

# Pharmacies work to improve access

Community pharmacies in Scotland are being used to improve access to NHS services. **Clare Bellingham** finds out about the walk-in initiative

Open any NHS document, and it is likely that somewhere within it will be a reference to improving access to services — “access” is a buzz word right now. What is surprising, however, is that community pharmacies, with their convenient location on most high streets, have yet to star in this battle to improve access. Not, at least, until now.

Community pharmacy’s potential was highlighted last year in the Scottish Government’s strategic health policy document “Better health, better care”. And now the promised pharmacy pilots to assess walk-in access to a wide range of services are under way. “The pilots will offer a different mix of services in suitable locations, such as major shopping areas and main commuter points,” the document states. “Services provided will include nurse-led minor injury treatments, sexual health screening, simple diagnostic tests and some adult immunisations.”

The pilots are being project managed by Allan Thomas, senior community pharmacy adviser at NHS Ayrshire & Arran. “The pilots will form part of a wider package of planned improvements to expand the availability of, and access to, primary care services,” he explains. The walk-in pilots comprise two phases. The first, which is already taking place, is all about improving access to existing services. Phase two, which gets going this month, concentrates on improving the range of services offered. “Phase one involves extending the opening hours at evenings and weekends, and builds on the services already available under the pharmacy contract, like the minor ailment service and the urgent supply of medicines through the national patient group direction,” explains Mr Thomas. The sites have also been getting the infrastructure in place to support phase two, for example, new IT, staff recruitment and training, and establishing processes to underpin multidisciplinary working.

## Focus

Some divergence exists between the different pilot sites within phase two. Each of the health boards involved — NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian and NHS Tayside — were asked to put forward proposals on the types of service they wished to test. The result is that each location’s pilot has a different focus. “The central themes being pursued by most sites are the co-location of nurse-led minor illness and injury clinics (which complements the minor ailment service provided by pharmacists), and the development of links with the local NHS 24 hubs to ensure these work in a joined-up way with the local out-of-hours service,” says Mr Thomas. “Chlamydia testing and treatment, and other screening and diagnostic testing are also core in phase two,” he adds.

But each pilot site has additional local developments. In Tayside, for example, the key issue is pharmaceutical public health (see Panel). This is mirrored in Glasgow and Lothian, with all three boards looking to develop the “Keep Well” initiative within the pilot site. In Glasgow, co-location of other health care professionals in the pharmacy is being explored. Meanwhile, NHS Lothian is exploring immunisation services and NHS Tayside the possibility of lithium monitoring.

One of the organisations working with NHS boards to develop the pilot sites, and to integrate them within existing out-of-hours services, is NHS 24. “The pilots will allow NHS 24 to increase the number of referrals to a pharmacy, improving patient access to pharmacy-based healthcare,” explains John McAnaw, head of pharmacy, NHS 24. “The pilots will further integrate community pharmacy into the delivery of unscheduled care, and potentially ease the demands on existing out of hours service providers. With some of

the pilot sites looking to provide multidisciplinary health care, the increased variety of services delivered from the pharmacy could play a key role in delivering care closer to home.”

With the second phase about to begin, it is clearly too early to say whether the initiative will be extended across Scotland. However, the aim is to produce a variety of models from which NHS boards can pick services that meet local needs. To help this, an extensive evaluation is planned.

“Evaluation will take place over the period of the pilot from October 2008 until November 2009, with a view to reporting in April 2010,” says Mr Thomas. “The main focus will be to determine the success of the pilot, the long-term sustainability of services, and their possible future development and spread. It will also consider the professional, legal and contractual implications of the model, as well as any educational needs and workforce issues.”

## How pharmacy walk-in services pilot works in Tayside

In NHS Tayside, the walk-in service pilot is taking place at Boots The Chemists in Albert Street, Dundee. Alistair Jack, director of pharmacy, NHS Tayside, explains that the pharmacy is situated at the centre of a highly deprived area: “When boards were invited to put forward proposals for pilot sites, one of our criteria was that the pharmacy served a deprived area. The other part was having existing premises.”

So far, the pilot has concentrated on extending access to existing services. In April, the pharmacy began opening for extended hours: 9am–9pm, Monday to Friday, 9am–5pm on Saturday and noon to 4pm on Sunday. Until then, no other pharmacy in Dundee had been open after 7pm on weekdays and none was open on Sundays (other than a one-hour rota). “Friday evenings and Sundays are our busiest times, but we have a steady stream of people all the time,” explains Kirsty Geddes, pharmacist manager (pictured).

Services on offer include the minor ailment service, urgent supply of repeat medicines, smoking cessation, palliative care, supervised methadone, needle exchange and emergency hormonal contraception, plus the core pharmacy service of dispensing prescriptions and medicine sales.

Top of the list for phase two of the pilot are chlamydia testing and treatment, an alcohol brief intervention service, cardiovascular assessments and a computer program which provides cognitive behavioural therapy. “We also have a GP who is interested in offering two clinic sessions a week from the pharmacy,” says Carol Watt, regional pharmacy manager, Boots. The GP is attracted by being co-located within an extended pharmacy service, plus the fact that it is easier to operate from one room in a pharmacy compared with opening an entire surgery, receptionists and all.



Improved patient access to services, at the right time, at the right place

The Government is funding the operating costs of keeping the pharmacy premises open, allowing the pilot to concentrate on service development, explains Mr Jack. Already, the pharmacy has improved its links with NHS 24 and the local NHS out-of-hours service hub. “We told them when we started offering extended hours and now we get referrals from both the hub and NHS24,” says Ms Geddes. “The bulk of the referrals are for emergency prescriptions and urgent supplies of prescriptions, with some minor ailments too.”

The pilot has received positive feedback from patients. But perhaps a stronger demonstration of its value is the story of a methadone patient who was recently referred to the pharmacy for an evening supply of supervised methadone. His job had meant that getting to a pharmacy during the day was difficult. Now he can collect his methadone in the evening, he is much more likely to be able to hold down his job, something that will provide him with the stability he needs to establish a life post-heroin. As Ms Watt says: “It is all about improved patient access to services, at the right time, at the right place.”