A helping hand for newcomers to primary care pharmacy

Changing the direction of your career can be daunting. So much to learn... new faces, new jargon, new ways of working. When you don’t know what you are letting yourself in for, it is difficult to prepare. Or is it?

The Primary Care Pharmacists’ Association asked over 50 experienced primary care pharmacists to tell us three things they wish they had known when they first started their careers in primary care. A six-part guide has been compiled from their feedback.

It provides pharmacists and pharmacy technicians who are new to roles in primary care with a useful knowledge base on which to build.

The guide may not provide all the answers but, where necessary, will point you in the right direction and provide you with some top tips.

The six sections of the guide are:

- Who’s who in the NHS
- NHS organisation and funding
- A newcomer’s guide to commissioning
- How to use prescribing data
- How medicines management teams can influence prescribing
- Keeping yourself up to date

Much of it is written in context of NHS funding and commissioning structures that operate in England. However, the tools and techniques described apply to pharmacists working anywhere in the UK.

Commissioning medicines management for GP consortia

In the coming months the PCPA will be publishing a guide for GP consortia that will highlight the need to commission pharmaceutical advice at a strategic and practice level.

If you would like a copy of any of the guides described in this PCPA Bulletin please visit www.pcpa.org.uk. If you are not a PCPA member please contact michelle@pharmacomm.co.uk.

Embedding health economics into pharmacy research

All pharmacists, whether they are seeking to provide a new service or commission a service, should have an understanding of health economics.

Within a resource-constrained NHS, it is not justifiable to commission a new service or add a new medicine to a formulary just because it produces the desired outcomes. Primary care commissioners need to know that the cost of achieving those outcomes is reasonable given what could be purchased instead with the same money.

A lack of understanding of this topic by pharmacists involved in commissioning decisions (such as non-tariff drug use or formulary additions) can lead to wasted resources and a wasted opportunity. Failing to use economic principles in designing, evaluating and providing business cases for new pharmacy services will limit the quality of evidence that can be generated and reduce the chances of the service being commissioned.

A three-part guide has been produced, which offers a general overview of health economics. It does not provide the skills needed to perform an economic evaluation but, hopefully, will enable readers to appreciate the value of engaging with a health economist before introducing any new pharmacy service.
Supporting medicines management in care homes

In November and January the PCPA and the Pharmacy Law and Ethics Association collaborated to run a series of national workshops on developing medicines management services for care homes. The aim of the workshops was to build pharmacists’ skills in developing these services with particular reference to:

- Legal liabilities
- Respecting residents’ rights
- Minimising medicines-related errors
- Developing robust criteria for service specification

The workshops were run jointly by Joy Wingfield (special professor of pharmacy law and ethics, University of Nottingham) and Catherine Lowe (medicines management pharmacist, Shropshire County Primary Care Trust). They were fully attended and took place in Manchester, Birmingham and London.

Why was the series developed?
In recent years there has been a growing body of evidence that suggests medicines management of patients in care homes could be improved. The CHUMS (Care Homes’ Use of Medicines) study investigated the prevalence of errors in prescribing, monitoring, dispensing and administration within care homes. It showed a frequency of medication errors that was a cause for concern.

This prompted the Department of Health to issue an alert recommending that PCTs should work with primary medical care contractors, providers of pharmaceutical services and social care services to determine how medication errors in care homes could be reduced.

Managing the medicines of people who live in care homes is complex and involves a careful consideration of many factors. The PLEA and the PCPA sought to develop a series of workshops that explored these factors in a practical way.

What did the workshop cover?
Professor Wingfield provided an overview of the current regulatory framework for care homes and the considerations that pharmacists need to make. There were four workshops and the first two explored the legal liabilities and ethical aspects of caring for vulnerable people in care homes, namely:

- Are GPs solely responsible for monitoring medication or do pharmacists share liability?
- What responsibility does a supplying pharmacy have concerning the appropriateness of medicines supplied to care home residents?
- What agencies, organisations and individuals should be informed when there is a persistent failure?

The third workshop looked at the different types of medication errors that occur and how these can be managed. The final workshop reviewed the key elements of a care home medicines management service specification. This is particularly important for pharmacists because they need to define the services they provide in the currently changing political environment.

The PCPA will be running a seminar in the coming months to provide members with skills to set up services using alternative provider models.

What came out of the events?
An output of the workshop series is to produce a guide for pharmacists who provide medicines management services to care homes. The guide will pull together key documents and studies. It will also incorporate a range of tools that have been developed by pharmacists and technicians in care homes.

What if I missed the workshops?
There are plans to run more workshops on this subject. If you would like to attend a workshop please get in contact with Michelle Kaulbach on michelle@pharma comm.co.uk.

Good practice guide for monitoring the use of specials

Whereas the growth in the total UK primary care drugs bill has been relatively modest in recent years, the cost of specials is currently growing at over 20% per annum. One might expect this growth to be caused by an increased number of specials being dispensed. In fact, most of it has been due to an increase in the cost per special dispensed and, particularly, the emergence of a selection of excessively expensive items.

So why have specials become such a problem for primary care organisations and is there anything that primary care pharmacists can do to reduce the impact of specials on the NHS budget? A practical guide, by Mark DasGupta, provides some suggestions for how to reduce the impact of specials use on the NHS budget.