

Implementing care closer to home – providing convenient quality care for patients

*A national framework for
Pharmacists with Special Interests*



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Implementing care closer to home – providing convenient quality care for patients

A national framework for Pharmacists with Special Interests

This national guidance has been produced by the NHS Primary Care Contracting team on behalf of the Department of Health.

With thanks to the following pharmacy organisations who contributed to the project advisory group:



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Forewords



Andy Burnham MP

Minister of State for Delivery and Quality

Earlier this year we published *Our health, our care, our say*, outlining the Government's commitment to respond to patients' needs and wishes to have more convenient quality care, closer to home. In his introduction, the Prime Minister said, "It is clear that we can make better use of the skills and experience of those working in the NHS to improve care" and included "local pharmacists" in his examples. This framework for the development of Pharmacists with Special Interests is therefore timely and provides commissioners with an opportunity to harness the skills of pharmacists to deliver easily accessible, quality services to patients.

The pharmacy profession is already embracing new roles and has shown a great commitment to redesigning services around patients' needs, as can be seen from the practice examples within this document. Another key asset of pharmacy is its convenient location on our high streets and in our communities. This will allow the public to access care not just closer to home, but also where they work and go regularly. Of course, easy access must be underpinned by quality and safety. I am therefore delighted that the framework sets out an accreditation process and competency framework to help ensure that patients receive the highest quality of care.

A handwritten signature in black ink that reads "Andy Burnham".



David Colin-Thomé

National Clinical Director for Primary Care, Department of Health

Our health, our care, our say – a new direction for community services sets out the vision for the future of care outside hospital, with three key deliverables – clinical engagement, organisational and service change and partnerships for health. This provides a new context and reinforces the importance of services provided by pharmacists and other healthcare professionals working in community settings.

It has given me great pleasure to chair the steering group that developed this framework for Pharmacists with Special Interests, so that pharmacists can join GPs and other Practitioners with Special Interests in more fully utilising their clinical skills for the benefit of patients. I look forward to the development of services that Pharmacists with Special Interests will be providing as a key part of reform in the NHS – reform that will offer a choice from an extended range of services more conveniently available to patients and the wider public. Such extended services need to be innovative, safe and transparently accountable, and, by adhering to the processes described in this framework, such a level of care will certainly be achieved.

A handwritten signature in black ink that reads "David Colin-Thomé".



Dr Keith Ridge

Chief Pharmaceutical Officer, Department of Health

This is a time of great change in the health service. The patient care and NHS services provided by pharmacists continue to evolve. In *A Vision for Pharmacy in the new NHS* we said that we would develop guidance on the role of Pharmacists with Special Interests (PhwSIs). Alongside the new contractual framework for community pharmacy and the development of prescribing by pharmacists, this is another significant step forward for the pharmacy profession in delivering front-line clinical services to patients in the community. This will help ensure patients and the NHS gain the maximum from pharmacists' clinical training and knowledge, and in particular their expert knowledge of medicines.

Leadership and the establishment of strong multi-professional networks across local health communities will be essential to the success of PhwSIs. Although the PhwSI model will best fit with community pharmacists and other primary care-based pharmacists, it does not prevent hospital pharmacists providing services out into the community, particularly as the vision set out in the White Paper, *Our health, our care, our say*, is implemented.

It is important to recognise the valuable role that all pharmacists play in caring for patients, including their expanding role in public health. This framework builds on pharmacists' core roles and allows their contribution in specialist clinical areas to be taken to an entirely new level.

A handwritten signature in black ink, appearing to read 'K. W. Ridge', with a long horizontal flourish extending to the right.

1. Introduction

This national framework is one of a series of documents on how local health communities in England can develop, commission and provide convenient quality care for patients. Following the publication of the *NHS Plan*,¹ the Department of Health and the Royal College of General Practitioners (RCGP) developed guidance and support for health communities to support local implementation of Practitioners with Special Interests (PwSIs). While the initial emphasis was on developing roles for GPs, it was clear that many other clinicians could potentially develop these roles as well and several additional frameworks for professional groups have been published.² In addition nationally available resources have included commissioning guides and tools, and guidelines for areas of specialist practice.³ To date there are over 1,600 GPs with Special Interests (GPwSIs), and also many PwSIs from other professions.

These diverse guidance documents are currently being updated and streamlined, with the aim that by the end of 2006 a single simplified suite of resources outlining best practice will be available to commissioners and the NHS. This will include new national accreditation guidelines covering both GPwSIs and Pharmacists with Special Interests (PhwSIs). By publishing this guidance now, commissioners and the pharmacy profession will have time to prepare for implementation of the accreditation guidelines.

