

Health care moves into the community

The Government's White Paper on health and social care in England, launched this week, proposes that more health services be delivered in the community and that the range of services provided by community pharmacists be expanded. **Tom Moberly** looks at its implications for pharmacists

In the introduction to "Our health, our care, our say" — the Government's White Paper on health and social care in England — Prime Minister Tony Blair says: "We can make better use of the skills and experience of those working in the NHS to improve care, cut delays and make services more convenient. We want, for example, to expand the role of practice nurses and local pharmacists." And, speaking at the White Paper's launch, Health Secretary Patricia Hewitt said that she believed there was a significant role for pharmacists in the new direction the Government is taking.

Pharmacy in the White Paper

The White Paper includes a section describing how the Government plans to make "expanded use of pharmacies and extended pharmacy services" in response to the public's desire — expressed in the "Your health, your care, your say" consultation exercise — for pharmacists to have an increased role in providing support, information and care. "Pharmacies are now offering more services than ever before thanks to the new community pharmacy contract that was introduced in April 2005," it says, before describing repeat dispensing, consultation areas and signposting as well as diabetes, blood pressure and cholesterol clinics being run in pharmacies.

The White Paper says that healthy living services will, in future, be provided by community pharmacies and that the management of sexually transmitted infections should be developed and expanded in community settings, such as Boots has been doing with chlamydia testing in some of its London stores. It also argues that most non-surgical treatment could take place outside acute settings, for example in a pharmacy. In spite of these important and prominent mentions of pharmacy, there is nothing really new or unexpected for pharmacists in the White Paper.

This should not be a particular shock, David Pruce, director of practice and quality improvement at the Royal Pharmaceutical Society, says. "It is not really surprising that there is nothing on top of the new community pharmacy contract — and no real surprises — since the contract only came into effect in April 2005." However, he adds, the White Paper does emphasise the Government's desire to build on the new contract. In fact it says that the Government will "continue to develop the contractual arrangements for community pharmacy services in line with the ambitions set out in this White Paper".

"Our health, our care, our say" has four central ambitions for primary care services



— which embrace all general practices, opticians and pharmacies within the NHS. These aims — derived from the consultation exercise — are to improve prevention and early intervention services, tackle inequalities and improve access to community services, increase support for people with long-term needs, and increase the public's choice in and influence on local primary care services.

The Government intends to achieve these goals through six main mechanisms:

- Practice-based commissioning and payment by results
- Shifting resources into prevention
- Increasing the amount of care undertaken outside hospitals
- Increasing the integration of services at the local level
- Encouraging innovation
- Allowing different providers to compete for services

Pharmacy can undoubtedly benefit from, and become involved in, all six of these mechanisms to varying degrees.

Commissioning

As NHS budgets continue to grow and the take-up of practice-based commissioning increases, the Government expects the percentage of each primary care trust's budget spent outside the current secondary care sector to rise. In fact, a target may be set, from 2008, for this shift from secondary to primary and community care if it is decided that such a figure is necessary for individual PCTs to drive forward this change.

However, Ms Hewitt said at the launch of the White Paper that, overall, she wants to see 5 per cent of NHS resources shifted from secondary to primary care over the next 10 years, with the aim of making primary and community services more responsive to people's needs.

Mr Pruce is keen for hospital pharmacists to make the most of this shift. "In terms of care moving out of hospitals and into the community, what I would like to see is that when services begin to move out from hospitals to the community, specialist hospital pharmacists will look at how they can support integration between primary and secondary care," he says.

The combination of practice-based commissioning and payment by results will, the White Paper argues, encourage commissioners to seek out providers who offer better quality care, particularly for those that are the most intensive users of health care. The Government will also explore whether there are refinements to the current tariff that could encourage co-operation between commissioners and providers.

These changes will offer a real opportunity for pharmacy, Mr Pruce says. "The challenge for pharmacists will be making sure they are included in practice-based commissioning, which will be one of the most important ways in which pharmacy can become involved".

The Government has provided some reassurance that pharmacy will be included, however. At the launch of the White Paper Ms Hewitt said that PCTs will be responsible for ensuring that good governance is observed, so that GPs are not the only ones who can take advantage of the expansion of health care in the community through practice-based commissioning, and that other health care practitioner — including pharmacists — are able to benefit from the opportunities offered.

Prevention

The White Paper's key measure to improve preventive care is the NHS "Life Check" — a revised version of the "Health MOT" suggested by "Your health, your care, your say". Pharmacy could play a key role in the "Life Check", John D'Arcy, chief executive of the National Pharmacy Association, believes.

The NHS "Life Check" is designed to help people assess their own risk of ill-health, particularly at critical points in their lives. It will be based on a range of risk factors and on awareness of family history and will be made up of an initial self-assessment — either on an online or a paper-based form — followed by a discussion with a health

trainer for those whose initial self-assessment indicates that they are at significant risk of poor health. The service will be developed and evaluated in 2007, with a view to wider roll-out thereafter.

