

High Quality Care For All



Primary Care & Community Services: **Improving pharmaceutical services**

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Primary Care & Community Services:
Improving pharmaceutical services

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Executive Summary

The provision of high quality, patient-centred care is a key priority for the NHS. Building on the strengths of pharmacy forms an important part of the overall strategy to ensure safe, effective, fairer and more personalised patient care. Pharmacy has much more to offer than the safe and effective dispensing of medicines and is increasingly expanding its provision of clinical services, becoming a persuasive force in improving health and wellbeing.

Pharmaceutical services are provided across primary and community care settings. Community pharmacies are offering an ever expanding range of clinical services, and are involved in roles to support the safe use of medicines, promote the health and wellbeing of individuals and communities and reduce health inequalities. NHS prescriptions are also dispensed by appliance contractors and dispensing doctors. The activity of community health services pharmacists includes support for the immunisation and vaccination programme, working with social services on medicines administration policies and input to schemes to reduce unnecessary hospital admissions. Pharmacists working on medicines management and providing prescribing support are assisting patients to take medicines more safely and effectively, as well as supporting evidence-based use of medicines by prescribers. The increasing number of pharmacist supplementary and independent prescribers is having a direct role in the management of individual patients' treatment and care.

Therefore, commissioning pharmaceutical services effectively is as important as the PCT's role in commissioning other primary care services. However, this area of commissioning is complex with a number of distinctive features that are unique to pharmaceutical services. World class commissioners will need to develop and strengthen their commissioning of pharmaceutical services if they are to maximise the opportunities for contributing to their population's health that pharmacy can offer.

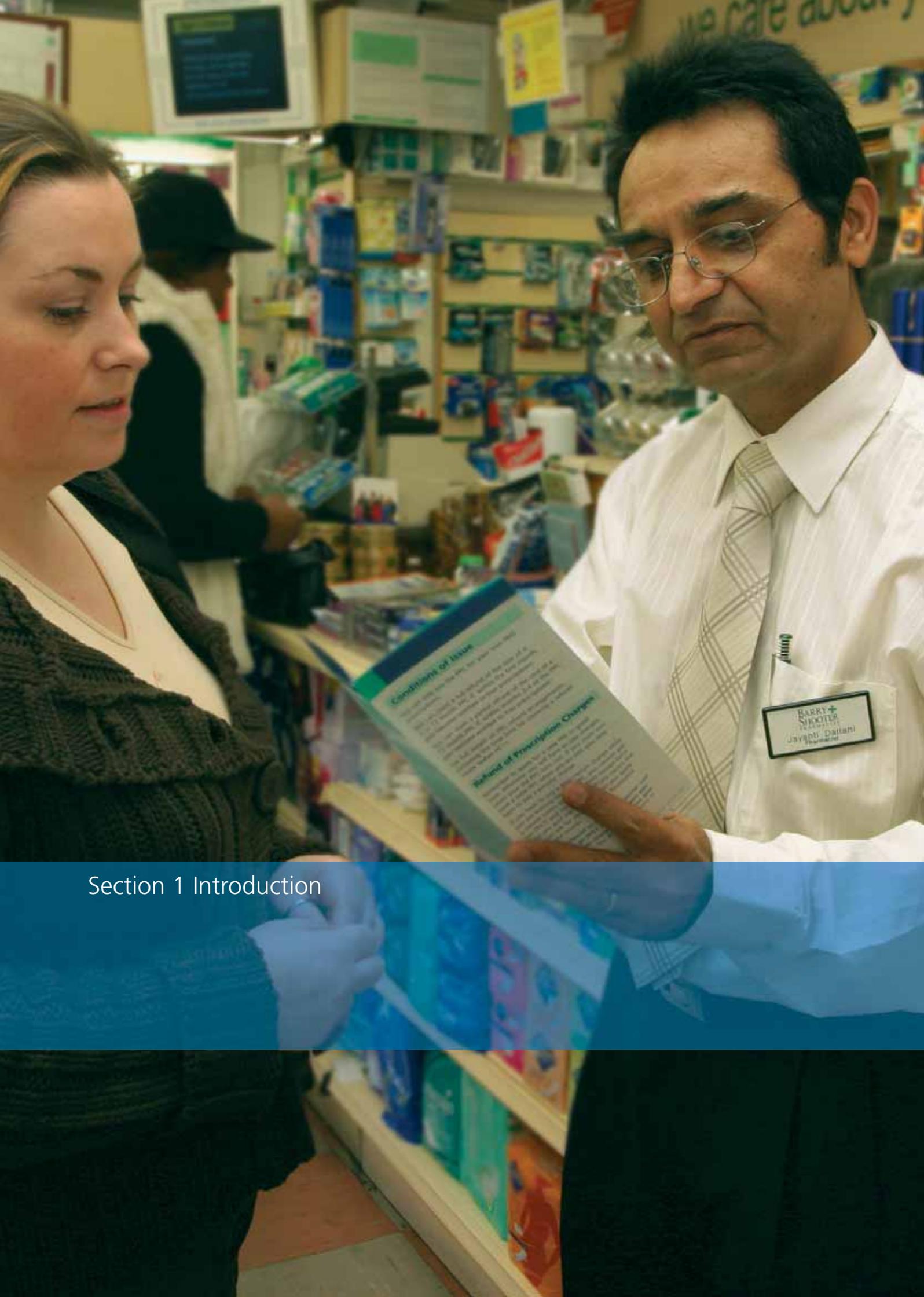
This guide is intended to build awareness and capability within PCTs:

- section 1 sets the scene for the guide and emphasises the key areas for developing the role of pharmaceutical services
- section 2 describes the application of world class commissioning to primary care
- Section 3 provides key information about pharmaceutical services, how they are delivered and describes the distinctive features of commissioning pharmaceutical services
- sections 4 to 6 set out the steps of the commissioning process as they apply to pharmaceutical services, from establishing the baseline and developing the vision to the levers and tools available to make change happen
- section 7 contains a series of questions that are pertinent for PCT Boards in respect of their commissioning of pharmaceutical services

- section 8 describes what achievement at level 4 of the world class commissioning competencies might look like in relation to commissioning pharmaceutical services.

Pharmacy needs to have a clear voice in key commissioning decisions with unambiguous links made between the pharmaceutical needs assessment (PNA) and the broader, but separate, joint strategic needs assessment (JSNA). To be world class commissioners PCTs need to have a system in place for commissioning pharmaceutical services based on a comprehensive, well researched and up to date PNA that allows specific local needs to be targeted and focuses decisions on local priorities. World class commissioners need to be assured that the commissioning of pharmaceutical services, including the development of the PNA, is appropriately supported by medicines management, public health and commissioning functions, to prevent this being disconnected from other commissioning decisions.

To support world class commissioning, PCTs need to make sure there is appropriate pharmacist input at Board level whenever decisions about commissioning pharmaceutical services are taken. Also, PCTs should have a named Board member with responsibility for pharmaceutical services.



Section 1 Introduction

Introduction

What is the purpose of this guide?

This is part of a series of supportive guides to help Primary Care Trusts (PCTs) become world class commissioners of primary care services. They have been co-produced by NHS East of England, NHS Primary Care Contracting (NHS PCC) and the Department of Health.

This guide focuses on improving the quality of commissioning pharmaceutical services in primary and community care, by which we mean services such as the supply of medicines and advice, support for health and wellbeing, self-care and optimising patient benefits from improved medicines taking. However, subject to parliamentary approval of the Health Bill 2009, it should be noted that in relation to market entry and pharmaceutical needs assessment, the term 'pharmaceutical services' specifically refers to services provided by community pharmacy and appliance contractors as defined in the NHS Act and supporting regulations.

The guide provides practical advice on how PCTs can:

- assess their current performance
- identify their vision for the future and
- commission services that meet the needs of their local communities.

This is part of a rolling programme of practical guides that also include guides on improving GP services and improving dental access, quality and oral health. The guides will be supported by a series of regional events to help PCTs address the strategic, leadership and operational challenges in driving up the quality of primary care commissioning.

Alongside this suite of guides, we are developing a series of practical advice and tools, including:

- how to benchmark primary care services and assess how far they reflect local health needs
- how to measure quality improvement in primary care, including developing 'quality scorecards' or 'balanced scorecards'
- how to commission accessible and responsive GP services
- how to undertake a pharmaceutical needs assessment
- how to support improvements in primary care premises
- how to improve primary care for socially excluded groups.

Who is this guide for?

This guide has been developed for senior managers responsible for commissioning primary and community care pharmaceutical services.

Why change?

The final report of the NHS Next Stage Review, *'High Quality Care For All'*¹, sets out the strategic direction for driving improvements in the quality of care across the health service. *'Our vision for primary and community care'*² draws together the main conclusions of the Next Stage Review for community-based NHS services, including pharmaceutical services, and sets out a strategy based around four key areas:

- shaping services around people's needs and views
- promoting healthy lives and tackling health inequalities
- continuously improving quality
- ensuring that change is led locally.



1 *High Quality Care For All: NHS Next Stage Review final report.* Department of Health, 2008

2 *NHS Next Stage Review: Our vision for primary and community care.* Department of Health, 2008

For community pharmacy, this emphasises the need for a shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services; for other pharmaceutical providers it reinforces the appropriateness of the clinical services already being provided.

In April 2008, the Government published a White Paper, *Pharmacy in England*³, which sets out practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services and care in the coming years. The programme was developed to closely align with the Next Stage Review and *Our vision for primary and community care*. Whilst recognising that the role of pharmacy in ensuring the safe use of medicines will always remain an important one, emphasis is placed on the contribution to health improvement by pharmacy's involvement in activities such as smoking cessation, dietary advice and weight management. This vision sees pharmacies:

- become 'healthy living centre' pharmacies with a greater emphasis on health and wellbeing, and supporting self-care
- become the first port of call for people with minor ailments, with community pharmacies enabled to provide a wider range of medicines at NHS expense to people who would have otherwise visited a GP
- provide support to patients with long term conditions, including supporting patients newly diagnosed and starting new courses of treatment
- increase their professional involvement in screening, vaccination and sexual health services.