These developments have made a real contribution to the modernisation of the NHS in local health communities. The White Paper *Our health, our care, our say*⁴ includes examples of how such services have helped tackle long-standing health inequalities by enabling patients to access more specialist services more easily, in more familiar community settings, much closer to their own home. They have also provided opportunities for clinicians to extend and develop their skills, knowledge and experience in new, exciting and challenging ways that benefit patients.

This guidance framework on PhwSIs is part of the ongoing implementation of *A Vision for Pharmacy in the new NHS*⁵ and sits alongside the wider development of the pharmacy workforce including national occupational standards for pharmacy roles, better skill mix, and the establishment of consultant pharmacist posts. The introduction of pharmacist prescribing also enables pharmacists to develop new service models that are attractive to patients and commissioners of NHS services. The framework will allow accredited pharmacists to work with other primary care professionals to deliver care in new ways using redesigned care pathways. The publication of *Our health, our care, our say* makes it even clearer that the drive to move services closer to patients will rapidly gather pace. The experience of GPwSIs and others who have taken on these new specialist roles demonstrates just how effective this can be – and now pharmacists will have this opportunity too. Section 9 shows that for some this framework may provide an opportunity to formalise pharmacy contributions to existing service developments.

2. What is a Pharmacist with a Special Interest (PhwSI)?

Definition of a PhwSI:

A Pharmacist (or a GP) with a Special Interest supplements 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. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.*

The key to success for PhwSIs is that these roles are driven by the need to redesign services in order to improve access to care for patients, and to improve the service they receive. It is not a requirement for a PhwSI to be qualified as a prescriber, but in practice this may enhance the scope of the role. They will normally practise across a locality or primary care trust (PCT) or within a clinical network.

As part of a local accreditation process, PhwSIs will be expected to demonstrate competencies in line with the framework outlined in Appendix A.

* Throughout this document, the term 'direct supervision' refers specifically to supervision of the specialist activity being delivered.

3. Principles that PhwSIs and GPwSIs share

- The term PhwSI relates to an individual clinician, but the service that they provide will also be subject to a separate but linked accreditation process.
- PhwSIs deliver clinical services directly to patients and have a personal interaction and clinical relationship with them.
- The level of skill or competence required to deliver that service will always exceed the core competencies of the individual's normal professional role, and that higher level of clinical skill and the manner in which PhwSIs manage the higher degree of clinical risk will be verified by accreditation. Through accreditation, therefore, the individual will demonstrate that they have the appropriate skills, knowledge, attitudes, behaviours, experience and qualifications to deliver a safe, high-quality service.
- Individual clinicians will need to demonstrate the particular skills and experience they have acquired in their chosen specialist field, including any specialist qualifications and periods of supervised practice with experienced clinicians.
- PhwSIs must be able to act without direct supervision, not least because they work principally in community settings away from the immediate support of more senior clinicians. While it is reasonable to expect them to play a leadership role within their local health economy, contributing to strategic planning and participating actively in the appropriate clinical network(s), this is a secondary element in the role and should not be part of the core definition.
- Their role must be consistent with local arrangements in respect of quality assurance, clinical governance and the overall coherence of the service, especially as it is set out in the relevant clinical pathway(s).
- NHS services utilising PhwSIs will be commissioned and funded within existing financial allocations, as is the case for other PwSIs. Remuneration rates for PhwSI services will need to be determined locally according to service requirements.

PhwSIs and GPwSIs are defined as having a core generalist role alongside their specialist role, while other clinicians delivering convenient quality care may be specialists practising in community settings. The generalist role of pharmacists encompasses specific expertise in the management of medicines, and the addition of specialist skills to these core competencies through the PhwSI role will bring particular benefits for patients. Specialist pharmacists without a core generalist role clearly have a valuable role in relation to some redesigned care pathways. This contribution should be secured through alternative commissioning processes and not through the PhwSI model.

As this initiative primarily aims to support the move of more care where appropriate out of hospital settings into more convenient settings, we anticipate that it will be of interest mainly to community pharmacists and other primary care-based pharmacists. However, pharmacists employed by NHS trusts may also be accredited as PhwSIs provided that the service is commissioned in line with the principles of this framework and that such practitioners retain their core generalist role. Specialist and consultant pharmacists will also have a key enabling role to play in relation to colleagues who are establishing new services in primary care, for instance through clinical and professional support within emerging clinical networks.

4. Improving access to convenient quality care: how can NHS services involving PhwSIs be commissioned?

4.1 Assessing the need and planning the service

A key aim of this framework is to enable commissioners to maximise the skills and expertise of PhwSIs to support service redesign and the move of services where appropriate to more convenient settings nearer the patient's home. In many areas work is already under way to identify services where there is most support for this approach, including dermatology, substance misuse, sexual health, and the management of long-term conditions such as diabetes.

