

COLLABORATIVE NATIONAL MEDICINES MANAGEMENT SERVICES PROGRAMME

SEEKS TO SPREAD GOOD PRACTICE

Pharmacists are already calling the National Prescribing Centre to ask about bidding for a share of the £1.9m to be spent on medicines management pilots in the coming financial year.

Mr Richard Seal, who takes up the post of project team leader on April 23 told *The Journal*: "The National Prescribing Centre has already received a number of expressions of interest about the medicines management services programme and I am expecting there to be some strong bids from PCGs and PCTs for the first wave of pilot sites. This is a great opportunity for pharmacists, working as part of a wider multidisciplinary team, to show how they can use their medicines management knowledge and skills to improve the care of patients."

Mr Seal said that calls had come from community pharmacists, health authorities, primary care groups and trusts and from GPs. "I would strongly urge pharmacists to

Full details of the plan for medicines management and the application process are available online at www.doh.gov.uk/pharmacyfuture/medicinesmanagement.htm. Michael Thompson investigates. Mr Seal can be contacted at the NPC on 0151 794 8137 from April 23

use their local professional networks to keep abreast of developments and for PCGs and PCTs to start developing their bids now," he added.

No clear guidance on how to develop a successful bid is available yet, because the whole scheme is at such an early stage. A meeting to try to clarify this was due to take place on March 21, after *The Journal* went to press.

However, Mr Seal says that a good place to start is with the health authority pharmaceutical adviser. A key factor will be to have a local champion or somebody with expert knowledge. Either he, or Mr Clive Jackson (director of the NPC) would be happy to talk people through the bidding process.

UP TO 25 PILOTS

There will be up to 25 pilots, each eligible for a maximum of £35,000 to pay for a project facilitator for one year, plus up to £40,000 to release GP practice time.

Mr Seal sees the project facilitator as the linchpin to the success of local projects "People will need to be good facilitators, able to work across the disciplines and with a good knowledge of primary care. They will need to input a lot of time. It will be difficult for anyone who is providing a front-line service."

Although there are clear selection criteria against which bids will be judged (see panel), it is manifest that there is no preconceived plan that projects should seek to match. "The whole point of the collaborative approach is to find out what works and what doesn't and to spread good practice," Mr Seal says. "The 57 varieties approach is very attractive. We are not looking for a set of rails to travel down and have no firm views on what will succeed, but there are heavy clues in the national plan."

THE DEPARTMENT'S VIEW

In the introduction to the collaborative national medicines management services programme, the Department of Health says that "Pharmacy in the future" challenges

pharmacists to play a full part in delivering the vision of the new National Health Service. It identifies the need to refine and develop the role of pharmacists, as a key professional resource, in helping to optimise medicines use for patients and the NHS.

In this context, successful pilot sites will, wherever relevant, be expected to establish close relationships with the separate national pilot trial of a structured medicines management programme, based exclusively in community pharmacies and which is subject to current negotiations between the Department and the Pharmaceutical Services Negotiating Committee.

The collaborative approach that the national programme is adopting involves

- developing principles, ideas and actions which will achieve the greatest gain in care if replicated among all those responsible for delivering that care
- presenting these to participating sites along with help to manage the necessary changes
- enabling sites to apply lessons to their own situations
- sharing news of success and failure among pilot sites
- sharing and encouraging the process more widely in the NHS.

So far as medicines management is concerned, the overall goal is to help optimise prescribing, plus the experience and outcomes, involving medicines, for each patient, by

- identifying and addressing unmet pharmaceutical needs
- helping patients to get the best from their medicines
- developing medicines management approaches that put patients first, while also improving efficiency and reducing waste
- providing convenient access to a range of medicines management services in different environments through multidisciplinary working which builds on the strengths of pharmacists

Proposals from applicant pilot sites will be expected to tackle all four goals. They will do this by changing systems that currently reduce the effectiveness of treatment, restrict access, produce delays and impair patient well-being.

Michael Thompson is on the staff of The Pharmaceutical Journal

Selection criteria

The criteria against which bids will be judged are summarised below.

- Active support from all GPs involved, local pharmaceutical committees and professional pharmaceutical advisers, other professionals (such as practice nurses), PCG/T boards, host health authorities and local NHS trusts
- Support from patient representative groups, nursing and residential homes and social services departments
- Commitment to continue work beyond the pilot funding period
- Understanding of how medicines management is intended to reshape service delivery
- Commitment to pay for improvements
- Commitment to specify and achieve targets
- Plans for extending the process beyond the original pilot area
- Means of measuring patient satisfaction
- Bid fits in with PCG/T strategic development plans
- Number of patients who will benefit
- Willingness to resource a long-term full-time project facilitator
- Credible management systems
- Willingness to make further improvements
- Local financial commitment