Detailed examples of the contribution that pharmacy can make to the current health challenges of maintaining a healthy weight and lifestyle, smoking, sexual health, alcohol use, the ageing population, long term conditions, mental health, healthcare-associated infections, medication-related harm, drug misuse and health and work are included in a comprehensive annex to the White Paper.

Key to the development of such services is the requirement for improved commissioning of pharmaceutical services by PCTs. In particular, the White Paper recommends that:

- PCT commissioners ensure maximum delivery of services currently provided via the contractual framework, such as medicine use reviews (MURs) and repeat dispensing services, and are geared up to deliver the Electronic Prescription Service (EPS)
- PCTs explore the significant role that community pharmacy can play in supporting delivery of Public Service Agreement (PSA) and national targets, for example through involvement in the national vascular risk assessment and management programme, reducing teenage pregnancy, reducing obesity etc

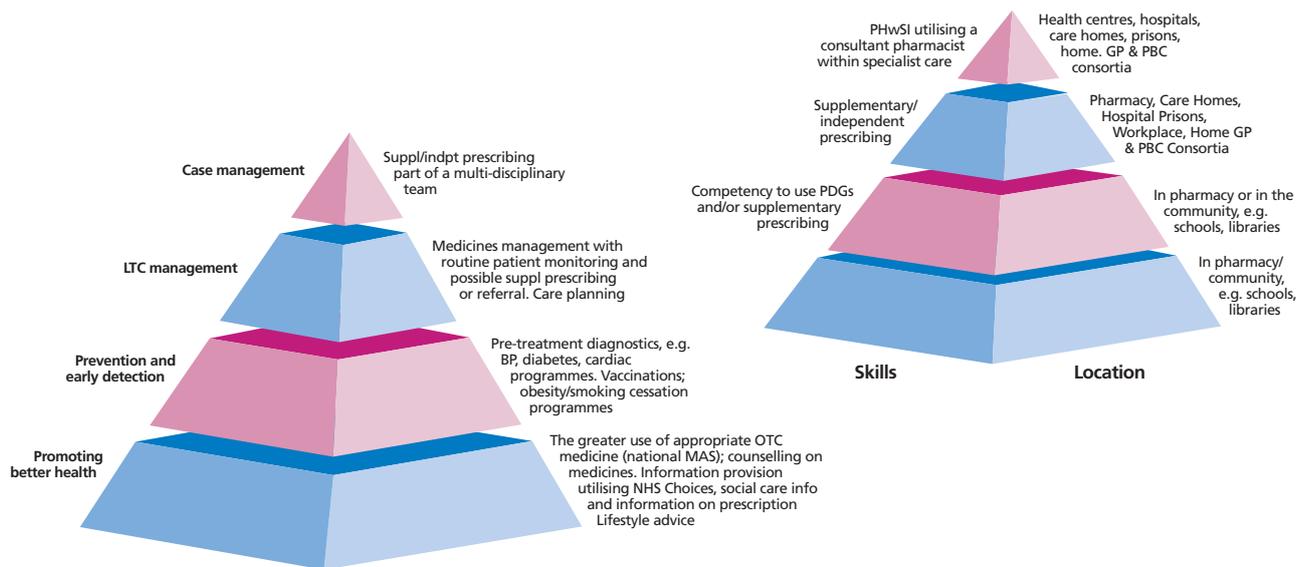
³ *Pharmacy in England: building on strengths – delivering the future*. Department of Health, 2008

- PCTs ensure pharmacy providers are included in, and consulted on, future service developments.

NHS PCC has prepared a briefing document which, as well as highlighting the key messages from the pharmacy White Paper, suggests actions for PCTs and their Boards to deliver its vision⁴.

The diagram below, from the pharmacy White Paper, groups some of the activities that pharmacy could be involved in, in relation to promoting better health, prevention and early detection, management of long term conditions and case management. It also demonstrates the potential skill set, complexity and competence of individual practitioners needed to achieve these roles.

The potential contribution of pharmacy to various levels of patient care



2009/10 Operating Framework

The Operating Framework sets out the priorities for the NHS for the coming year in delivering the third stage of the reform agenda. Underpinned by the Next Stage Review, this is about using the additional capacity and reform levers to transform services to deliver high quality care for patients and value for money for the taxpayer. It emphasises the leadership challenge to the clinical and managerial community that maintaining momentum presents.

⁴ Board Briefing – The Pharmacy White Paper. NHS Primary Care Contracting, 2008

The framework makes specific reference to the fact that PCTs should pay due regard to *Pharmacy in England* when developing pharmaceutical services and draws particular attention to the need to increase the level, quality and range of services in primary care, particularly in under-provisioned areas, review service provision in urgent care, and that PCTs must continue to drive progress in health improvement and prevention to make a step-change in people's health and wellbeing. Pharmaceutical services have a contribution to make in all of these areas.

This guide brings together the key components of a comprehensive approach to commissioning primary and community care pharmaceutical services, drawing on expert advice from around the country, and includes some of the many examples of best practice that already exist.

Details of key publications and resources relevant to the commissioning of pharmaceutical services can be found on the NHS PCC website⁵.

5 *Community Pharmacy: useful documents*. NHS Primary Care Contracting, 2009 (login required)



Section 2 World class commissioning



World class commissioning

The world class commissioning programme sets out a framework to support PCTs in developing the competencies needed to commission high quality services that improve health outcomes and reduce health inequalities.

This includes strong engagement and partnership with the public, NHS staff and other healthcare professionals, and other local partners. As world class commissioners, PCTs will be in regular dialogue with their communities about what is good about local services and what needs to change. They will have a deep understanding of local health needs and the services and interventions that will be effective in meeting these needs. They will actively manage the provider market, rewarding and encouraging providers that continuously improve quality and bringing in new providers where services are unresponsive or there is limited choice.

Information for world class commissioning



Delivering world class commissioning of primary care

The effective commissioning of primary care services is central to improving quality and implementing the regional visions for health and healthcare developed as part of the Next Stage Review. The NHS spends around £100 billion per year on healthcare in England – and a large proportion of that sum is spent, or committed, by clinicians in primary care through either direct treatment, prescribing or onward referral.

It is essential that PCTs understand the value that can be gained by investment in primary care, and how to work with clinicians to achieve continuous improvements in patient experience, safety and the health of individuals. This requires a proactive and strategic long-term approach to shaping the nature and range of services provided in primary care.

As part of the requirements set out in the 2008/09 Operating Framework, every PCT has developed and published a five year strategic plan, which sets out its vision, priorities and how these will be delivered. The plan includes the high level patient offer, which sets out what the PCT is accountable for delivering to its local community. This should include its pharmaceutical commissioning intentions alongside its other commissioning intentions. Strategic plans explain what services will be provided, where they will be available and who will provide them. In addition, each PCT prepares a more detailed annual operating plan, outlining how it will implement its strategy in the coming year. Both the strategic plan and the operating plan should address how the PCT will improve primary care services.

The challenge is to develop a clear vision for pharmaceutical services within the strategic plan and identify what this means for the way in which pharmaceutical care is commissioned as part of the operating plan.

World class commissioning competencies and assurance process

To commission primary care effectively, PCTs will need to develop and display each of the eleven competencies defined by the WCC programme. Section 8 sets out the specific criteria and performance indicators for each competency in relation to commissioning pharmaceutical services. The annual cycle of the WCC assurance process holds PCTs to account as they move towards world class levels. The Department of Health is exploring with SHAs how best to reflect commissioning of primary care services in the future development of the assurance process.



Section 3 About pharmaceutical services

About pharmaceutical services

The use of medicines is the most common healthcare intervention in the treatment of patients. Get the commissioning right and you can deliver direct and indirect savings, good patient care and better health outcomes.

Key facts

Pharmacy has much more to offer than the safe and effective dispensing of medicines. Community pharmacies are providing an ever-expanding range of readily accessible clinical services, with pharmacists and pharmacy technicians involved in roles to support the safe use of medicines, promote the health and wellbeing of communities and reduce health inequalities in all settings. Some prescriptions are also dispensed by appliance contractors or dispensing doctors. PCT and practice-based pharmacists provide prescribing support to GPs and are frequently involved in patient-centred services, such as reviewing the medicines of patients who have recently been discharged from hospital.

Pharmaceutical services may be provided within other primary and community services. This may be within a community hospital pharmacy, but also includes activities relating to immunisation and vaccination, working with social services on medicines administration policies, supporting medicines use in sheltered and care homes, and input to schemes to reduce unnecessary hospital admissions.

- Of those who report visiting a pharmacy, adults visit a pharmacy 16 times a year, of which 13 visits are for health related reasons.

- An estimated 1.6 million visits take place daily, of which 1.2 million are for health-related reasons.
- Pharmacies are open at times which suit patients and consumers.

- Pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.

KEY FACTS

- Between one third and a half of all medicines prescribed for long term conditions are thought not to be taken as recommended.
- Between 4% and 5% of hospital admissions are due to medicines-related problems which are preventable.
- Almost 60,000 safety incidents involving medicines were reported between January 2005 and June 2006. More than 10,000 resulted in harm to the patient and 58 were fatal.
- It is estimated that some 57 million GP consultations each year involve minor ailments, which could be dealt with at a pharmacy.
- There are more than 10,200 community pharmacies, 1,170 dispensing practices and 128 appliance contractors in England.
- Community pharmacies are easily accessible. 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.
- 84% of adults visit a pharmacy – 78% for health-related reasons – at least once a year.

Sources:

Medicines Adherence, NICE 2009. Pharmacy in England, DH 2008. Safety in Doses, NPSA 2007.

Health improvement

Pharmacists and their staff working in all sectors of the NHS have a contribution to make to health improvement through helping reduce smoking, alcohol consumption, obesity and unwanted pregnancies, and to reduce inequalities in health. Details of this were set out in *Choosing health through pharmacy*, a strategy for pharmaceutical public health⁶ and a number of studies have strengthened the evidence base for the effectiveness of community pharmacy-based services⁷. The universal vascular checks programme⁸ will provide a significant opportunity for pharmacy to be at the heart of prevention services, helping to consolidate its contribution to public health.

How are pharmaceutical services provided?

Pharmaceutical services are provided by:

- community pharmacies
- appliance contractors
- dispensing doctors
- community health services pharmacy teams
- medicines management and prescribing support teams
- pharmacists with special interests.

