

New role to improve access in the NHS

In future, patients' first point of contact in the health service could be a "First Contact" practitioner. Two pharmacists in Doncaster who are currently training to take on the role told **Clare Bellingham** why they got involved and how they plan to use their new skills

Better access to health professionals is a key target in the NHS Plan. All patients should be able to see a primary care health professional within 24 hours and a GP within 48 hours. To help meet this 24-hour target, and to ease the burden on GPs, a new training programme has been designed so that other health professionals can develop the necessary skills to become the first point of contact for patients.

The "First Contact Care" programme is being offered by the NHS University. It leads to either a postgraduate diploma or a masters (MSc) degree, depending on the number of modules undertaken. The course covers how to assess and diagnosis a patient, and how to plan subsequent treatment. This includes referral to another professional, advising on self-care or discharging the patient.

Pilot programmes began in September 2003 and in January 2004, with the programme now being rolled out. So far, 146 health professionals are taking the course in nine centres across England. Of these, three are pharmacists. A further eight centres have recently been added; numbers of students on these new courses have yet to be confirmed.

Pharmacists in training

In Doncaster, two pharmacists are among the first health professionals to undertake the First Contact Care training programme. They are Mohammed Ahmed, a primary care pharmacist employed by Doncaster West Primary Care Trust, who works at a number of GP practices in the area, and community pharmacist Jonathan McGill, who is an independent contractor in Doncaster Central PCT.

Mr McGill attended a training session held by Doncaster Central PCT at which the course was discussed. "I thought it sounded interesting and patient-focused. I have worked in community pharmacy since I qualified and have always enjoyed the patient contact. This was the first course that really seemed to expand on that," he comments. After hearing about the course, Mr Ahmed approached Doncaster West PCT and asked if it would put him on the course.

Students study at their own pace. On average, the diploma course takes two years to complete and the MSc is a further year on top. But it is possible to get credit for prior learning for up to half of the course content. The diploma involves four modules. The first is about developing self-awareness including recognising one's limitations and reflecting on practice. The second module covers the use and management of knowledge. In module three, consultation skills and the practice of First Contact care is covered. And module four is about demonstrating competence in



Mohammed Ahmed: helping to meet the 24-hour access target

First Contact consultations. "It is in module four that we carry out live consultations on our own, which are videoed and then assessed," explains Mr Ahmed. The MSc involves two further modules on managing research and project management.

Some of the training involves structured day courses organised by the local learning manager at the PCT. These cover the theoretical parts of the course, including topics such as communication skills, anatomy, research skills and consultation skills. Both pharmacists also have to study in their own time. Mr Ahmed's employer — the PCT — allows him to set aside one day a week for the training. "It would have been difficult if this day wasn't available," he says. Mr McGill has to pay for a locum to cover his training time. But he believes that the professional gain outweighs this cost. "It is something that I really enjoy doing, although I know that financial gain is unlikely," he says.

It is in diagnosis that pharmacists tend to have less experience than other health professionals. "The course arms you with a lot more knowledge about conditions than you learn on the pharmacy degree course. For example, you learn how to listen to chest sounds, what the noises mean and when you need to refer," says Mr McGill.

Both pharmacists have GP mentors. "The theory plays an important part but the biggest element of the course is the practical experience with your mentor," explains Mr Ahmed. "All the practice GPs call me to their consultations if they have a patient with an unusual presentation or classic symptoms to help me learn the diagnosis side," he comments.

Using the new skills

Being among the first professionals to qualify as First Contact practitioners, it is not surprising that how the pharmacists will use their new skills is still to be determined.

The concept obviously lends itself to out-of-hours service provision, and both pharmacists see a role here. Mr McGill comments that since the introduction of the new GP contract, the PCT has taken over the provision of out-of-hours services, so there is an opportunity for it to make use of First Contact practitioners. Mr Ahmed suggests: "First Contact practitioners could have independent status with individual contracts with the PCT such as for out-of-hours services." But without independent prescribing status this would be difficult.

Plenty of other opportunities exist. Many pharmacists working in GP surgeries already offer medication reviews and some provide clinics for chronic conditions. Now, as First Contact practitioners, they can manage acute conditions, too. "Doncaster West PCT is short of eight GPs so it could either send a First Contact practitioner to a particular practice on a daily basis or it could suggest taking over the role of a GP at one practice," Mr Ahmed says. This second example would require some input from a GP but not a full-time position.

First Contact practitioners could play a key role in the community, too. "My pharmacy is quite a distance from a doctors' surgery so I felt that there was a strong argument for finding ways to improve access to services," says Mr McGill. The PCT agreed. "One of the problems with centralising services at big health centres is that access is reduced. So there is a need for pharmacies in local communities," he explains. A possibility he is exploring is setting up a mini walk-in centre next to the pharmacy in which he could work as a First Contact practitioner. "The PCT is supportive of this idea not just because of the distance from the nearest surgery but also because it is a deprived area."

How the role will develop will partly depend on the prescribing status of the practitioners. Mr Ahmed is already a supplementary prescriber but his hope for the First Contact role is for independent prescribing rights. At the moment, the choices for pharmacist First Contact practitioners are to recommend OTC medicines, to use a patient group direction or to ask a GP to sign a prescription for them. All are limiting compared with independent prescribing status.

As has been said for so many extended roles, community pharmacists who train as First Contact practitioners will be held back if they do not have access to patients' medical records. If this and independent prescribing status are granted then pharmacists will be able to contribute significantly to the 24-hour access targets.

Further information is available on the NHS University website (www.nhsu.nhs.uk).