

# Using pharmacy services innovatively to deliver medicines out of hours

Out-of-hours service providers are struggling to implement national guidance. Yet, they are underestimating the important role that pharmacists can play in urgent care, the Department of Health's lead for out-of-hours medicines believes. Last week, however, the leaders of 10 services that have introduced novel and interesting solutions or used pharmacy services in innovative ways gathered to share their experiences. **Tom Moberly** reports

Since December 2004, primary care trusts in England have been expected to implement all 13 of the recommendations made in the Department of Health's guidance produced in the wake of the Carson Review ("Securing proper access to medicines in the out-of-hours period", see Panel 1 and *PJ*, 5 February 2005, p140).

However, Helen Allanson, the Department of Health's lead for out-of-hours medicines and author of the guidance, has found that the recommendations are not being implemented properly because out-of-hours service providers either misunderstand them or are struggling to work out how to follow the guidance. In addition, those commissioning and providing out-of-hours care often fail to understand how important a contribution pharmacists and pharmacies can make to the delivery of urgent care.

## Visits

To tackle this issue, Mrs Allanson, together with Nicholas Reeves, another member of the DoH's urgent care team, set about organising visits to organisations which have developed innovative solutions for supplying medicines out-of-hours and created opportunities for pharmacists to contribute to the delivery of urgent care.

"We wanted to visit organisations where novel ideas and interesting developments had been implemented in out-of-hours services, and where pharmacists and pharmacies were contributing to these services," Mrs Allanson explains. "Our aim was to use the visits to develop new guidance to help communities that have not yet developed effective out-of-hours medicines services."

They chose the sites to visit from the National Out-of-hours Medicines Best Practice Database (see **Panel 1**). So far they have visited Cannock Chase PCT (see **Panel 2**), Cheltenham and Tewkesbury PCT, Dorset Ambulance Trust (which provides a service on behalf of Dorset and Somerset PCTs), Durham and Chester-le-Street PCT, Easington PCT, Fylde Coast Medical Services, Salford Royal Hospitals NHS trust (see **Panel 3**), South Warwickshire PCT and Warrington PCT, and they are due to visit East Surrey PCT in the near future.

"When we visited the trusts, we found some common difficulties and misunderstandings of the guidance and legislation. But, we are now more sure than ever that the guidance is right," she says. "There is no part of the guidance that no one has managed to implement successfully but, on the other hand, no one is carrying out the guidance in its totality — some sites have taken some of it on board and some have taken other parts."

## Collective experiences

Last week, Mrs Allanson and Dr Reeves brought all the teams they had visited together to ask their views on what the DoH should do next to support those providing medicines out-of-hours services.

"We thought that the collective experiences of those we had visited would prove invaluable in helping us help others providing out-of-hours services find more effective ways of providing solutions to medicine supply," Mrs Allanson explains. "We wanted to examine the challenging issues and the roles for key players in the out-of-hours service and to look at approaches that had worked well, and those that had not, and to ask everyone what they would have done differently with the benefit of hindsight."

From the visits, Mrs Allanson and Dr Reeves pulled together several topics which summarised the challenging issues that had been raised during the visits and acted as a

framework for the discussion during the meeting, including:

- Extending the role of pharmacists and pharmacies in delivering urgent care
- Funding out-of-hours services
- Enabling prompt and easy access to Controlled Drugs, particularly for palliative care patients

The discussions on extending the role of pharmacists examined the role of primary care trusts in providing wider access to pharmacies and pharmacists, in particular how primary care trusts can be persuaded to commission pharmacy services which meet the specific needs of their own localities.

"PCTs need to use the flexibilities and opportunities provided by 100-hour pharmacies and the new pharmacy contract — this includes PCTs translating their own local requirements into specifications and contracts for 100 hour pharmacies," Mrs Allanson says.

In terms of access to funding, the most successful services were those where PCTs actively commissioned the service in collaboration with out-of-hours providers and other partners such as local hospital trusts, Mrs Allanson says.