Community pharmacy

Ideally placed to provide clear and credible information to help people make informed choices, community pharmacies provide a readily available network of trusted health professionals and their teams based in the heart of communities. Offering much more than simply dispensing and the supply of medicines, they are available to promote health and wellbeing, support self-care, help people look after themselves better, prevent illness, and provide essential treatments. They also play an important role in maintaining the social cohesion of communities, as a secure health infrastructure is important to sustaining community resilience (see Appendix 1).

As a world class commissioner, you will need to ensure that existing local community pharmacy networks are not put at risk and are given the same opportunity to deliver new services when developing Local Improvement Finance Trust (LIFT) schemes and the new GP-led health centres.

6 *Choosing health through pharmacy*. Department of Health, 2005

7 *The contribution of community pharmacy to improving the public's health: Literature review update 2004-7*. For Department of Health, 2008

8 *Vascular Checks Web-pages* (Department of Health)

Although they are considered to be part of the 'NHS family', community pharmacists are independent contractors. They therefore exercise discretion and freedom in how they run their pharmacy within a professional and legislative framework. Amongst other things, community pharmacists are responsible for their premises, which must be registered with the Royal Pharmaceutical Society of Great Britain (RPSGB) and are inspected by that organisation for adherence to legal requirements and professional standards. This role is expected to transfer to the General Pharmaceutical Council (GPhC) in 2010 and the introduction of statutory standards for premises is proposed.

Most community pharmacies provide services under a national contractual framework, which is designed to provide PCTs and pharmacies with the opportunity to work effectively together to meet the needs of their local population. This framework, introduced in April 2005, has three tiers of services – essential, advanced and enhanced.

All community pharmacies must provide **essential** services, which include dispensing and repeat dispensing, health promotion and healthy lifestyle advice, signposting to other services, support for self-care and disposal of medicines. Services must be provided within an acceptable system of clinical governance.

Providing the pharmacist and premises are suitably accredited, a pharmacy can also provide **advanced** services. There is currently only one – medicines use review (MUR) and prescription intervention, where pharmacists review a patient's current medication to ensure patients get best use of their medicines and to resolve any problems with compliance.

A pharmacy can also provide local **enhanced** services, which are commissioned by PCTs. The most common in 2007/08 were: stop smoking schemes, supervised administration (eg of methadone), minor ailment schemes and patient group directions (eg to supply emergency hormonal contraception). Guidance on the contractual framework, including model service specifications for enhanced services, can be found on the NHS PCC website⁹.

The way these services are commissioned is likely to change in the future. In order to provide PCTs with adequate means by which they can determine from whom, when and where quality services are provided, along with proportionate and adequate powers to commission according to local needs, the current 'control of entry' test is expected to be replaced. Subject to parliamentary process, the Health Bill 2009¹⁰ proposes that PCTs first develop and publish a statement of pharmaceutical needs (a pharmaceutical needs assessment – PNA). Together with any other matters set out in Regulations, such as improvements in access (eg extended hours), choice and diversity of providers or services (eg dedicated evening or weekend clinics to stop smoking or review patient's medication), this will form the basis for future entry to the pharmaceutical list. The Bill also includes provision for a PCT to invite applications to be included on its pharmaceutical list, for example where you have identified there is a gap in

9 *Community Pharmacy Contractual Framework Web-pages* (NHS Primary Care Contracting)

10 *Health Bill 2009 and Explanatory Notes*. Parliament Website, 2009

provision, or you want to secure improvements in access, choice or quality. These new market entry arrangements will only apply to community pharmacy and appliance contractors.

PCTs can also commission community pharmaceutical services via a local pharmaceutical services (LPS) contract. This type of contract complements the national contractual framework for community pharmacy, but provides additional flexibility to commission services that address specific local priorities and needs within a single contract¹¹.

Appliance contractors

Appliance contractors are unable to supply medicines. Most specialise in supplying stoma appliances, such as colostomy, urostomy and ileostomy bags and associated materials providing a specialist service in a niche market. Appliance contractors usually cover a wider geographical area than a pharmacy, often spanning more than one PCT, and sometimes provide services nationwide.

Many of the arrangements in the community pharmacy contractual framework currently do not relate to appliance contractors, for example they cannot provide enhanced services or offer repeatable dispensing services, nor is there a requirement to operate under a clinical governance framework. A number of consultations have taken place over the last two years to review the arrangements for the supply of appliances by pharmacies and appliance contractors and the outcome is expected shortly.

Dispensing doctors

In some, more rural, areas where a community pharmacy may not be viable, patients can receive their medicines from the surgery's own dispensary.

A voluntary Dispensary Services Quality Scheme¹² (DSQS) is in place, which demonstrates a commitment by dispensing practices to achieving standards around governance, training and simple reviews of the use of medicines by patients. However, these requirements are not compulsory, which creates a disparity between dispensing by pharmacies (where qualifications and standards are defined by the pharmacy regulatory body and in regulations) and dispensing in GP practices. To enhance the service offered to patients, some dispensing practices employ a pharmacist or pharmacy technician. You could commission other pharmaceutical services to take place within dispensing practices.

CASE STUDY

In Suffolk, a number of practices now employ a pharmacist to help with the dispensing of medicines, and to provide other services including medicines use review and stop smoking services to their patients.

The pharmacist has access to the patient's full medical record, which helps to improve the quality of the advice they can offer. They are also involved in other aspects of medicines management within the practice such as formulary development.

11 *Local Pharmaceutical Services – guidance notes*. Department of Health, 2008

12 *Dispensing Doctors Web-pages* NHS Employers

Community health services pharmacy

The private and voluntary sectors, social enterprises and PCTs themselves provide a range of community health services. It is important that healthcare professionals delivering these services have access to professional support from pharmacists with specialist community health services expertise. This includes:

- services generally provided outside GP practices and secondary care by community nurses, allied health professionals and healthcare scientists working from/in community hospitals, community clinics and other PCT sites
- services that reach across the PCT population, such as district nursing, school health, childhood immunisation, podiatry and sexual health services
- services that help people back into their own homes from hospital, support carers and prevent unnecessary admissions, such as intermediate care, respite, rehabilitation, admission avoidance schemes, end of life care etc, for care groups such as older people and those with a learning disability
- specialist services and practitioners, such as tuberculosis clinics, community dental services, tissue viability specialist nurses etc
- services that interface with social care.

When commissioning community health services and redesigning care pathways, PCTs need to ensure that appropriate consideration is given to the pharmaceutical element to reduce the risks associated with medicines and maximise the opportunities for new ways of working. The Primary and Community Care Pharmacy Network (PCCPN) has developed a toolkit¹³ to give commissioners a broad understanding of the pharmaceutical services needed by organisations delivering community health services. East and South East England Specialist Pharmacy Services has also developed a suite of resources to support the commissioning and provision of community health services pharmacy¹⁴.

CASE STUDY

In Norfolk, a county wide medicines management support service is funded by the PCT. The scheme is led by a pharmacist employed and based in social services who co-ordinates referrals to a network of pharmacist assessors who apply a standard assessment tool and link with community pharmacists as necessary. Referrals come from both health and social care professionals.

About 8% of patients are supported by care workers. Social services fund training of the care workers to assist patients directly with their medicines.

¹³ *Pharmacy support for Community Health Services (CHS) – A toolkit.* Primary and Community Care Pharmacy Network, 2006

¹⁴ *Developing medicines management arrangements in Provider Organisations, Future options for pharmacy support to Autonomous Provider Organisations (APOs) and What needs to be in a service level agreement (SLA) – a basic framework* East and South East England Specialist Pharmacy Services, 2008

Medicines management and prescribing support

As part of medicines management, prescribing support in primary care has become a well established core PCT activity. As the provider/commissioner split is embedded, you will need to be clear about what medicines management services are to be provided by the PCT and what services are to be commissioned from other providers. Examples of medicines management and prescribing support include:

- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- patient medication reviews with referrals from practices, care homes and other teams, for example district nurses, learning disability team
- medicines management in domiciliary and care home settings
- pharmacist-led patient clinics within practices
- education on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists
- independent and supplementary prescribing.

Pharmacists with special interests

A pharmacist with a special interest is defined as ‘supplementing their core generalist role by delivering an additional, high-quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers.’

The national framework for pharmacists with special interests (PhwSIs)¹⁵ provides best practice guidance on how local health communities can develop, commission and implement extended services in primary care. Further guidance¹⁶ describes how PhwSIs can be used to provide more specialised services closer to home.

CASE STUDY

Bradford and Airedale Teaching PCT is supporting eight community pharmacists, who conduct anticoagulation clinics, through the accreditation process to develop them to PhwSI level.

The anticoagulation clinics are currently funded by the PCT, but will soon be commissioned by the GP practices through practice-based commissioning.

15 *Implementing care closer to home – providing convenient quality care for patients: A national framework for Pharmacists with Special Interests.* Department of Health, 2006

16 *Implementing care closer to home: convenient quality care for patients (Parts 1 – 3).* Department of Health, 2007

Other routes for obtaining medicines

A number of mechanisms are available for the prescribing, supply and administration of medicines, which can help to support the development of new and enhanced roles or service redesign¹⁷. These include:

- patient group directions (PGDs)
- supplementary prescribing by nurses, pharmacists, optometrists, and other specified health professions
- independent prescribing by nurses or pharmacists.

You can commission the supply of prescription only medicines to a patient under a patient group direction, supplementary and independent prescribing as enhanced services within the community pharmacy contractual framework¹⁸. Examples of opportunities for non-medical prescribers to increase access, capacity and choice for patients are given in a document published by York and Humber SHA¹⁹ and on the NHS PGD website²⁰.

Primary/Secondary care interface

Although the majority of people's healthcare takes place in primary and community care settings, at some point in life most people will require treatment within the acute and specialist sectors. Research has shown that the risk of a medicines-related adverse event, side effect or interaction is heightened when patients transfer from one setting to another²¹.

With care that has traditionally been provided within a hospital setting moving into primary care, the clinical expertise to support this transition also needs to be available. As a world class commissioner, you should consider establishing teams of hospital and community pharmacists, primary care pharmacists and pharmacy technicians to ensure that expertise is shared across interfaces, helping to improve the 'medicines journey' for people who go from one sector to another, thereby improving health outcomes and health and wellbeing.