Service redesign should have clear objectives and express patient need in terms of service outcomes. PhwSIs can also make a positive contribution to many broader service objectives, such as:

- improving patient access
- reducing waiting times
- increasing capacity in primary care and reducing demand on secondary care
- promoting and supporting good health
- improving the patient pathway
- making more effective use of human and physical resources
- delivering value for money, ensuring that the service fits with the strategic aims of the Local Delivery Plan.

As well as supporting the move of some services closer to home, this model also provides an opportunity to redesign existing services already available in primary care. As an example, in areas where it is hard to recruit GPs, PhwSIs may be able to offer better use of their clinical skills in more convenient locations.

Within the service planning process, the following issues need to be addressed:

- identifying the particular clinical pathway within the specialty that adds greatest value to patients, including services that patients access directly, as confirmed through patient or public involvement
- identifying the particular clinical roles that PhwSIs will play within that pathway, and thus the basis on which patients might be referred to them and the basis on which they refer patients on to other services

- identifying the resources necessary and available to support the new service
- identifying the volume and type of activity to be delivered by each practitioner within the care pathway
- identifying the kinds of facility within which the service could be safely provided and any specifications for premises
- identifying the optimal location for delivery of the service, taking account of the initial needs analysis
- clarifying the way in which the new service complies with local clinical governance arrangements
- identifying the key indicators by which the quality of the service can be measured
- identifying the preferred contracting model for service delivery, for example Service Level Agreement (SLA), enhanced service, or employment contract. Consideration should be given to tendering for such services where appropriate
- clarifying routes for communication and referral between and across sectors.

A PhwSI should be appointed to deliver a particular clinical service within a defined patient pathway, and real clarity about the nature of that service is an essential precondition for a successful process of accreditation.

The formation of a clinical group for each specialty, where convenient quality services are under development, creates the opportunity to bring together a group of clinicians drawn from the full spectrum of services along the patient pathway. It provides the opportunity to bring clinicians from different backgrounds together, allowing them to plan together the manner in which this initiative will be taken forward, particularly in the areas of training, assessment and quality assurance of services. This approach is considered best practice in health communities that have successfully redesigned services, as joint clinical ownership between primary and secondary care clinicians should maximise the potential to improve services to patients.

