

Using pharmacists for out-of-hours care

With the new general medical services contract allowing GPs to relinquish provision of out-of-hours cover, opportunities are opening for pharmacists to plug gaps in the service. **Tom Moberly** visited Warrington Primary Care Trust's out-of-hours centre to see the service the pharmacists there provide

Knowing that the new general medical services contract would affect out-of-hours service provision, Warrington Primary Care Trust took the opportunity to redesign its out-of-hours service provision. James Murray, professional development pharmacist at United Co-op (and one of the pharmacists who provides out-of-hours care for the PCT), explains what that has involved.

"The out-of-hours and unscheduled care service needed an overhaul in any case and so Warrington PCT looked at how they could use pharmacists to help fulfil the out-of-hours recommendations of the Carson report ["Raising standards for patients — new partnerships in out of hours care"], he says.

The PCT put out a tender for a three-year local pharmaceutical services out-of-hours contract. It asked what pharmacists could provide and how the bidders thought that their service could be made to work.

Mr Murray believes that United Co-op won the contract because the service it described was closest to how the PCT had envisaged the service running and, importantly, it involved other contractors.

But, given that other LPS contracts might be offered elsewhere, Mr Murray knew that the team would be under pressure. "It was important for the company that the project worked," he says, "but we also needed to make sure that the out-of-hours pharmacy service stands up on its own — this has never been seen as a loss-leading enterprise."

Out-of-hours provisions

Pharmacy involvement in the out-of-hours and unscheduled care service consists of two parts: the out-of-hours pharmacy service itself (an evening service from 7pm to 10.30pm Monday to Friday and a weekend and bank holiday service from 9am to 10.30pm) and the supply of drugs for GP bags and a GP drugs cabinet which the pharmacists ensure are fully stocked with in-date patient-pack stock. This can take a GP two to three hours, Mr Murray explains — an important consideration for the PCT as this time can be redeployed to patient care.

Patients access the service by telephoning a dedicated number. A receptionist confirms that the patient does not require an ambulance and then passes the patient on to a triage nurse, who takes a brief medical history.

The patient is then transferred to either a GP or a pharmacist. The pharmacist can deal with any drug-related queries and provide services, such as emergency hormonal contraception, under patient group directions.

The triage nurse is able to filter patients who can wait until the morning for treatment and those who are trying to obtain an out-of-



James Murray connects to the pharmacy's IT system, which will soon be linked to those at GPs' surgeries

hours appointment, but should be going to their GPs in the daytime. After 11pm, the dedicated telephone number transfers to NHS Direct.

Since the same number is transferred to wherever the appropriate service is, patients simply need to have one number to hand when they need out-of-hours care. Having a single telephone number has also made promoting the service easier — the PCT is keen for patients to know about the service and has recently promoted it through the local newspapers and distributed leaflets to surrounding pharmacies.

Pharmacists' involvement

The pharmacy is staffed by a dozen pharmacists from United Co-op's community pharmacies in the area, who are paid for their time at the upper end of the standard range.

"Pharmacists are involved to different degrees, depending on how they are able to fit the cover in around work and family commitments," Mr Murray explains. "Some come one or two nights a week, some just cover the weekends. I do, on average, a shift a fortnight."

The pharmacists only dispense out-of-hours prescriptions, but are able to do so both for prescriptions written by the GP at the centre and for patients who come in with out-of-hours prescriptions.

The pharmacy also stocks a selected range of over-the-counter products to cover most minor ailments, which also helps to take pressure off GPs. And patients are always given a full course of treatment, rather than only enough to last them until they can see their GPs. This avoids the patients taking up GPs'

time to obtain medicines they could have been given at the out-of-hours centre in the first place.

If the service is as busy for the next six months as it has been since it started last November, 18,000 patients will have used the pharmacy in the course of the year. "The vast majority of the prescriptions are for antibiotics for children with bad infections — we sometimes have 40 of those in a day on a Saturday," says Su Jamieson, a United Co-op pharmacy manager and one of the other pharmacists who provides cover for the service. "The service is different every night — we can do anything from four to 27 prescriptions in a night," she adds.

Developing the service

The service is also always evolving, Mr Murray explains. "We have quarterly meetings with the PCT's unscheduled care manager and medicines management team, discussing operational changes, such as how the drug bags are being used and what they need to contain, as well as changes to the out-of-hours formulary," he adds.

At the moment the pharmacists are only able to dispense prescriptions for items in the out-of-hours formulary. This leads to a few problems, Ms Jamieson says, as every now and then a GP will prescribe a particular antibiotic that is not listed. However, the pharmacist on duty can telephone the doctor and raise the problem and, almost always, the GP will rewrite the prescription for a formulary item.

A forced-choice system is also planned so that GPs cannot write a prescription for an item not in the formulary. Quarterly reviews of the formulary allow any problems that arise frequently to be resolved and to ensure that drugs are not being unnecessarily added to the formulary, since, Mr Murray explains, the service is designed to be used for genuine emergencies.

Another development Mr Murray is keen to see is the pharmacy's IT system being connected to the GPs' practices. "The new patient medicine record system will be going live in the next few months," he says. "It will allow pharmacists to use the out-of-hours computer system in the same way a GP or nurse can. Any information entered onto the system updates the patient's own record at the GP's surgery by 8am the following day. This allows the GP to see what's happened the night before, ensuring continuity of care."

Mr Murray is also keen to see the pharmacists providing other prescription-only medicines through PGDs, such as trimethoprim for urinary tract infections and flucloxacillin for impetigo, further easing pressure on other providers of out-of-hours care.