The National Prescribing Centre (NPC) publication *Moving Towards Personalising Medicines Management*²² provides a resource for commissioners to review and develop services within and across primary, secondary and integrated healthcare settings.

17 *Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines.* Department of Health, 2006

18 *The Pharmaceutical Services (Advanced and Enhanced Services) (England) Amendment Directions 2006.*

19 *Making the Connections – Using Healthcare Professionals as Prescribers to Deliver Organisational Improvements.* York and Humber SHA, 2008

20 *NHS Patient Group Directions Website*

21 Gleason, KM, Groszek, JM, Sullivan, et al. Reconciliation of discrepancies in medication histories and admission orders of newly hospitalised patients. *American Journal of Health-System Pharmacy* 2004; **61** 1689-1695, and Cornish PL, Knowles SR, Marchesano et al. *Unintended Medication Discrepancies at the time of Hospital Admission. Archives of Internal Medicine* 2005; **165** 424-429.

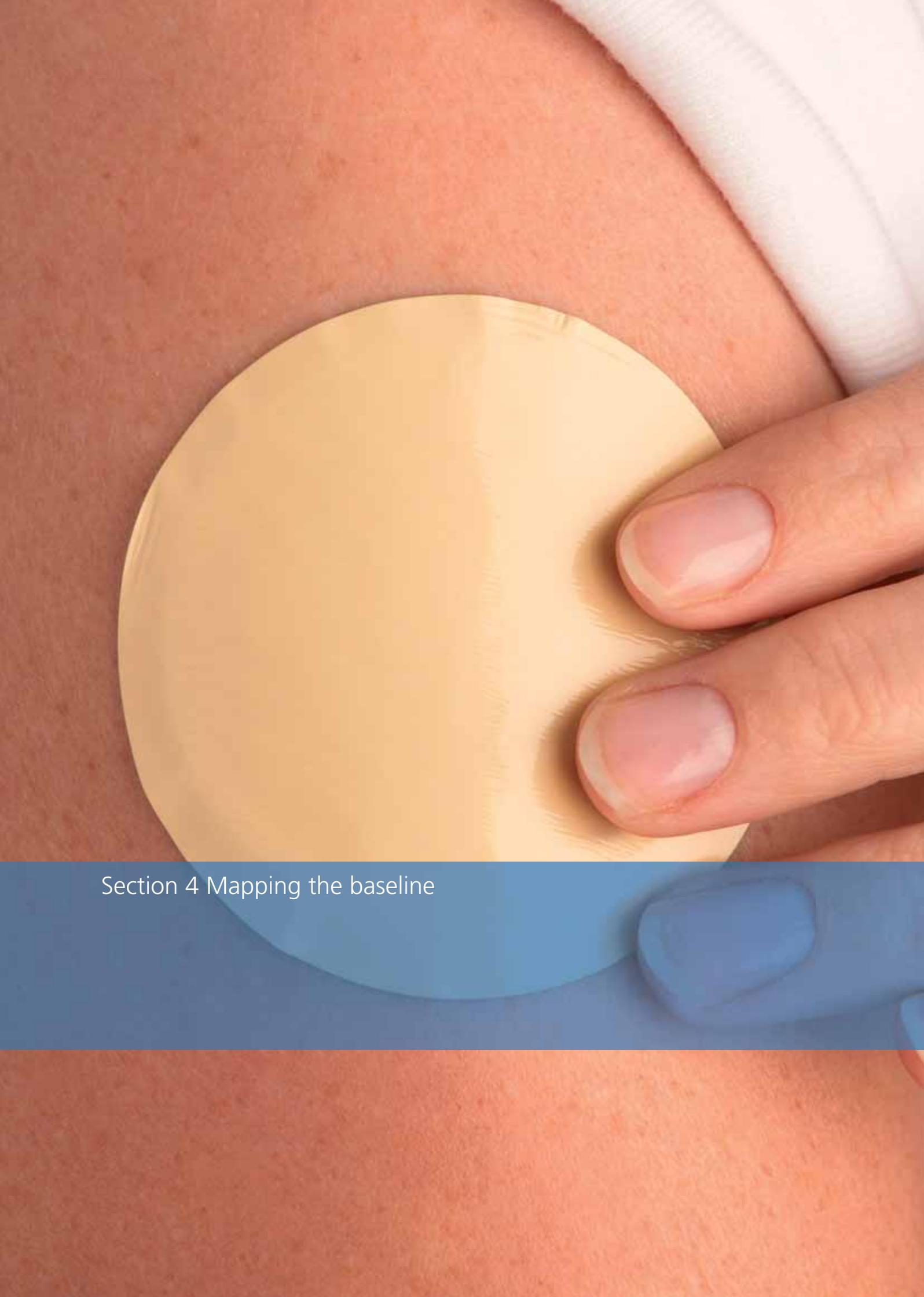
22 *Moving towards personalising medicines management: Improving outcomes for people through the safe and effective use of medicines.* National Prescribing Centre, 2008

What are the distinctive features of commissioning pharmaceutical services?

The commissioning of pharmaceutical services is complex. Some factors are broadly common to all primary care contractors (ie GP practices, dental practices, community pharmacies and optometry practices); others are unique to pharmaceutical services. Some can make commissioning pharmaceutical services more challenging, but they can also provide greater opportunities to make sure that services meet people's needs.

Feature	Challenges	WCC response
Contracting with a large number of providers.	<p>Community pharmacy providers range from small independent pharmacies to small multiple groups and large corporate bodies.</p> <p>The local knowledge held by providers can result in a diversity of service provision, which is sensitive to population needs. This could contribute to reducing inequalities in health, but can also place extra demands on commissioning services.</p>	<p>A plurality of providers can help PCTs to commission a broad and individualised range of services that meet the local community's needs and provide patient choice. Small independent providers may be more responsive to change.</p> <p>Be sure to invest appropriate resources in managing contracts and relationships with this range of providers.</p>
Contracting with large organisations who operate in many PCTs.	Large 'multiple' community pharmacies operate within a set of corporate policies, procedures and standards. Business decisions are more likely to be made through a corporate management structure than at local level.	PCTs need to understand their providers' business processes for decision making and may need to work with regional and area managers, as well as the manager of individual branches, to affect change.
Providers are legally independent entities.	Services provided by community pharmacies, dispensing doctors and appliance contractors are supplied by independent businesses over which the NHS has less direct influence than some other NHS services.	<p>PCTs need to understand the range of commissioning levers available to manage and develop performance and promote improvement.</p> <p>Encourage and stimulate independent providers to develop their own business models for responding to patient wishes and PCT commissioning.</p>
Pattern and mix of services can be outdated.	In some areas, the location, size and make-up of community pharmacies reflect historical business decisions made by pharmacies and may not adequately meet current needs.	<p>By comparing local needs with current services, you can identify any changes required for services to meet local need.</p> <p>Practice-based commissioning is an additional mechanism for achieving service redesign.</p>

Feature	Challenges	WCC response
Different contracts.	Pharmaceutical services can be provided under different types of contracts. For example, the community pharmacy contractual framework and arrangements for dispensing doctors and appliance contractors are nationally negotiated and do not have a fixed duration. LPS contracts allow greater local flexibilities, and PCT and PCT provider arm services may not be provided on a contractual basis at present.	<p>PCTs need to have a detailed working knowledge of the different types of contractual arrangements so that they can use them to their greatest benefit.</p> <p>Be sure to develop sufficient capacity to manage this range of contracts and relationships with different providers.</p>
Different ways to provide services.	There will often be more than one way in which services can be provided. For example, lifestyle advice (stop smoking, weight reduction etc) could be provided within community pharmacies, practice-based pharmacist-led clinics or as part of a domiciliary medication review by a CHS pharmacy team, as well as by other non-pharmaceutical providers.	<p>PCTs need to consider the broad range of options available when deciding to commission a particular service.</p> <p>By comparing local needs with current services, you can identify what needs to change for services to meet local need.</p>
Variability in primary care capacity and interest in developing services.	<p>For community pharmacies to be willing to provide additional services they need confidence about the stability, security and viability of providing those services.</p> <p>Services may not be sustainable where they are reliant on a single pharmacist.</p>	<p>PCTs need to understand the drivers from the providers' perspective and try and address these concerns in their approach to commissioning. In particular, offering pilot projects rather than commissioning an ongoing service can reduce the number of willing providers.</p> <p>Recognising that staff move around, try to work with neighbouring PCTs to develop accreditation requirements which are transferable.</p> <p>PCTs have a legitimate role in developing providers.</p>
Making valid comparisons.	It may be difficult to compare the costs of in-house and other providers as organisational overheads may be differently accounted for in each situation.	<p>Investment decisions should be based on local needs, but in assessing the affordability of different systems you need to have good analysis of the actual costs.</p> <p>Comparison of outcomes and quality measures also need to be consistent across providers.</p>



Section 4 Mapping the baseline

Mapping the baseline

Before you can begin to make improvements to pharmaceutical services you first need to establish the baseline of where you are now.

There are three key stages to this:

- assess needs
- map existing services
- identify what needs to change.

Stage 1 Assess local needs

The first stage in the commissioning cycle is assessing the health needs of the local population.

This should be done using a combination of the Joint Strategic Needs Assessment (JSNA) carried out with the local authority and the PCT's own up-to-date pharmaceutical needs assessment (PNA). The JSNA guidance includes the PCT PNA as an example of a plan which needs to be linked to the JSNA.

Together, these should:

- give a complete picture of the populations involved and how their needs differ
- identify specific communities with particularly poor health, such as travellers, migrant workers, those living in specific electoral wards or demographic groups
- enable comprehensive benchmarking against comparable populations
- give a clear view of unmet needs.

It is then up to you to identify which of these needs could be met by the wide range of pharmaceutical services discussed.

Pharmaceutical needs assessment

Until now, many PCTs have relied on the medicines management function to produce their PNA and, in some cases, also to commission pharmaceutical services. To be a world class commissioner, you need to be assured that there is appropriate input to these tasks from the medicines management, public health and commissioning functions to avoid commissioning of pharmaceutical services happening in isolation, disconnected from other commissioning decisions. You should have a named Board member with responsibility for pharmaceutical services.