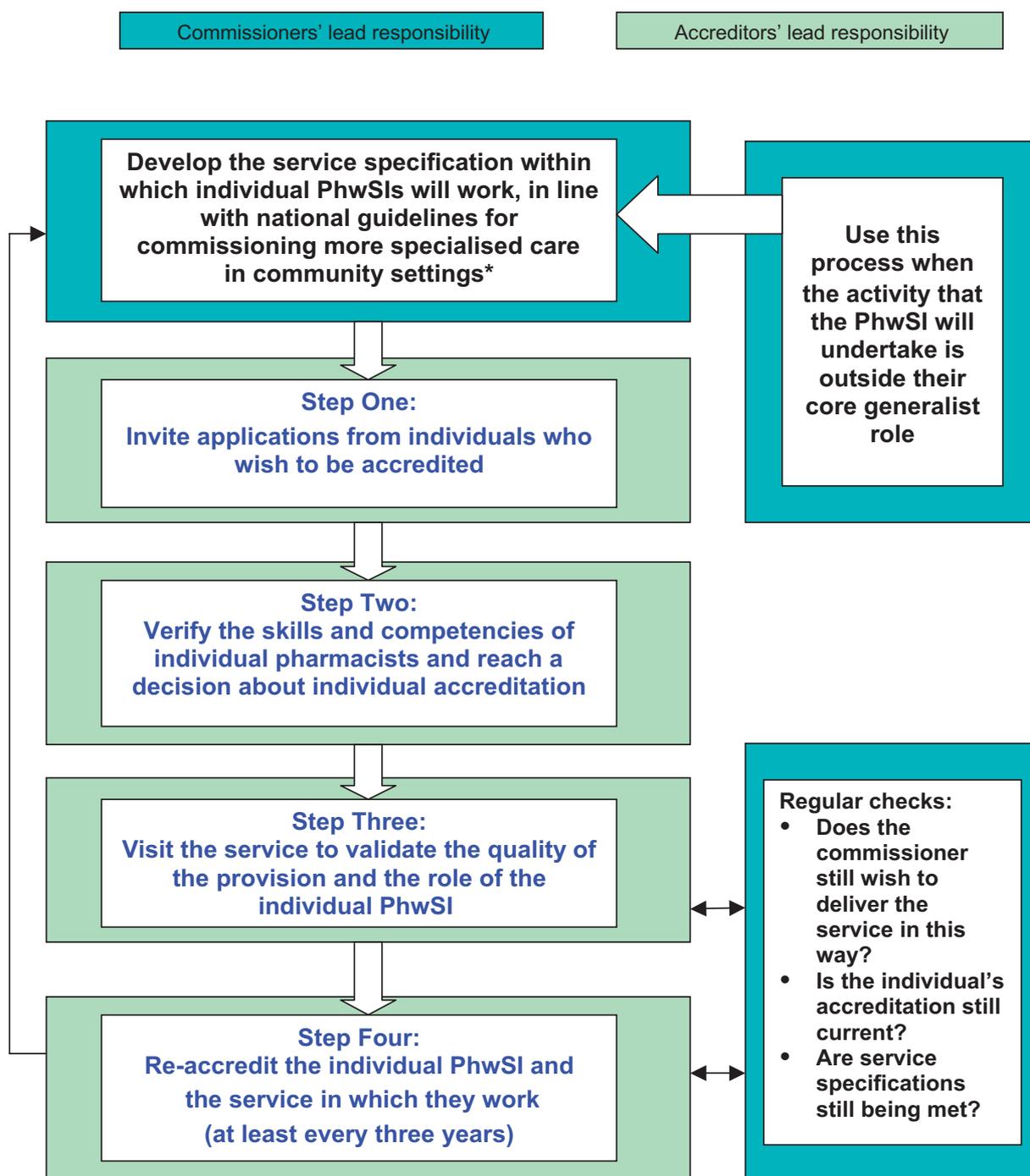
4.2 Commissioning the service

It is anticipated that later in 2006 a suite of updated guidance and resources will become available to commissioners to support the task of developing convenient quality care for patients. These will incorporate existing guidance on PwSIs and will also reflect developments flowing from the recent White Paper *Our health, our care, our say*.

Included will be national guidelines for the accreditation of GPwSIs and PhwSIs and all commissioners are expected to follow the principles set out in these national guidelines.

The national guidelines for accreditation will set out a sequence of steps as follows:

Summary of the four steps for PhwSI accreditation



* National guidelines for commissioning more specialised care in community settings are expected to be published later in 2006.

Further details of the accreditation process will be available in the national guidelines for accreditation of GPwSIs and PhwSIs, which are expected to be available later in 2006 on the Department of Health website and at www.primarycarecontracting.nhs.uk (see Appendix B).

4.3 Commissioning models for PhwSIs

Under the secondary legislation to establish the community pharmacy contractual framework, PCTs are authorised to make arrangements for the delivery of a range of pharmaceutical services by pharmacy contractors.⁶

To support the development of these services the Department of Health, NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) negotiated and agreed national template specifications for a number of services that pharmacy contractors could provide. These services are not an exhaustive list, however, and commissioners may scope further services that pharmacists could provide as part of local commissioning arrangements for primary care provision.

The identification of funding streams for services utilising PhwSIs is the responsibility of local commissioners.

4.3.1 Practice based commissioning (PBC)

As PCTs have developed specific PBC arrangements, there has been clear evidence of the need to include additional clinical and professional stakeholders in the PBC agenda, over and above the medical practices. As PBC is specifically about service redesign and commissioning services (that are not only clinically effective but also convenient for patients and provide value for money for the local health economy), it is widely agreed that community pharmacy and PhwSIs have the necessary expertise to support these overriding strategic and operational aims and objectives.

A briefing paper by the NHS Primary Care Contracting team summarises the opportunities and potential input to PBC that pharmacy could bring. This is available via the website at www.primarycarecontracting.nhs.uk.

National Pharmacy Association (NPA) resources for NPA members and local pharmacy leaders include a *Practice based commissioning resource*, which describes in greater detail the policy direction to date and how pharmacy can get involved in PBC. To obtain a copy of these resources, email the NPA's NHS Service Development Department.

4.3.2 Procurement processes

Commissioners are already required to demonstrate robust and appropriate procurement processes for primary care services. Formal tendering processes should be encouraged and there are a number of resources available to support commissioners in this. The NHS Purchasing and Supply Agency (PASA) has resources and toolkits for procurement that can be accessed at www.pasa.doh.gov.uk. In addition, commissioners can access support through their local or regional procurement departments.

4.3.3 Contracting models

There are a number of contracting routes, which provide flexible approaches to contracting services from PwSIs that commissioners may utilise.

Community pharmacy contractual framework: local enhanced services

Local SLAs may be established to contract for pharmaceutical enhanced services. Formal review and monitoring processes should be agreed and put in place for these services and should be included in any contractual documents.

Commissioners may choose to use the PhwSI framework to commission a local enhanced service that includes a PhwSI, but there is no expectation that all local enhanced services will be provided by PhwSIs, as many will not require this level of knowledge and skills.

Medical services

The National Health Service Act 1977 provides a legislative framework for commissioners to make contractual arrangements with any person or organisation for the provision of primary medical services. Specifically, the Personal Medical Services (PMS) Regulations 2004 allow for commissioners to contract with organisations solely for the provision of enhanced services. This can be done via the Alternative Provider of Medical Services (APMS) or Specialist Personal Medical Services (SPMS) contracting routes. Both are governed by the PMS Regulations. Unlike the other medical contractual models, essential medical services and patient registration do not have to be included under the APMS and SPMS models, making them ideal frameworks for commissioners to use for contracting specialist or enhanced services.

