

MAXIMISING HEALTH GAIN THROUGH COMMUNITY PHARMACY

5 HIGH IMPACT CHANGES FOR SHAs



Royal
Pharmaceutical
Society
of Great Britain



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5 HIGH IMPACT CHANGES

1. CREATE NETWORKS

Set up regional networks of Hospital Chief Pharmacists, LPCs and community pharmacy and PCT pharmaceutical advisers. Bring them together to create a shared plan and vision of the future to facilitate integrated service development across the SHA health economies.

Establish links with the new Department of Health Pharmacy National Clinical Directors.

Align communications between corporate pharmacy organisations at national, regional and local level to support clinical engagement and development - and to create a framework for co-production and the fostering of closer professional relationships.

Appropriate networks will enable the delivery of the Government's Pharmacy White Paper objectives. Ref. Pharmacy in England White Paper 3.59; 3.65; 3.68; 4.65

2. RESOURCE STRATEGIC COMMUNITY PHARMACY ADVICE

Put in place strategic community pharmacy advice at SHA level to ensure:

- Appropriate scrutiny of PCT commissioning plans; pharmacy provider development initiatives, and joined up front line delivery of the Pharmacy White Paper.
- Darzi clinical care pathway groups - especially Staying Healthy, Long Term Conditions and End of Life groups - recognise the opportunity to build on existing community pharmacy services, consultations and interventions - and include them in service redesign. NHS North West has appointed a community pharmacist member on the Staying Healthy care pathway group.
- Community pharmacist leaders are invited to join the SHA clinical leaders' network as full members e.g. as in NHS North West.
- The DH Public Health Leadership Forum for Pharmacy has a direct line of communication into SHAs and Regional Government Offices to accelerate pharmacy's ongoing and expanding contribution to public health. Ref. Pharmacy in England White Paper 4.13

3. USE A COMMUNITY PHARMACY COMMISSIONING BENCHMARKING FRAMEWORK

To assess strategic development and the quality of PCT commissioning of pharmaceutical and public health services provided through community pharmacy, develop or use existing benchmarking tools.

Ref. Pharmacy strategic tests: <http://www.pcc.nhs.uk/114.php>

4. FACILITATE HARMONISATION OF PHARMACY SERVICE ACCREDITATION ACROSS PCTS

Build on the work of NHS North West Harmonisation of Accreditation Group (HAG); this will increase capacity for service delivery and ensure mobility and availability of community pharmacy workforce across PCTs.

5. CREATE PCT CHAMPIONS

Identify one or two PCT champions to lead development of best practice in community pharmacy service commissioning within the SHA. Facilitate the spread of best practice by linking PCT champions with SHA Innovation leads to achieve widespread roll out of services that help PCTs improve health and wellbeing.

Ensure that PCTs have a named Board member with responsibility for pharmaceutical services.

Ref. DH World Class Commissioning Primary Care & Community Services: Improving pharmaceutical services. - a practical guide to support PCTs in commissioning pharmaceutical services. <http://www.dh.gov.uk>

BEST PRACTICE EXAMPLES

1. NHS North West is developing a pharmacy clinical engagement plan to include representation from all pharmacy sectors to feed into the NHS North West Clinical Advisory Board.

A meeting of key stakeholders across NW SHA, PCTs, corporate and community pharmacy networks is planned to further develop partnerships to improve the quality of life of people in the NW by delivering key public health and clinical services in the community aligned to key strategic health priorities.

2. NHS North West set up a Steering Group in collaboration with the Royal Pharmaceutical Society to oversee the delivery of a collaborative leadership model (Leading Across Boundaries) which resulted in the development of a local clinical network across a range of healthcare professionals and in the commissioning of a local pharmacy weight management service fully integrated into the care pathway.

Leading Across Boundaries contact : anne.adams@rpsgb.org

3. NHS North West HAG develops competency and training frameworks for local enhanced community pharmacy services across the SHA which underpin PCT accreditation of services, whilst allowing PCTs the scope to include any additional local requirements. This reduces bureaucracy, ensures that pharmacists' skills are recognised and accepted across PCT boundaries and reduces PCT administration time. It also means that neighbouring PCTs can work together efficiently when running local training events to increase access for pharmacists and their staff across PCT boundaries. National roll-out via other SHAs is being taken forward by DH.

Contact project director : clive.moss-barclay@salford.nhs.uk

4. The DH National Clinical Director for Community Pharmacy & Primary Care, Jonathan Mason, is also Chief Pharmacist at City & Hackney PCT where community pharmacy has been effectively commissioned to impact on health inequalities. Data from fifteen commissioned community pharmacy services is collated and managed using a web based tool.

Key success factors were (1) putting in the time required to develop relationships and proper engagement with the LPC and also with local pharmacy providers so they understand what is needed, (2) consistently raising the awareness within PCT / PBC of how community pharmacy services could contribute to local health improvement.

Contact : Jonathan.Mason@chpct.nhs.uk

POLICY CROSS REFERENCES

DH White Paper Pharmacy in England. Building on strengths - delivering the future (Cm7341, April 2008)

- 3.59 :** Closer working between hospital and community pharmacy. The Government will ask two new clinical leaders to consider the optimal way in which services involving the transfer of care can best be commissioned within the current contractual framework e.g. medicines management on admissions/discharge.
- 3.65 :** The clinical leaders for hospital and community pharmacy will support the development of local health community clinical teams and devise appropriate mechanisms to support implementation in PCTs to work with NHSE on appropriate commissioning arrangements.
- 3.68 :** The Government expects PCTs to commission well-designed, safe services that comply with the requirements of the Manual for Cancer Services and the NPSA Rapid Response Report on oral anti-cancer chemotherapy, to meet the need of people with cancer who can benefit from receiving oral chemotherapy from their community pharmacy.
- 4.13 :** The Public Health Leadership Forum for Pharmacy co-chaired by the Chief Pharmaceutical Officer and the Head of Public Health Workforce will identify a programme for 2008-2010 to accelerate pharmacy's ongoing and expanding contribution to health, how it contributes to reducing health inequalities and with a particular focus on community leadership and sustainable development.
- 4.65 :** The Government will appoint two new clinical leaders this year to help implement the actions in this White Paper (now appointed).