There is evidence to suggest that PCT commissioning of enhanced services within the community pharmacy contractual framework does not currently reflect need²³. A system of commissioning based on PNAs should help you target specific local needs and focus your decisions on local priorities. Over time, this should help reduce variation in service delivery and make local services more reflective of local needs.

Although your PNA will need to be a separately identifiable document addressing specific requirements to meet the provisions of the Health Bill 2009, as you become a world class commissioner it should be seen as a key component of the JSNA and fit with the PCT's strategic plan. You will need to refresh the PNA at the same time as your strategic plan, but there may be circumstances where the PNA needs to be updated outside the annual business cycle, for example, if there is a significant change in the pharmaceutical needs of the population or in service provision.

As a world class commissioner, you should develop structures and processes to support the preparation of a comprehensive, well researched, considered and up to date PNA. NHS Employers has developed guidance on the preparation of PNAs within the context of world class commissioning²⁴. A toolkit containing more detailed recommendations on the content of PNAs will follow.

Stage 2 Map existing services

Next, you need to understand how services are currently being provided and identify any gaps that can be addressed by commissioning new or different services. This is likely to become a component of the PNA under the reformed market entry arrangements proposed in the Health Bill 2009.

You will want to consider how you benchmark current service provision, both by comparing localities within your area and comparing yourself with similar PCTs.

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²³ *Impact assessment for the Health Bill 2009*. Department of Health, 2009

²⁴ *Guidance for PCTs on Pharmaceutical Needs Assessments as part of world class commissioning*. NHS Employers, 2009

To build a complete picture, you need to know about:

- Capacity
- Access
- Patient experience
- Premises
- Quality
- Advanced and enhanced services.

Capacity

- prescription items dispensed per month per weighted population by pharmacies, and by dispensing practices
- number of pharmacies per 100,000 population (or smaller unit for communities)
- number of MURs undertaken per pharmacy per month
- activity data for PCT-provided and CHS pharmacy services
- activity data for access to out-of-hours services for medicines supply issues
- workforce data such as pre-registration placements

Access

- opening times
- wheelchair access
- consultation facilities
- languages spoken

Patient experience

- analysis of complaints received
- feedback from site visits by Local Involvement Networks (LINKs)
- annual community pharmacy patient questionnaire, where this is shared with the PCT

Premises

- these should be pleasant, accessible, and meet the relevant national standards for registration with the RPSGB. Often the poorest premises can be in the areas with the highest health needs
- information governance requirements should be accommodated within the design of workspaces, for example computer screens positioned to protect patient confidentiality, and security of patient sensitive information
- feedback from site visits by Local Involvement Networks (LINKs)

Quality

- Community Pharmacy Assurance Framework
- Dispensary Services Quality Scheme
- compliance with *Standards for Better Health* core and developmental standards
- Community Health Services audit

Advanced and enhanced services

- by mapping the availability and uptake of advanced and enhanced services, you will be able to identify areas where there is either under or over provision of services
- you should also identify areas where other services are not meeting identified needs with the potential to commission such services through pharmacies, for example uptake of seasonal influenza vaccination.

Some of this information is available on the NHS Information Centre²⁵ and NHS Choices²⁶ websites, but you will need to gather most of it locally.

Stage 3 Identify what needs to change

Comparing your needs assessment with an analysis of current provision will highlight what needs to change.

Every PCT will be different, but this may include:

- areas where there are gaps in existing service provision
- areas with specific health needs that could benefit from additional investment in pharmaceutical services

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 25 *Pharmacy Statistics Web-pages* (NHS Information Centre)

26 *NHS Choices website*

- areas that have poor access to pharmaceutical services or widespread patient dissatisfaction
- areas where pharmacies need to improve to achieve basic quality standards
- investment in enhanced services not targeted on areas of greatest need.

Mapping software will enable you to overlay existing service provision or patient satisfaction results with demographic data, making it easier to identify hotspots.

When looking for potential gaps in service provision, it's a good idea to check whether out-of-hours services are regularly being used to access medicines in an emergency. In holiday destinations, for example, where people regularly arrive without their medicines, it may be appropriate to consider commissioning out-of-hours services from a pharmacy. A toolkit and support materials are available to help review access to medicines following unplanned and urgent consultations²⁷.

You may also want to check that arrangements are in place for the supply of controlled drugs, as part of the symptomatic relief of people who choose to die at home. This could include commissioning specific community pharmacies in each locality to stock medicines and provide associated support that people at the end of their life may need.

When commissioning services, you can specify which groups of patients (eg asthmatics) you want pharmacies to target for medicines use reviews, ensuring the best possible use is made of this advanced service.

CASE STUDY

South Birmingham PCT's needs assessment identified a shortfall in male life expectancy compared with similar city areas. In response, the PCT commissioned an opportunistic testing service for vascular disease – a 'heart MOT' – from community pharmacies.

The service started with a small scale pilot involving Lloydspharmacy which, after six months, was expanded to include additional pharmacies, including independently owned ones.

Initially, the PCT took a very supportive approach, helping providers to develop into the role. Two years on, the PCT has moved to a much more formal commissioning role whereby they specify the service to be provided, and community pharmacies are responsible for ensuring that they can meet the specification, including training, reporting and equipment requirements.

The PCT monitors quality through a 'mystery patient' process and via patient satisfaction questionnaires.

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27 Medicines in Unplanned Care Toolkit. Medicines Management Network North West, 2008



Section 5 Developing the vision

Developing the vision

You should have a clear vision of what pharmaceutical services should look like in the future. This will be informed by your five year strategic plan, known national priorities, the baseline mapping exercise (see Section 4) and the ongoing involvement with patients, clinicians and other local partners.

There should be two parts to this vision:

- patient offer
- strategic service model.

The patient offer

Your 'patient offer' should be outlined in your strategic plan and described in the *PCT Guide to Your Local NHS Services*. It should clearly set out the range of services available to patients and could include the PCT's expectations around minimum acceptable standards for:

- access to a pharmacy or dispensary (opening hours, travel times, etc)
- clinical quality
- patient experience (complaints, patient surveys)
- premises (for advanced and enhanced services)
- services to promote health and wellbeing
- advanced/enhanced services.

The strategic service model

The strategic service model should describe how you intend to make the patient offer real. Each PCT's strategic service model will be different, but they should all include your approach to:

- choice of services and accessibility
- providing services in community settings, such as in primary care 'hubs'
- commissioning more integrated delivery of services, with hospitals providing services in the community and vice versa; greater coordination of community health services; and more integrated delivery of primary care, social care and wider local government services
- commissioning specialist primary care providers (eg for long-term conditions)
- promoting more integrated delivery of primary care services, such as General Practice, pharmacy, dental and eye care services
- promoting self-care and the potential for self-referral for certain conditions or patient groups, including the use of personal budgets.



Section 6 Making it happen



Making it happen

You have a range of powerful commissioning levers and tools at your disposal. Knowing how each of them works, you will be able to combine them in the most effective way possible to deliver the changes you want.

We have grouped these levers and tools under eight broad headings:

- transparent use of performance information
- a comprehensive approach to managing performance
- supporting performance and quality improvement
- information for patients and the public
- assuring minimum standards
- developing the market
- commissioning additional capacity
- practice-based commissioning.

The precise combination of tools and levers used will vary according to your PCT's unique circumstances and the changes you want to make, but we would expect every PCT to implement a comprehensive approach to assessing and managing performance. Otherwise, you won't know how each pharmacy is performing or be able to support improvement.

All of these commissioning levers and processes need to be underpinned by:

- Board-level oversight and leadership
- senior accountability to the PCT Board for the commissioning of primary care, including pharmaceutical services
- expert clinical advice and clinical leadership
- regular engagement with providers of pharmaceutical services and wider clinical engagement
- regular engagement with the public and representatives of patients and carers.

To take the comprehensive approach described in this guide clearly also requires capacity and capability. Where PCTs need to invest more resources in their pharmaceutical commissioning teams, this could be achieved by:

- pooling resources across PCTs or collaborating on particular topics
- increasing the size and capability of the core team
- buying in additional support, for example through the use of the framework for procuring external support for commissioners (FESC) or NHS PCC Building Foundations programme. This could include expertise from out-of-area providers.

As a world class commissioner, you will need to ensure that you have access to expertise in all aspects of pharmaceutical services, including those services and developments in the community, at the interface with secondary care, and practice support.

Transparent use of performance information

Without good comparative information on the quality of services provided, PCTs cannot effectively manage performance, support quality improvements or provide information for their patients and the public.

In line with the principles of 'Measuring for Quality Improvement' (see letter from David Nicholson and Sir Bruce Keogh to NHS Chief Executives of November 2008), you should make sure that you have a robust and balanced set of quality measures in place for primary care. These should be developed in collaboration with local clinicians and patient groups.

A quality framework or 'scorecard' can draw together and triangulate data from a variety of sources, including national data (eg reports published by the NHS Information Centre or NHS Business Services Authority) and local data (eg information from pharmacy visits, data on premises, patient feedback). Together, this balanced set of data:

- enables PCTs and providers of pharmaceutical services to reach an objective and rounded view of performance
- suggests the key metrics to be used in structured performance reviews
- encourages self-assessment and peer review
- helps to keep the public informed about quality and performance.

You can see examples at the NHS PCC website²⁸. The process of developing a quality scorecard is itself extremely valuable. It stimulates focused discussion with providers about current performance, existing strengths and weaknesses, and priorities for the future. To help you with this, NHS PCC has developed a step-by-step guide, which you could adapt for pharmaceutical services²⁹.

The pharmacy White Paper indicated that work will be undertaken to develop a set of pragmatic, easily measurable metrics that will demonstrate the quality and outcomes of pharmacy service provision. In addition, the Next Stage Review announced the requirement for providers working for, or on behalf of, the NHS to produce 'quality accounts' from 2010. Local developments relating to quality are very important and will also be helpful in informing national work to be undertaken in the future.

A comprehensive approach to managing performance

As world class commissioners, PCTs will need to invest considerable time and effort in developing close working relationships with their pharmaceutical providers, their Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC). These relationships are vital to effective management of the system.