Alternative Providers of Medical Services (APMS)

APMS is one of the four contracting routes available to commissioners to secure primary medical services. The contractual route represents a flexible vehicle for delivering service redesign and patient choice and for contracting to meet specific needs of local populations. APMS allows commissioners to contract with a range of potential providers, including the independent sector, voluntary sector and social enterprises, as well as providers from within the NHS.

Medical-type services that PwSIs may be able to provide either independently or alongside other healthcare professionals could be commissioned under APMS arrangements. PwSIs could be direct providers or partnership providers of one or more services under this contracting route.

Specialist Personal Medical Services (SPMS)

SPMS represents another of the four contracting routes for primary medical services. Similar to APMS in terms of processes and types of services that can be contracted via these arrangements, SPMS is applicable to the 'NHS family' only and not to the independent sector.

General Medical Services (GMS)

As part of GMS delivery there may be opportunities for PwSIs to work in partnership with GMS practices to deliver a range of enhanced services. A number of examples are emerging where GPs are employing PwSIs and pharmacists to support the delivery of patient care and additional and enhanced services within general practice. Commissioners may also want to explore the opportunities for this under PBC arrangements.

4.4 Practical issues

Practical issues to be resolved during the commissioning process include the following:

Infrastructure

- Identifying an appropriate location for the PhwSI service, which is convenient for patients and makes effective use of resources. Possibilities include: a community pharmacy, GP practice, health centre, community hospital, or an outpatient department within an NHS trust.
- Ensuring that costs of rent or on-costs for funding clinics are agreed with the premises provider. Identifying the capital costs of any alterations or premises improvements. Identifying the costs of equipment, IT and supplies. Agreeing appropriate access to IT and the NHS care record system.
- Performance management of any services contracted through enhanced services, with indications about timed reviews.

Staff

- Ensuring that the service is sustainable in terms of cover, staff sickness and turnover. For these reasons the provision of a PhwSI service should not rely on a single practitioner and should be part of a wider local service.
- Considering the need for Criminal Records Bureau checks.
- Agreeing remuneration or fees for the service: note that the term 'PhwSI' does not relate to a specific grade or rate of remuneration.
- Supporting clinical engagement from all professionals, including GPs, local representative bodies and professional groups.

Logistics

- Agreeing the arrangements for organising referrals, booking appointments, and managing follow-ups and any subsequent programme of care. Ensuring that the PhwSI service has the necessary administrative and technological support. Promoting public awareness of the service.

- Ensuring that prescribing costs are identified and that there is agreed access to a prescribing budget (if appropriate). For individuals who are qualified prescribers, this may include arranging for special 'Prescription Pricing Division of the NHS Business Services Authority' coded prescription pads to be issued to the service in order to monitor prescribing trends and costs.
- Putting in place arrangements for quality assurance of any monitoring equipment such as for anticoagulation. Ensuring that this is considered fully in costings and that relevant guidelines are followed.

5. What does a pharmacist who wishes to be accredited as a PhwSI need to do?

First and foremost, the pharmacist should find out from local commissioners whether in principle they intend to commission specific services through PhwSIs. Only when this is confirmed should they consider PhwSI accreditation. Commissioners will also need to accredit the service or care pathway, and normally that step will be carried out first.

The personal assessment tool for PhwSIs aims to inform and support pharmacy practitioners who are interested in this new role. This and other support materials can be downloaded from the PhwSI section of the NHS Primary Care Contracting website at www.primarycarecontracting.nhs.uk/119.php.

In preparation for this new role, summary information on supporting pharmacist learning at an advanced practice level has been collated and is available on the Centre for Pharmacy Postgraduate Education website at www.cppe.man.ac.uk.

Commissioners should work collaboratively, transparently and fairly with representatives of potential service providers while developing a business case and service specifications. They may need help in designing the care pathway, which may be used as a commissioning tool, especially in relation to referral criteria and the practicalities of providing the service.

In order to be accredited as a PhwSI, the pharmacist will need to successfully complete the locally determined accreditation process, which should closely follow national guidelines. This will include a requirement to demonstrate how they can meet the specialist competencies needed for the new role.