"Organisations collectively need to think about securing funding both to set up the service and to also keep it running. The actual drug costs involved in an out-of-hours medicines service are usually minimal — in many instances only a few thousand pounds that should be paid for from primary care trusts' prescribing budgets, as outlined in the guidance. However, for services to be maintained, there needs to be an ongoing, preferably shared, source of income and an ongoing commitment to the creative use of skill mix," she says.

Some sites are, nonetheless, beginning to find innovative ways of funding, she adds, such as providing cover for local GP study days, private hospitals and prisons. And many of these arrangements maximise spare capacity of staff employed by the out-of-hours provider during the "in-hours" periods.

Although Mrs Allanson and Dr Reeves had identified six main areas of difficulty, in fact the problems often simply came down, she says, to difficulties in working across teams.

"Co-operation between different teams within each trust was not always evident and we also found instances where medicines

## Panel 1: Useful websites

Further information about out-of-hours services, as well as guidance and examples of best practice are available from:

### ■ [www.mmnetwork.nhs.uk/ooH](http://www.mmnetwork.nhs.uk/ooH)

The Department of Health's guidance on securing proper access to medicines in the out-of-hours period is available from the medicines out-of-hours section of the NHS's Medicines Management Network website. The site contains the National Out-of-hours Medicines Best Practice Database and an interactive discussion forum and document store for anyone involved in providing or commissioning out-of-hours services.

### ■ [www.dh.gov.uk/outofhours](http://www.dh.gov.uk/outofhours)

The out-of-hours care section of the Department of Health's website contains information on a range of out-of-hours topics, as well as policy documents, non-clinical guidance, links and other resource.

management teams — usually because of misunderstandings themselves — had not helped those setting up the out-of-hours service in the way we know they can," she says.

"Many of the problems were centred on providing access to Controlled Drugs, but there were also cases where clinical governance groups or medicines management teams would restrict other professionals, such as nurse practitioners and emergency care practitioners, from supplying antibiotics using patient group directions," she adds.

Problems like these led to different solutions having to be developed for different times of day, depending on whether GPs or nurses are providing the cover, she explains, and so a consistent service — particularly from a patient's perspective — cannot be maintained through the whole of the out-of-hours period or between neighbouring PCTs.

### Solutions

"Now we have had the meeting, we need to bring together everything that people told us on the day," Mrs Allanson says. "We are planning to relaunch the NHS out-of-hours medicines website and share more widely the information we have gathered, including useful forms, documents and protocols."

There are also plans to revise the best practice database and introduce a picture gallery, she explains. "We found that people were really keen to see exactly how particular solutions were worked out — how packs were fitted into mobile units and doctors bags, for instance."

Even though a lot of the work has still to be done, the meeting has already had some impact, Mrs Allanson says. "A lot of those who attended the day said they found it useful and some have told us that they have already gone back to their trusts and changed the way the service is being run."

Next week, Mrs Allanson and Dr Reeves have one of their regular scheduled meetings with representatives from the Company Chemists' Association, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and Royal Pharmaceutical Society.

They plan to use this to discuss the findings from the visits, talk about pharmacy services out-of-hours, share best practice and to see what more the DoH should be doing to support out-of-hours services.

### Contacts

Mrs Allanson is also happy to receive any queries or suggestions about supplying medicines out-of-hours. She can be telephoned on 01772 647019 or e-mailed at helen.allanson@northwest.nhs.uk.

Karen Hatch, medicines development and improvement manager at the Medicines Management Network is happy to receive queries about the Medicines Management NetWork out-of-hours services website. She can be telephoned on 01772 647017 or e-mailed at karen.hatch@northwest.nhs.uk.

## Panel 2: Using a medicines management service

Cannock Chase Primary Care Trust provides an out-of-hours medical service — run in accordance with the Department of Health guidance on access to medicines out of hours — from a centre in Mid-Staffordshire General Hospital in Cannock.

Before the service was set up, Mark Seaton, head of medicines management at the PCT, and his colleagues looked at what services were already in place. "When we began to look at out-of-hours services in the PCT area, there was no consistency in the supply of medicines," he says.

"Some GPs were providing their own cover, issuing some bag stock and dispensing FP10s, some GPs were contracting an out-of-hours service through independent out-of-hours health care service providers [such as Primecare] and there was an on-call pharmacy service for palliative care drugs, but that was only through one pharmacy and only when that pharmacist was available."