Other measures to increase preventive spending are also proposed by the White Paper. For instance, the Government will establish an expert group to develop definitions and measures of preventive health spending, which will report its findings later in 2006.

For the 2008 planning round, PCT local delivery plans will have to include clear strategies for developing preventive services, including setting an ambitious goal for a shift of resources to prevention. From 2008, PCTs will be assessed annually against this strategy and the case for setting a target for the percentage shift in the share of resources spent on prevention will also be examined.

Integration and innovation

In order to achieve its ambition for community-based care, the Government argues that innovative providers — including pharmacies — need to work together as part of a joined-up system.

For this to happen PCTs, and their local partners, will need to ensure all investment is used to best effect, thereby reducing stays in hospital and supporting independent living at home, and allowing hospitals to devote themselves to meeting the clinical needs that only they are equipped to meet.

“Our health, our care, our say” explains that between 20 and 30 demonstration sites will be established over the next year to test this new approach. At these sites, leading clinicians, their teams, their PCTs and local councils will work together to ensure that care is being transferred and that they are not just creating a demand for new types of services.

An overall programme to evaluate these demonstrations will be paid for by the Department of Health, although funding for the delivery of care itself will continue to be provided by practices and PCTs. These demonstrations are also designed to develop models of care provision involving multidisciplinary teams which will help determine future workforce requirements.

In addition, “Our health, our care, our say” proposes that, from 2007, as part of the normal commissioning process, each PCT will be expected to develop a systematic programme to review the services it commissions on behalf of the local population, working with practice-based commissioners and other local partners. “PCTs will be expected to seek the views of patients and users as an integral part of this process,” the White Paper says.

The Government also plans to strengthen links with communities by using individual ward councillors as advocates for communities and it will consider options for a “community call for action” when issues of concern to a community have not been resolved through other channels. And there will be increased powers for the public to petition those who provide services commissioned by PCTs — including pharmacies — to call for improvements in service. The White Paper suggests that, when a specified number or proportion of users petition a provider for improvements, the provider will have to respond, within a specified time, explaining how they will improve the service or why they cannot do so.

PCTs will also be expected to ensure services are responsive to patients’ needs. “We expect PCTs to be robust in their management of services that do not deliver necessary quality,” the White Paper says.

“Where there are deficiencies in service quality, PCTs will be required to set out a

clear improvement plan as part of their wider development programme. This may include tendering for a service where standards fall below those expected. Depending on the precise service to be provided, new providers could include GPs, nurse practitioners or pharmacists wanting to establish or expand services.”

Such explicit mentions of the potential role of pharmacists in the Government’s new health and social care plans may whet the appetite of those keen to push forward the agenda established by the new community pharmacy contract.

However, NPA chairman, Raj Patel, warns that pharmacists must become involved to benefit from these changes. “Community pharmacy must be allowed to operate from a level commissioning playing field — with community pharmacists being actively involved in priority setting and strategic decision making at local level,” he says. Only then will the Government’s vision of expanded use of pharmacies and extended pharmacy services come to life.

Further developments

Other health care initiatives set out in the White Paper include:

- Legislation to merge the Healthcare Commission and Commission for Social Care Inspection will be brought forward
- A National Reference Group for Health and Well-being will be established to assess the accessibility and use of evidence base for interventions that support health and well-being.
- Specific funding will be allocated to the creation of an expert carers programme, similar to the expert patients programme.

Gargling with water prevents colds

Clinical question Is gargling with water or povidone-iodine effective in preventing upper respiratory tract infections?

Bottom line Gargling with water effectively reduces the risk of developing an upper respiratory tract infection (URTI). Nine individuals would need to gargle with water for one minute three times daily for 60 days to prevent one additional person from developing a URTI. Gargling with povidone-iodine is no more effective than usual care.

Synopsis Regular gargling with water or povidone-iodine solution may remove nasal-pharyngeal acquired viruses before they result in a URTI. These investigators randomised (allocation assignment concealed) 387 adults, aged 18 to 65 years, to gargling with water, gargling with povidone-iodine, or usual care. Subjects in the first two groups gargled with approximately 20ml of water or povidone-iodine for approximately 15 seconds three times consecutively, at least three times daily. Follow-up occurred for 60 days from December 2002 to March 2003 for 99 per cent of subjects. Outcomes were reported by individuals (the study subjects)

not blinded to treatment group assignment. Using intention-to-treat analysis, 130 subjects (34 per cent) acquired a URTI, including 50 in the control group, 34 in the water group, and 46 in the povidone-iodine group. Only the difference between the water group and usual care group was significant (number needed to treat = nine for 60 days).

Level of evidence 1b– (result from randomised controlled trial with wide confidence interval).

Reference Satomura K, Kitamura T, Kawamura T, et al, for the Great Cold Investigators-I. Prevention of upper respiratory tract infections by gargling. A randomised trial. *American Journal of Preventive Medicine* 2005;29:302-07.

Funding Foundation.

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