The process of accrediting an individual will ensure that the PhwSI:

- meets the criteria for a PhwSI including a generalist role
- demonstrates appropriate levels of skill and competence to fulfil the role described
- demonstrates a clear understanding of the role they are being asked to fulfil
- demonstrates an understanding of the appropriate local clinical pathway – the context in which they will be delivering care
- demonstrates an understanding of, and participation in, any existing clinical network in relation to that clinical pathway
- demonstrates their commitment to ongoing training, updates and education through appropriate appraisal and their personal development plan/continuing professional development (CPD) record

- can demonstrate appropriate indemnity arrangements
- can describe appropriate peer review and mentoring arrangements, with appropriate personal references
- can describe how the proposed role fits within their existing portfolio
- demonstrates evidence of appropriate professional registration.

The national guidelines for accreditation of GPwSIs and PhwSIs provide further information and pharmacists are advised to find out what local processes are in place for PwSIs from other professions.

5.1 What does a pharmacist working within existing or emerging service models similar to PhwSI need to do to become accredited?

The pharmacist should consider, with local commissioners, whether they wish to move towards the use of the PhwSI commissioning model. The advantages may include alignment with other locally commissioned services and the use of a common accreditation process for practitioners.

If they decide to use the PhwSI model, then the pharmacist will need to be accredited as a PhwSI as described in this document. The data and evidence from the existing service should help to do this. No pharmacist should use the term 'PhwSI' until they have successfully completed the accreditation process described in the national framework and related documentation.

6. Identifying and assessing competencies for PhwSIs

A generic PhwSI competency framework has been developed (see Appendix A) to support the accreditation process for PhwSIs and to clarify their level of specialist practice. The framework may be useful for:

- pharmacist practitioners who wish to put themselves forward for accreditation as PhwSIs, where local commissioners have decided to use this tool
- organisations or bodies that accredit PhwSIs
- local commissioners who are preparing specifications for services to be delivered by PhwSIs. Where appropriate (for example if a leadership role is explicitly required), they may specify competency requirements beyond the minimum stated
- practitioners to identify their development needs if they wish to become a PhwSI in the future.

The framework is generic and is intended to apply to all PhwSI specialties. The expert practice cluster should be interpreted in conjunction with any competency frameworks or other guidance for the relevant clinical field, where these exist. Pharmacy specialist/practice interest groups have developed some of the latter, and some guidelines initially introduced for GPwSIs may be adapted for PhwSIs. For accreditation, a range of evidence relevant to a specific PhwSI role is required.

Where pharmacy specialist/practice interest groups are preparing materials for supporting the development of consultant pharmacists, it may also be helpful to consider how these might be expanded to support the development of practitioners as PhwSIs.

Appendix B includes links to competency frameworks or other guidance for clinical specialties which may be relevant for PhwSIs and those commissioning and accrediting PhwSI services.

7. Professional accountability and the legal framework

A PhwSI acts without direct supervision and is expected to use their professional judgement and work within their professional competence. They are accountable for and must be able to justify their actions.

Pharmacists must ensure that all activities they undertake are covered by professional indemnity arrangements, and this will apply equally to PhwSIs. Insurers currently require the insured to declare their activity as a PhwSI and to describe their scope of practice. They reserve the right to adjust premiums in the light of their assessment of the level of risk involved. This approach is consistent with that for other PwSIs. As some PhwSIs may also be prescribers, similar issues may arise around indemnity insurance for prescribing activity. Pharmacists are advised to contact their professional organisations or look in professional journals for current details of indemnity insurers.

When a pharmacist is employed by an NHS organisation, that organisation has vicarious liability for the pharmacist's actions. This does not replace the pharmacist's own professional accountability and, in some circumstances, legal liability may be shared. It is important that any extension to a pharmacist's role, or a new role, is reflected in the job description for the post, so that it is clear that the employer is aware that the pharmacist is taking on the new role or task.

8. Managing the risks

Successful PhwSI services should demonstrate a systematic approach to clinical risk management. This will be integral to accreditation of both the service and the practitioner.

PhwSIs will need to consider:

- how their specialist clinical practice can be supervised, for example through occasional clinical sessions within a specialist team. Similar arrangements may be in place for other PwSIs
- clinical audit of the specialist activity and how results will be used to continuously improve the service and inform commissioners
- how their activity will feed into incident reporting systems and how subsequent learning can be incorporated into practice
- participation in clinical networks to support peer review and continuing professional development within their specialty.

If clinical risk to patients is to be minimised, it will be especially important that PhwSIs, secondary care colleagues within the same specialty and the local hospital chief pharmacist develop and maintain close working relationships.

If a pharmacist has been locally accredited as a PhwSI, it is expected that their CPD portfolio, when submitted to the Royal Pharmaceutical Society of Great Britain as part of the normal procedure, will include evidence of professional development activity relevant to this role and at the appropriate level.

Section 7 provides further information on professional accountability and the legal framework. During accreditation of the service, service providers will need to consider any implications for the Clinical Negligence Scheme for Trusts or other insurers of healthcare provision.