Transparent, documented approach to contract management

You should work with providers to develop and agree a performance framework for managing pharmaceutical services. This needs to be transparent and clearly documented. It should enable providers to answer the following questions:

- what standards³⁰ are we expected to meet?
- when and how will our performance be reviewed?
- what will happen if our performance is below the agreed standards?
- what support will you offer to help us improve?
- what action will you take if we fail to improve?
- how will good performance be incentivised?

Standards you expect providers of pharmaceutical services to meet fall into two areas:

- minimum standards that must be met. Many of these will be contractual standards. Failure to meet them will usually trigger a formal intervention

28 NHS Primary Care Contracting website (Search "scorecard" login required)

29 *The development of a quality scorecard to support primary care commissioning and contracting*. Primary Care Contracting, 2008 (login required)

30 It is important to remember that there are different types of standards. Minimum standards for premises throughout Great Britain are expected to be set and monitored by the regulator (currently the RPSGB; expected to be the GPhC from 2010), parliamentary approval permitting. The expectation is that PCTs will not duplicate standards, assessments or inspections of these minimum standards.

- developmental standards that set out what you would like pharmacies to deliver or work towards. These will often be accompanied by development support.

NHS PCC has published a toolkit – the Community Pharmacy Assurance Framework³¹ – to help PCTs monitor providers' compliance with the contractual framework. NHS Employers is also working with the Pharmaceutical Services Negotiating Committee (PSNC) to identify ways of monitoring and post-payment verification of MURs.

Performance cycle

You should develop a performance cycle which clearly sets out what will happen and when. Try to make this the same for everyone. As a world class commissioner, you will be expected to work just as intensively with your best providers as you do with your weakest to help them develop further as outstanding providers of pharmaceutical services.

Escalation, local resolution and disputes

You should also have a formal escalation process which sets out what you will do if performance slips below agreed standards. This should clarify:

- how you will respond to different kinds of challenges, such as:
 - clinical issues
 - organisational problems
 - breach of minimum standards
- what support you will provide.

For non-compliance of a minor or technical nature, which does not pose a significant risk to patient care, PCTs are encouraged to develop an action plan to resolve the problem with the contractor. The Department of Health has developed guidance on non-compliance and dispute resolution within the community pharmacy contractual framework³². For such services, there are two formal routes if the issue has not been resolved within the specified time. You can pursue a case for breach of Terms of Service by referring to the Discipline Committee of another PCT or review the contractor's continuing NHS Fitness to Practise ('suitability', 'fraud' and 'efficiency') using the procedures contained in Regulations. Guidance is available on managing fitness to practice in respect of applicants to pharmaceutical lists³³. You should ensure a Discipline Committee is in place in readiness to deal with any referrals from a neighbouring PCT.

31 *Community Pharmacy Assurance Framework and Strategic Commissioning Tests*. NHS Primary Care Contracting, 2007

32 *Pharmacy Contract: Non-compliance and Dispute Resolution*. Department of Health, 2006

33 *Delivering quality in primary care: Primary Care Trust management of primary care practitioners' lists: community chemist contractors/bodies corporate*. Department of Health, 2005

The pharmacy White Paper outlined proposals to introduce supplementary lists for individual pharmacists. This would provide increased protection to the public by ensuring that all registered primary care practitioners were listed with PCTs, and provide a framework within which to address pharmacists whose professional conduct, competence or performance gives cause for concern. The outcome of the consultation on these proposals is awaited. However, as a pilot for two years from April 2009, the National Clinical Assessment Service (NCAS) will extend their role to work with health organisations and individual practitioners to include concerns about a pharmacist's performance.

The Health Bill 2009 contains provisions for PCTs to issue a contractor with a remedial notice, requiring corrective action within a specified period of time where quality or performance standards are breached, and to allow a PCT to withhold payments for a prescribed period in relation to a breach. Subject to parliamentary approval, these provisions will enable PCTs to decommission services from providers who do not meet acceptable standards and provide incentives to improve delivery of services.

In instances where other providers of pharmaceutical services, such as community health services pharmacy, continually breach agreed quality standards, delivering poor or unresponsive services to patients, PCTs should use relevant contractual levers which could include:

- decommissioning enhanced services
- issuing breach or remedial notices
- withholding payments
- terminating arrangements.

You should seek legal advice before invoking any of these formal contractual levers.

Supporting performance and quality improvement

You should also make clear what you will do to help practices improve. As a world class commissioner, you are expected to support all providers.

The *Principles and rules for co-operation and competition*³⁴ make it clear that commissioners have a legitimate role in directly supporting providers, provided the approach is transparent and non-discriminatory. Support should be linked to the overall approach to managing performance and PCTs should clearly define the circumstances in which they will provide support.

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 34 *Principles and rules for co-operation and competition*. Department of Health, 2007

PCTs can offer a number of different kinds of support. These may address a specific issue or be part of a broader package of support to help providers develop as organisations. Examples include:

- sharing best practice examples from other providers
- establishing local learning networks across pharmacies
- brokering support from agencies such as NHS PCC
- commissioning external consultancy support.

You will want to incentivise providers to improve quality. This could be in a certain area or over a set period to help embed a particular change.

When developing local incentives, you should make sure that:

- you are not paying twice for activity that should be provided as part of the essential services in the contractual framework
- you are not creating a culture in which pharmacies expect additional payment for making improvements.

Remember that a pharmacy won't be allowed to offer advanced services unless its essential services are of a satisfactory standard – that should be incentive enough.

Non-monetary support is another way of encouraging quality. You might want to provide training, equipment or back-fill of staff time to enable completion of a specific task or initiative.

Information for patients and the public

When you commission pharmaceutical services, you are investing public funds. That is why, in principle, the information you hold on individual pharmacies about the quality of services should be made available to the public.

As well as providing an incentive for providers to match or outperform their peers, this information also enables people to compare pharmaceutical providers and decide which one to use.

CASE STUDY

Doncaster PCT has developed a Quality and Outcome Framework (QOF) for pharmacy contractors. The scheme has been developed along similar principles to that already established for general practice.

Indicators were developed with the support and contribution of the PCT's primary care development groups and the LPC. The objective of the scheme is to encourage pharmacies to implement processes, practices and systems which go beyond the basic contractual expectations and deliver services that are recognised 'best practice'.

The PCT has recruited and trained a multi-disciplinary team to conduct annual review visits.

You should work with patient groups to determine what information is most useful to local people. This might include:

- basic details on location, car parking and transport
- opening hours and contact details
- languages spoken
- ease of access and facilities for disabled people
- availability of consultation facilities
- detailed description of services offered, including any areas of special expertise e.g. weight management clinics
- details of any services that are only available at certain times
- patient satisfaction scores, including by group and trends over time
- national performance indicators.

You will need to present this information in an accessible way and keep it up to date. NHS Choices will provide an increasing amount of information on individual pharmacies, but it is up to you to supplement this with the other detail the public wants or needs.

You also need to make sure the public is aware that this information is available. You can do this:

- through links in the *PCT Guide to Your Local NHS Services*
- by making sure that public bodies, such as libraries, display the information
- by developing innovative ways of distributing the information, for example through links on house moving and utility switching websites or mail shots to new additions to the electoral roll.

Assuring minimum standards

Although it is proposed that primary care services provided by GPs and dentists should be registered with the Care Quality Commission (CQC), once established, it is not proposed that there should be any requirement for community pharmacy to be routinely registered. This is because the current legislative systems for services provided by pharmacies are felt to be sufficient to protect patients. However, in the future, pharmacies may expand their activity to include regulated activities, which will need to be registered.

The Government is currently consulting on the establishment of the General Pharmaceutical Council³⁵ as the new regulator for pharmacists, pharmacy technicians and pharmacy premises from 2010. These changes are designed to modernise and strengthen the regulation of pharmacy professionals to make the protection of patients and the public the first priority.

Without registration of retail pharmacy premises with the regulator (current and future), community pharmacy providers would be unable to hold a contract to provide NHS pharmaceutical services. It is expected that registration with the future regulator will be subject to compliance with statutory standards. Subject to final decisions on standard setting in relation to premises and parliamentary approval, PCTs will need to establish a close working relationship with the pharmacy regulator, sharing and receiving local intelligence on pharmacy premises to ensure rapid follow up of any problems revealed by their assessments, for example PCT assessments of enhanced services.

The new standards for pharmacy premises are likely to be introduced in 2010 (although there will be a two year grace period for premises to complete any work required to meet the new standards), and there will be an important role for PCTs and community pharmacy providers to inform the development of the standards.

When commissioning enhanced services from community pharmacies, you must ensure that the services are only provided by suitably trained staff and that appropriate standards are established. Although there is not a requirement for those providing locally commissioned enhanced services to be accredited, it is good practice. At present, requirements for accreditation can vary from one PCT to another, causing problems for staff moving between PCTs.

In the North West, the Harmonisation of Accreditation Group (HAG) has been established to define the core competencies for an individual to be able to provide a specified enhanced service and endorse suitable frameworks of training, which deliver or sustain these competencies. By promoting this approach, the HAG aims to achieve standard PCT accreditation requirements and hence reciprocal accreditation and re-accreditation across all PCTs in the North West. Further information is available on the NHS PCC website³⁶. The pharmacy White Paper highlighted the need for harmonising common accreditation standards for enhanced services.

Developing the market

As described in Section 4, you will want to analyse the capacity and quality of pharmaceutical services provision, and the extent to which they match local patient needs, including the degree of patient choice and competition. You will also want to consider how far both existing providers and other providers would potentially seize opportunities to develop new services.

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 35 *Creating a new professional regulator for pharmacy: health care and associated professions – the draft Pharmacy Order 2009*. Department of Health, 2008

36 *NHS North West Community Pharmacy Enhanced Services Harmonisation of Accreditation* (NHS Primary Care Contracting website)

Together with neighbouring PCTs and the SHA, you should have a quantitative and qualitative understanding of the provider market. Your analysis should include the viability of infrastructure, especially premises, that can be used to support service provision. You should consider:

- volume of potential users for any new services
- sufficiency of the current and future workforce – including the extent to which incumbent and potential providers will contribute to the training and development of the current and future workforce
- the viability of infrastructure, especially premises, that the PCT can utilise either directly or through the potential provider market to support service provision
- sustainability of the services required. Do the identified needs and the proposed service models provide enough opportunity to sustain the range of providers for at least the length of the contract, ensuring an appropriate degree of competition remains
- mechanisms for contracting, which may include the community pharmacy contractual framework, LPS and other routes
- the provider's viability – at least for the duration of the potential service contract.

