

# Pharmacists aid neighbourhood renewal

Newham Primary Care Trust has enhanced the medicines management skills of community pharmacists by using the Neighbourhood Renewal Fund to pay for medicines management training both locally and via a distance-learning course. **Tom Moberly** reports

Phillippa Crockford, principal clinical pharmacist at Newham Primary Care Trust and Newham University Hospital Trust, has for a long time been a keen advocate of developing the clinical skills of community pharmacists. In early 2004, it was announced that the Neighbourhood Renewal Fund had £40,000 still available from its 2003–4 budget for her local area, so Ms Crockford and Jan Tomes, head of medicines and prescribing at Newham PCT, decided to put in a bid for funding to develop the medicine management skills of community pharmacists.

“We initially considered providing funding to put a handful of pharmacists through an MSc course,” Ms Crockford says. “But then we decided that the money would be better spent providing clinical training to a larger group of community pharmacists.”

Ms Crockford persuaded the director of primary care and the LPC that the PCT would gain more from developing community pharmacists as a group than funding just a few selected people for an MSc.

The PCT successfully applied, in March 2004, to the Neighbourhood Renewal Fund for £40,000 funding to deliver the project.

Ms Crockford wanted the training to be twofold — funding places on a distance learning medicines management course provided by Keele University as well as a series of local training days. She also wanted as many pharmacists as possible to apply to be involved so that the PCT, and those involved with the Neighbourhood Renewal Fund, could see that the demand for the training was there.



**Phillippa Crockford (centre) with (left to right) Maninder Singh, Patrick Karikari, Shri Arora and Nakul Arora who have all completed the medicines management course**

The invitation to participate was open to all Newham community pharmacists. In fact, over a third applied. Initially, selection criteria were set so that the course was only offered to pharmacists who were already working in GPs' surgeries or offering additional pharmacy services such as smoking cessation or minor ailments services. But Ms Crockford was able to demonstrate how many pharmacists were interested in taking the course and thereby secure extra funding from the PCT so that all the pharmacists who applied to take the course could be accepted.

The Neighbourhood Renewal Fund paid for vouchers for locum cover for the pharmacists' time on the training days and two study days as well as the fees for the Keele University medicines management course. Additional funding for revenue and refreshments was provided by a pharmaceutical company.

“Once I put in the bid I knew that, if it were successful, we would have to spend all the money within four weeks,” Ms Crockford says. It is important, therefore, she argues, to have bids prepared in advance in case suitable funds become available.

The pharmacists had to commit to attending all the study days and the replacement locum rate was set at £175 per day, so that the pharmacists taking part could invoice the PCT for that amount in advance of having to pay the locum fees themselves. Keele University also agreed to process the applications and invoice the PCT within the four-week time frame.

To date, 22 Newham community pharmacists have completed the programme. “We were lucky, in terms of recruiting pharmacists to the course, in already having a cohort of clinically interested community pharmacists,” Ms Crockford says.

Ms Crockford has been running “Pharmacy forum” meetings every other month since 2001 with the support of the local Centre for Pharmacy Postgraduate

Education tutor, Karen Rosenbloom, and Prashant Sanghani, now chief pharmacist at Newham University Hospital Trust. “The meetings provided an opportunity for local community pharmacists to meet to discuss issues affecting them,” she says.

The local training days Ms Crockford organised included presentations on national and local guidance, and participants gained experience in applying guidance to problem-solving case studies, some of which were studies of actual patients. “The cases were discussed with specialist nurses, who were able to offer a practical perspective, and expert patients also came in to discuss problems with their conditions in an open forum,” she explains. In addition, specialist clinical team members taught and assessed the pharmacists on how to measure cardiac, diabetic and respiratory clinical parameters, as well as on medication reviews for old people, pain management and gastro-intestinal problems, she adds.

The Keele University distance-learning course involved completing four written assessments. The pharmacists taking part were sent a large file of reference papers, personal assessment exercises and reflection exercises to be completed during the course of the year. The course's study day at Keele University was a key component of the training, Ms Crockford says. “Having to complete a formal university-accredited assessment required pharmacists to engage individually with their clinical training development.”

Ms Crockford hopes to develop the clinical skills of the community pharmacists in the PCT even further. “I don't see that every community pharmacist can provide clinical pharmacy services within a GP practice — that simply doesn't make economic sense, because of the cost of replacement locum cover. But it does make sense for community pharmacists to develop clinical skills that they can use to help patients in their own pharmacies.”

## Neighbourhood Renewal Fund

“This project shows how flexible the Neighbourhood Renewal Fund is,” says Georgina Craig, head of communications and partnership development for the Company Chemists' Association. “The fund aims to enable the 88 most deprived local authorities in England, in conjunction with their local strategic partnerships, to improve services and to narrow the gaps between the health services available in these deprived areas and those in the rest of the country,” she adds. “The CCA and the National Pharmacy Association have both championed pharmacists becoming involved with local strategic partnerships,” she says. “If pharmacists make a flexible enough case for how they can use the funding to improve local health services, then there are enormous opportunities for using the Neighbourhood Renewal Fund to finance pharmacist-led initiatives.”