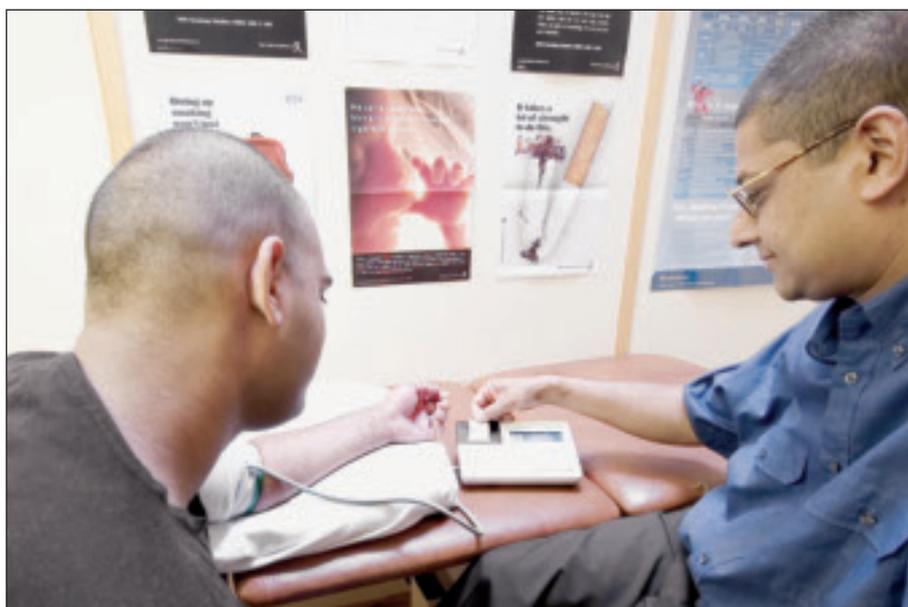
9. Established and emerging service models similar to the PhwSI model

Further details of several of these service models are available in the NHS Primary Care Contracting implementation examples database at www.primarycarecontracting.nhs.uk/imp.php.

9.1 Established service models similar to PhwSI

Diabetes

A. Community pharmacy diabetes health improvement programme: Hillingdon PCT



Community pharmacists in Hillingdon with additional training are commissioned by the PCT to provide targeted advice and support to patients with diabetes, in collaboration with GPs and other healthcare professionals, including hospital specialists. The pharmacists provide a structured review and measure blood pressure, HbA1c and cholesterol in the pharmacy, and this information is fed back to GP practices. The pharmacists' main objective is to support medicine taking. Patients are either recruited in the pharmacy or referred by any healthcare professional.

The programme has enabled patients to have convenient access to additional professional and confidential advice and support, and to identify barriers such as misbeliefs about their condition. Lifestyle modifications (diet, exercise and stopping smoking) are the commonest issues identified, and changes are being monitored as part of the evaluation. The project has demonstrated an increasing trend of improvement in patients' monitoring parameters following the intervention of the community pharmacists, for example 85% of those with the highest initial HbA1c levels showed improvement.

The programme is now being extended to include supplementary prescribing by the pharmacists, and in the future commissioners may utilise the national framework for PhwSIs. This service model can also be adapted for other long-term conditions such as chronic obstructive pulmonary disease.

Contact:

Shailen Rao, Chief Pharmacist, Hillingdon PCT
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B. Eastern Hull PCT diabetes primary care team

A diabetes primary care team has been established within a diabetes network across four PCTs. It includes a consultant diabetologist (who attends once a month), a diabetes specialist nurse facilitator, a dietician, a nurse educator, a podiatrist, a clinical support worker, a pharmacist and administrative support. GPs can refer patients to this team for assistance with the management of type 1 or type 2 diabetes. All appropriate patients are offered access to DAFNE or E-pert structured education programmes, including one-to-one help as required.

Within the team, the pharmacist sees patients referred by their GP, discharged from secondary care to the clinic or referred by other diabetes team members for specific medication problems. She:

- checks understanding, monitoring technique and reviewing results
- interprets blood results and suggests treatment in a detailed letter to the patient's GP (including HbA1c, lipid profile, ACR, use of aspirin, etc)
- provides a foot examination and a referral to a dietician and/or a podiatrist if required
- provides training for residential and nursing home staff, alongside other pharmacists.

In addition, secondary care or GP referrals include non-attendees at other venues, patients with poor control, type 2 insulin starts and long-term patients needing an education update and improved control. In order to develop skills within practices, members of the team also sometimes work alongside GPs and practice nurses.

The pharmacist has completed specialist training, including a diploma in the management of diabetes in primary care, and acts as a training and telephone support resource for other pharmacists throughout a network of four local PCTs. She has also recently completed the supplementary prescribing course.

This multidisciplinary specialist service based in primary care is one of a range developed in Eastern Hull PCT to which pharmacists contribute (see also model J). All these pharmacists have undertaken appropriate specialist training and most are also now qualified supplementary prescribers. The PCT intends to commission such services in the future using the PhwSI national framework.

