pharmacists."

Until now, NHS24 pharmacists have worked in shifts from 6pm–11pm on weekdays, 8am–9pm on Saturdays and 9am–9pm on Sundays. "These are all part-time roles and are usually not a pharmacist's main job. We are now exploring the potential of full-time positions at NHS24 or dual role positions where someone could work part-time at NHS24 and part-time at another location," Mr McAnaw explains.

A crucial role for NHS24 pharmacists is advising patients about medicines, so NHS24 also employs health information advisers. This has led to a project that is looking at medi-

cines information services in general. "We are exploring the possibility of working more closely with the medicines information service in Scotland and possibly bringing all the NHS medicines information services together," he says. "The discussions are still in the early stages so we don't know how this will work yet."

Community pharmacists' role in unscheduled care in Scotland has been described before (*PJ*, 18 November 2006, p603). It includes use of a patient group direction (PGD) that allows supply of a patient's repeat medicines, access to patients' emergency care summary via NHS24, direct referral to the out-of-hours service and use of the minor ailment service. What Mr McAnaw wants to know is whether these tools work and what else pharmacists need to deliver unscheduled care. "I want to hear how we can best support provision of unscheduled care. We have set up an e-mail address specifically for this purpose at [pharmacyenquiries@nhs24.scot.nhs.uk](mailto:pharmacyenquiries@nhs24.scot.nhs.uk)," he says. "One issue we are looking at is whether we could standardise PGDs across all NHS boards in Scotland. It can be difficult for NHS24 to know when to refer to a pharmacy for treatment under a PGD when each board has slightly different inclusion criteria."

## Pharmacy opening hours

Another problem from NHS24's perspective is pharmacy opening hours. Most pharmacies are open on a Saturday but the same is not true for evenings and Sundays. This is a particular problem in rural areas where large shopping centres containing pharmacies do not exist. "There are a number of times in the out-of-hours period when appropriate referrals could be made to a community pharmacy but pharmacies are not open," Mr McAnaw says. "I wonder if it would be possible to develop a defined service outside the core pharmacy contract for out-of-hours care provision. It would need to be remunerated appropriately, since one of the problems we have seen with pharmacies providing rota services is that the payment does not cover the costs, let alone make it an attractive option."

Turning to new roles, Mr McAnaw believes a lot depends on the chronic medication service. "We will be looking at what NHS24 can do to help support pharmacists deliver CMS," he says. "For example, if someone calls NHS24 with questions about their medicines, we could potentially use that as a trigger for a referral to a community pharmacist for a medication review under CMS."

For Mr McAnaw, it is the potential of pharmacy and the diversity of his job that drives him. "Being head of pharmacy at NHS24 means I never have a typical day. That is a good thing; it is a job that could never be called dull," he concludes.