You will need to develop a strategy for ensuring that the provider market can meet identified needs, both now and in the future. This strategy should not be limited to the current models of service provision or levels of integration. As a world class commissioner, you should also ensure that all potential providers are considered.

Commissioning additional capacity

You might decide to commission additional capacity for a number of reasons. These include:

- where your PNA and mapping exercises show that you need to increase the capacity of pharmaceutical services, either across the PCT or in particular communities
- where management of the contractual framework reveals that a new provider is needed to create greater choice or where a provider continually underperforms.

First, you will need to develop a clear policy, which sets out when you will openly invite expressions of interest for new providers, the process you will follow and the factors you will consider in reaching your decision and when you will use the market entry arrangements for pharmaceutical services. The PCT Procurement Guide³⁷ identifies four criteria that you must consider when deciding whether to issue a formal tender.

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³⁷ PCT Procurement Guide for Health Services. Department of Health, 2008

Commissioning new providers gives you the opportunity to specify exactly what you are looking for, stimulate ideas and seek innovative proposals from the full range of providers.

Remember that LPS contract arrangements offer you the flexibility to commission pharmaceutical services that are exactly tailored to local priorities and needs, including a range of services that cannot be provided within the national pharmacy contractual framework arrangements.

The Health Bill 2009 includes the provision for regulations to specify the circumstances and manner in which a PCT can invite applications for inclusion in its pharmaceutical list. Where your PNA has identified a gap in provision, or you want to secure an improvement in access, choice or quality you will be able to invite applications from providers of pharmaceutical services.

Practice-based commissioning

Our vision for primary and community care made a commitment to ensure the engagement of a broader range of clinicians in a redefined and reinvigorated PBC. More recently the vision for practice-based commissioning³⁸ has identified that the full potential of PBC will only be achieved if it brings together a range of clinicians including community nurses, allied health professionals, pharmacists and secondary care clinicians and secures strong relationships with social services.

This provides PCTs, practice-based commissioners and pharmacy stakeholders with an opportunity to take stock of local clinical engagement and ensure that general practitioners come together with other community clinicians to develop multi-professional PBC groups. Advice on the contribution that pharmacy can make to practice-based commissioning is available from NHS PCC³⁹.

In particular, PCTs should consider whether appropriate safeguards around the prescribing, administration and supply of medicines have been put in place where PBC groups propose new or altered care pathways. A toolkit to help ensure safe and accessible medicines management services are designed into new and redesigned services has been developed by East and South East England Specialist Pharmacy Services⁴⁰. You need to think about pharmacy as a provider of redesigned services, including public health initiatives, and not merely as a supplier of medicines.

38 *Clinical commissioning: our vision for practice-based commissioning* Department of Health, 2009

39 *Building PBC capacity through community pharmacy*. PBC Bulletin 7, NHS Primary Care Contracting, 2007

40 *Medicines in Commissioning Toolkit*. East and South East England Specialist Pharmacy Services, 2008



Section 7 Questions for the PCT Board

Questions for the PCT Board

- Is there a named Board member with responsibility for pharmaceutical services?
- Do non-executive Board members have a good understanding of the relationship between the PCT and its providers of pharmaceutical services?
- What is the PCT's vision for pharmaceutical services? Does the PCT have a good understanding of pharmacy as a provider of public health and health improvement services?
- What is the PCT's approach to the support and development of individual providers of pharmaceutical services?
- Does the Board receive regular reports on medicines incidents and near misses? Does the Board understand its corporate responsibilities in connection with the safety of medicines, particularly in relation to legislation on controlled drugs and corporate manslaughter?
- Does the PCT have clear ways of engaging with the public and local population to understand needs and demand and to help shape services?
- Does the PCT have a good picture of how current investment in pharmaceutical services is deployed and the levels of access, quality and health improvement that this provides?
- Does the Board receive regular reports on pharmaceutical services performance?
- Does the primary care commissioning team have appropriate capacity, skills and support from Directors in respect of pharmaceutical services? Does the team have easy access to suitable pharmaceutical advice and financial expertise? Is the PNA considered to be an integral, but separate, part of the JSNA?
- Does the PCT have a clear strategy and policy on procurement of new or replacement enhanced services or pharmacies?
- Does the PCT have systems in place for managing both the community pharmacy contractual framework and other contracts for the provision of pharmaceutical services effectively?
- What is the PCT's strategy for communications and stakeholder engagement on primary and community care pharmaceutical issues?
- Has the Board delegated responsibility to make decisions about applications to open new pharmacies to a properly constituted committee? Does the Board receive regular reports on the decisions of this committee, the number of appeals lodged and their outcome?



Section 8 Moving to world class commissioning of pharmaceutical services

Moving to world class commissioning of pharmaceutical services

The previous chapters have described the steps that all PCTs will want to follow to become competent strategic commissioners of pharmaceutical services. Through the systematic use of these commissioning skills, you will be able to achieve significant improvements in the quality and availability of services, as well as improvements to health and a reduction in health inequalities.

The aspiration to become a world class commissioner will apply as much to the commissioning of pharmaceutical services as to other aspects of a PCT's strategic commissioning. This section gives an example, under each of the world class commissioning competencies, of what level 4 might look like in relation to pharmaceutical services. This interpretation of the competencies is based on current thinking of where PCTs' aspirations should be and is not intended to replace the competencies themselves, which are reviewed annually to reflect movement by PCTs towards becoming world class. PCTs will continue to be assessed against the WCC competencies for all aspects of commissioning, including pharmaceutical services.

As you progress towards the highest competency levels, you are likely to use more wide-ranging and innovative techniques. It is important that PCTs consider these competencies in tandem with its achievements and aspirations in relation to other areas.

Competency 1 – Local leadership

Reputation

- Key stakeholders strongly agree that you are proactively commissioning comprehensive pharmaceutical services rather than responding to providers' intentions to provide specific services.
- You actively participate in and lead the local pharmaceutical agenda, effectively participating in multi-agency and NHS-wide agendas.
- Local people strongly agree that the local NHS is improving pharmaceutical services.

Change leader for local organisations

- Key pharmaceutical stakeholders strongly agree that the PCT significantly influences their decisions and actions.
- Pharmaceutical providers consistently used the PNA to inform their business and service development plans.

Position as an employer of choice

- You can attract and recruit high calibre staff to work on the commissioning and performance management of pharmaceutical services.

- You create effective training programmes to support the development of staff responsible for commissioning pharmaceutical services.
- PCT staff demonstrate high levels of competence and are motivated and satisfied with the roles they fulfil.

Competency 2 – Collaborative working with community partners

Creation of a PNA

- The PCT, LPC, LMC and practice-based commissioners all understand how the commissioning strategic plan will address the PNA's priorities.
- The PNA widely informs the content of the JSNA.
- The commissioning strategic plan provides a comprehensive response to the PNA.

Ability to conduct constructive partnerships

- Key stakeholders strongly agree that you proactively engage their organisation to inform and drive both strategic planning and the design of pharmaceutical services.
- You have worked constructively and effectively with partners and the public to produce a PNA which identifies the pharmaceutical needs of the population.

Competency 3 – Continuous and meaningful engagement with the public and patients

Influence on local health opinions and aspirations

- You can demonstrate effective strategies for communicating with the local population in relation to the uptake, safety and efficient use of pharmaceutical services.
- You can demonstrate specific health outcomes that have been delivered through changing public opinion and utilisation of pharmaceutical services.

Public and patient engagement

- You demonstrate the effectiveness of your involvement through improvements in people's health and their experience of pharmaceutical services.
- You can demonstrate how proactive engagement and partnership arrangements with the local community, including LINKs, are embedded in all commissioning processes and drive decision-making in relation to pharmaceutical services.
- The local population strongly agree that the local NHS listens to the views of local people and acts in their interest.

Improvement of patient experience

- You have embedded the collection of patient experience data in all contracts with pharmaceutical providers.

- You demonstrate how ongoing integrated patient experience data systematically drives pharmaceutical commissioning decisions.
- Providers of pharmaceutical services use real time patient feedback to monitor and improve the services offered.

Competency 4 – Lead continuous and meaningful engagement of all clinicians

Clinical engagement

- All engagement groups actively drive pharmaceutical planning and service development, and help to set the strategic direction for the pharmaceutical agenda.
- Clinical engagement supports the ongoing improvement of patient outcomes in pharmaceutical services.
- Practice based commissioners recognise the clinical contribution of pharmaceutical services to patient pathways and seek to engage providers in the redesign of services.

Dissemination of information to support clinical decision making

- Pharmaceutical quality reports include recent clinical evidence, benchmarks and changes in clinical practice.
- You can calculate the return on investment in pharmaceutical services.

Reputation as leader of clinical engagement

- Key stakeholders strongly agree that you proactively engage clinicians to inform and drive both strategic planning and the service design of pharmaceutical services.

Competency 5 – Manage knowledge and undertake robust and regular needs assessment

Analytical skills and insights

- You analyse the effectiveness of previous interventions to further improve pharmaceutical services.
- You monitor progress towards reducing pharmaceutical gaps, identify the key causes of variance from expectations and develop effective solutions.
- You use population risk stratification to identify communities at risk and intervene promptly with appropriate pharmaceutical services.

Understanding of health needs trends

- You have identified unmet pharmaceutical needs and gaps in care for disadvantaged subgroups and are working to improve services for these populations.

- You use predictive modelling and analytical tools to discuss and describe trends in pharmaceutical needs, as well as to create future projects and identify variants from expectations.

Use of health needs benchmarks

- You regularly benchmark your own pharmaceutical services with those of neighbouring PCTs.
- You have widely implemented plans to improve pharmaceutical services.
- You consult effectively with providers and the public to calibrate pharmaceutical benchmarks.

Competency 6 – Prioritise investment according to local needs

Predictive modelling skills and insights

- You use predictive modelling to help you target required pharmaceutical interventions accurately.
- PCT pharmaceutical forecasting is based on a full understanding of relevant root causes and is linked with other public forecasts.
- Your staff can lead knowledgeable discussion on the subject of predictive models, including evidence to support pharmaceutical modelling techniques, the assumptions used, and links to clinical expertise.