Mr Seaton and his team, including senior nurse Ann-Marie Curtis, considered a number of options for delivering an out-of-hours service, including contracts with community and hospital pharmacies to provide extended hours services.

However, opting for either of these solutions would not have enabled them to comply with the medicines supply standards set out in the DoH guidance and so they explored the idea of providing medicines from within the medicines management service itself.

The centre uses FP10 PREC forms, produced by the prescription pricing authority, to record supplies made direct to patients in the out-of hours service.

They are submitted to the prescription pricing authority, which then produces reports on what has been issued.

This supports the governance, as well as the audit and monitoring, aspects of medicines supply through the service, Mr Seaton says. "We use these forms to record supplies made and we also use the reports produced by the prescription pricing authority to monitor what is being issued from within the service, as well as monitoring prescribing reports for items issued on standard FP10 by the service."

In addition, the centre has a contract with the hospital pharmacy department to supply and prelabel formulary medicines to the service and the PCT has also approved the funding of a part-time pharmacy assistant technical officer, who works for half the week at the hospital to provide the service.

"This post has proved fundamental to the project," Mr Seaton says. "The ATO provides a stock top-up service, increases stock levels ahead of bank holidays and oversees all clinical governance aspects relating to expiry date checking on stock, stock rotation, labelling and medicines waste disposal." And nurses at the centre can also use medicines supplied under a range of patient group directions to treat certain conditions, he adds.

The PCT has also solved the problem of supplying Controlled Drugs, Mr Seaton explains, by applying for a Home Office licence so that a nurse manager can control CDs in the service, rather than having to have a doctor take responsibility for ordering and managing them.

## Panel 3: Using a satellite pharmacy in a casualty department

The Pharmacy Department at Hope Hospital, in collaboration with Salford Primary Care Trust, has opened a satellite pharmacy to support the local GP out-of-hours service. Following a period using the hospital's outpatient pharmacy facilities, the out-of-hours pharmacy is now located in the hospital's emergency care department and also caters for patients attending casualty, the NHS walk-in centre and the emergency clinical decision unit.

Ambreena Asghar, lead pharmacist for this "unscheduled care service", explains that locating the service in the casualty department enables patients to find it easily and GPs to refer any complex cases to casualty quickly. "At the meeting last week we were highlighted as one of the few out-of-hours units with a fully fledged pharmacy," she says. "We manage to deal with most requests made by our GPs, including emergency supplies of patients' regular and over-the-counter medicines."

The satellite pharmacy is open 6pm–10pm on Monday to Friday, 4pm–8pm on Saturday, 2pm–6pm on Sunday and 2pm–10pm on all bank holidays, except Christmas Day (open 2pm–6pm). Patients attending the out-of-hours unit can also have their prescriptions dispensed by the inpatient pharmacy from 9am until noon on Saturdays and Sundays. There is also a minor ailments scheme available to provide patients who are exempt from prescription charges with over-the-counter medicines at no charge.

Now that the service has been running from the casualty department for the past 6 months, Ms Asghar is beginning to look at ways in which they can develop it. "We are currently working on ways in which we can improve our service to palliative care patients, especially with the supply of Controlled Drugs, which has also been a difficult area to deal with in other units.

"At present, our pharmacy is available to provide any of our patients with Controlled Drugs out of hours. Soon we should have measures in place for our GPs to supply Controlled Drugs to patients requiring palliative care in their homes," she says.

"It would also be useful for the unscheduled care service to include pharmacists more at the triage stage, as is done at the unit in Warrington [*PJ*, 28 May 2005, p649], rather than just at the end of the consultation process," she adds.

"At the moment the patient is registered at reception and, after taking basic details of the patient's problem, the receptionist refers the patient straight on to the GP. A lot of patients could be immediately referred to the pharmacist, for any issues relating to their medication, emergency supplies for example, or for a minor ailment assessment." This could reduce the workload on the GPs' patients' waiting times, she says, and would be possible if the triage process was more thorough, taken by a nurse rather than the receptionist, for example.