Prioritisation of investment to improve population's health

- You understand the return on investment of previous pharmaceutical interventions, compare this with best practice and use it to inform future investment.
- The PCT Board works with clinicians, local pharmacists, key stakeholders and the public to develop, implement and evaluate the pharmaceutical strategy.
- You can effectively prioritise the commissioning of non-traditional pharmaceutical services, such as screening services, from pharmaceutical providers who are best placed to deliver them.

Incorporation of priorities into strategic investment plan

- Pharmaceutical projects and initiatives are prioritised with effective targeting of resources toward projects that offered the highest value for money, quality and clinical effectiveness.
- Pharmaceutical planning and budgeting cycles are aligned to facilitate coordination and joint financing arrangements.
- Mature programme budgets, including pharmaceutical providers, are in place for all key priority care pathways/disease groups with integrated investment plans of up to ~10 years.

Competency 7 – Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes

Knowledge of current and future provider capacity and capability

- You have analysed all current providers of pharmaceutical services, including community pharmacy, dispensing doctor and acute contractors, and identified the pharmaceutical services they provide.
- You have assessed the relative accessibility and quality of these providers to ensure that the services in place meet identified needs.
- You use patient reported outcomes measures to gain a deeper understanding of commissioned pharmaceutical services.

Alignment of provider capacity with health needs projections

- You combine demand projections with demand management assumptions from the strategic plan (eg pathway redesign) to identify the required pharmaceutical capacity both by locality and care/patient pathway.
- You implement specific changes to provider capacity driven by needs modelling, taking into account long-term structural changes and forecasts based on actual risk analysis.

Creation of effective choices for patients

- You use patient experience data and patient input into prioritisation to develop the specification of pharmaceutical services and the choices available.
- You have clear investment and disinvestment processes in place for pharmaceutical services, which have improved patient choice in several localities.
- You explicitly test the acceptability of the pharmaceutical choices available with patients on a regular basis.
- You invest for longer-term health gain and can quantify the impact of investing in pharmaceutical services.

Competency 8 – Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration

Identification of improvement opportunities

- Together with pharmaceutical providers and other clinicians, you regularly review and agree clinical pathways and engage on opportunities for improvement and innovation.
- For each pathway initiative that includes a pharmaceutical provider, you have outlined:
 - clinical guidelines sourced from international best practice
 - plans to ensure a smooth patient journey along the pathway and between different levels of care.

Implementation of improvement initiatives

- You have effective mobilisation plans for the implementation of pharmaceutical commissioning intentions.
- You actively track the milestones of clinical pathway change programmes.
- You take action in response to your findings, for example alerting GPs to prescribing choices and failures to collect.

Collection of quality and outcome information

- You have developed strategies for monitoring the impact of specific pharmaceutical initiatives on clinical quality/outcomes and patient experience.
- Your reporting arrangements process and transmit pharmaceutical data directly to key decision makers.
- You actively seek out clinical evidence relating to pharmaceutical services for comparison with international best practice.
- You involve patients, including those with long term conditions and in defined at risk groups or hard-to-reach populations, in creating pharmaceutical choices.

Competency 9 – Secure procurement skills that ensure robust and viable contracts

Understanding of providers' economics

- You can use your database of pharmaceutical providers to sort and extract a variety of metrics and benchmarks both by pharmaceutical provider and disease group – eg capacity, clinical quality metrics, patient opinion.
- You use target costing to forecast service costs before providers supply an estimate.
- You are able to demonstrate to the PCT board and to the public that you have secured the best placed providers for all pharmaceutical services (*Principles and Rules for Co-operation and Competition*, principle 1).

Negotiation of contracts around defined variables

- Negotiation has successfully delivered changes to variables and significant improvements in pharmaceutical service quality and value for money.
- Negotiation of contracts delivers a positive position for both the PCT and pharmaceutical providers, reinforcing strong strategic relationships.

Creation of robust contracts based on outcomes

- Contracts include clearly specified, measurable, practical outcomes, quality metrics, and a transparent arbitration process.
- Specific, measurable performance improvement targets are jointly agreed.
- Contract incentives drive desired pharmaceutical provider performance, leading to health improvements.

Competency 10 – Effectively manage systems and work in partnership with providers to ensure contract compliance

Use of performance information

- You obtain real time feedback from users on pharmaceutical services.
- You maintain a 'live' dashboard of information on key pharmaceutical performance indicators, and ensure that this is readily available to support performance management.
- Data is proactively discussed with pharmaceutical providers to drive fact-based continuous improvement in quality and outcomes.
- Pharmaceutical performance information is available for and accessible to the public.

Implementation of regular provider performance discussions

- You regularly discuss continuous performance improvement with pharmaceutical providers, leading to demonstrable change.
- Sharing of international best practice contributes to continuous performance improvement.
- You clearly define responsibility for the performance management interface for each pharmaceutical provider.

Resolution of ongoing contractual issues

- The required improvements are always delivered by pharmaceutical providers.
- You can demonstrate a track record of innovative and effective resolution of conflicts with pharmaceutical providers.
- You do not tolerate poor performance from pharmaceutical providers, particularly in patient care, and act swiftly to effect change.

Appendix 1

Case Study – Community Pharmacy Sustaining Local Communities

Tina Cook's pharmacy is a model example of how a modern pharmacy should support its local community. The pharmacy serves the population in a socially deprived inner city area of Sheffield. Local people have a much lower life expectancy than those living in more affluent areas with a high incidence of conditions such as CHD, diabetes, COPD, and asthma. A large proportion of the population is unemployed, and the area has a substantial drug misuse problem.

A number of important factors support the pharmacy's development as a focus for the local community. Firstly, the pharmacy staff know and understand the needs of the local population and are committed to the community they serve. Secondly, the local community values the pharmacy as a "centre of the community" and has confidence in both the range of services available and the advice and information that pharmacy staff provide on health and wider issues.

Developing pharmacy services

The pharmacy premises were extensively developed in 2000. This provided patient consultation and diagnostic testing areas. It also meant that a designated area, specifically for the preparation of monitored dosage units, could be added to the dispensary. Improvements were also made to access for people with disabilities and mothers with prams. A new large patient waiting area is also used for patient group meetings.

Meeting local population needs

In 2005, further expansion took place to meet the needs of an area with significant drug misuse problems – a large consultation room and a methadone/Subutex private supervision area were added. Funding was secured from the local Drug Action Team to purchase a large CD cabinet to support increased numbers of daily supervised doses of methadone or Subutex. The pharmacy, working in partnership with two local clinics, has increased capacity to respond to the growing number of patients and improved the quality of service provided – patients appreciate the extra privacy available when taking their medication.

The pharmacy also works closely with the local "Turning Point" community drug workers to offer the local population more than a needle exchange service. Pharmacy staff support regular meetings held in a local community centre and communication through posters and leaflets on available drug misuse services in its methadone supervision area.

In 2007, the pharmacy further invested in the development of this service with a computerised automatic pump system for methadone with fingerprint recognition. This system produces an electronic CD register for the methadone, improving record keeping. The pharmacy also maintains photographic and computerised records of each patient both to aid security and personalise the service.

Advanced services – MUR and prescription intervention

All pharmacists working in the pharmacy are accredited to provide medicines use reviews (MURs), which ensures that this service is readily available to patients. Pharmacy staff are active in recruiting patients to the MUR service and target specific groups. The pharmacy uses a specific MUR computer programme and has recently invested in an additional laptop computer to provide support in each of the consultation rooms. This enables the pharmacists to carry out MURs electronically, reducing paperwork.

Enhanced service provision

The pharmacy owner volunteers to pilot new service initiatives as a means of demonstrating how pharmacy can deliver services that meet local needs and use its detailed knowledge of patients and others using the pharmacy.

The pharmacy provides a number of other enhanced services, including:

- INR level 4 testing service
- stop smoking service
- H. pylori test and treat
- minor ailment service
- monitored dosage units
- health screening
- cholesterol testing
- prescribing optimisation scheme
- care home support and care home staff training
- supply of NHS healthy start milk
- supply of emergency hormonal contraception and free pregnancy testing to teenagers
- weight measurement and diet advice

The pharmacy staff provide a cardiovascular risk assessment and screening service in the pharmacy. Local people are offered blood pressure measurement, blood glucose monitoring, cholesterol testing, height, weight and BMI measurement, and diet and lifestyle assessment, including smoking, alcohol consumption and exercise status.

The pharmacy also works with the PCT and the pharmaceutical industry to provide local health promotion and screening events within the pharmacy, inviting local health professionals to work alongside pharmacy staff. These include diabetes screening, general health-check days, baby days, breast cancer awareness and dental public health. Patients can access services on a health-check day in the pharmacy free of charge and without an appointment.

Key features of the services provided are accessibility and flexibility – to meet the needs of local people. The availability of this service means that many formerly hard to reach vulnerable people visit the pharmacy for screening and healthcare advice and information. Many of these patients do not access traditional health services or do not register with a GP.

Clinical Governance

As a provider of essential, advanced and enhanced services, the pharmacy works hard to ensure full compliance with clinical governance requirements, including continuous review of pharmacy practice and Standard Operating Procedures. In 2002, the pharmacy was awarded the Sheffield Commitment to Quality Award for achieving Good Practice Standards. Its commitment to quality service improvement provided opportunities to prepare fully for the clinical governance requirements of the new pharmacy contractual framework. The staff continue to strive to improve the quality of service provision and to maintain the high standards that support patient safety.

Staff training

The pharmacy has a high commitment to staff training to enhance the services provided to the local community. All staff engaged in the dispensing process and provision of enhanced services have received relevant training via the NPA or other accredited courses. The most senior dispenser has also taken the NPA Accuracy Checking course, which has proved to be an invaluable asset to the pharmacy.

As a pharmacy providing a wide range of services to a high standard, GP teaching practices use it to provide their students with experience of community pharmacy services.

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If you have found this guide useful, have ideas for future topics that should be covered or would like to share an example of good practice in relation to any primary care service then please get in touch with the Primary Care and Community services team at pccsteam@dh.gsi.gov.uk or your local primary care contracting advisor at pccenquiries@pcc.nhs.uk



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