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Substance misuse services

C. Pharmacy services for drug users in Sheffield



A network of 72 pharmacies in Sheffield provides a range of support for drug users and is co-ordinated by a lead pharmacist. The service was commissioned by Sheffield Health Authority in response to low treatment rates and increasing numbers of 'drug deaths' in the city (38 in 1998).

Over 1,500 patients are currently being treated in the 72 pharmacies, eight of which provide injecting support. The co-ordinating pharmacist supports the pharmacy network through:

- an SLA with each participating pharmacy and with the Drug and Alcohol Action Team (DAAT)
- telephone support
- information leaflets, meetings and a monthly newsletter (*At The Sharp End*)
- a pharmacy shared care arrangement whereby stable patients can be transferred from the central (seven days per week) pharmacy to a local pharmacy and back again if any problems develop
- funding of courses, for example two pharmacists undertook the RCGP Part 2 Certificate in the Management of Drug Misuse.

Website: www.sheffieldlpc.co.uk/cpsdu.html

Contact:

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D. Pharmacy service for substance misusers

Cottingham Pharmacy established a needle exchange service in 1992, and Freelance Needle Exchange was formed late in 1993 to merge and co-ordinate needle exchange throughout North and North East Lincolnshire. Following widespread publicity about the death of a teenager from a methadone overdose in 2000, the service has been extended to include supervised and monitored consumption of methadone and buprenorphine.

Services provided

- Forty-three pharmacies provide supervised and monitored methadone, 18 of which also provide needle exchange/injecting support. Some 570 patients are currently being treated and 800 use the needle exchange.
- A range of condoms and emergency contraception under a patient group direction is available for any service user (or partner).
- Cottingham Pharmacy pharmacists provide support by telephone and visits as needed to all participating pharmacies. They also train all pharmacy staff.
- There is close working with prescribers and treatment agencies, including a robust weekly reporting mechanism back to prescribers and key workers.
- The pharmacies use the Methasoft computer patient record system and report quarterly statistics to the DAAT.
- Service audits are carried out.

Two key pharmacists have undertaken the RCGP Part 2 Certificate in the Management of Drug Misuse with another two due to finish shortly. The service is well integrated with other providers through weekly meetings with the Drug Rehabilitation Requirements agencies and a quarterly multi-professional forum with all stakeholders. Planned developments, pending premises improvements, include hepatitis testing and sessions in the pharmacy for a specialist district nurse on wound care, a drugs counsellor, user group support and minor ailments.

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The co-ordinating pharmacist roles in service models C and D illustrate how a PhwSI could both provide a direct patient service and act as a central resource to support a clinical network of pharmacy providers.

Point of care testing – anticoagulation services

E. Community pharmacist-led anticoagulant clinics: Derwentside PCT



In Derwentside PCT, patients who need anticoagulant monitoring are able to attend clinics held in some local community pharmacies. The service has been developed over the last 10 years in close collaboration with hospital services and local GP practices, and is provided by community pharmacists who have undertaken specific training including a course at Sunderland University on anticoagulation care. Patients have their regular blood test carried out in the pharmacy and any adjustments to their warfarin dose are made straight away. The clinics are mainly held during the day but there are some early morning and evening slots so that people can attend at a time that is convenient for them. Home visits are also available and this service is able to be more flexible than would be possible with a hospital-based clinic.

The service is available from three pharmacies and patients can be referred from all practices in the PCT. Currently over 900 PCT patients are receiving this care through community pharmacies. Audits have demonstrated that therapeutic control in a pharmacist-led service is at least as good as that previously provided by the hospital.

The service is commissioned by the PCT as an enhanced service under the new GMS 2 contractual framework.

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Parkinson's disease

F. Community pharmacy Parkinson's disease pilot

A pilot study involving 17 community pharmacists across three PCTs, providing regular and structured consultations to patients with Parkinson's disease (PD), was conducted over a 12-month period between 2004 and 2005.

The aim of this study was to evaluate the effectiveness of a network of specially trained community pharmacists in supporting patients with PD, working in collaboration with the healthcare team.

The basis for this pilot originated in the findings of a survey conducted in 2000 by the PD Society and Pharmacy Alliance to assess patients', pharmacists' and GPs' views of medication-related problems in PD and the potential role of community pharmacists.

The pilot study, led and part-funded by the Medicines Partnership, was developed jointly with the University of Oxford, Pharmacy Alliance and the European Parkinson's Disease Association, with additional funding support from Pfizer.

A total of 145 patients were recruited onto the pilot study, with 59% of patients receiving at least one follow-up consultation. A total of 531 problems that required the pharmacists' intervention were identified and documented. Pharmacists reported that 75% of the identified problems were addressed and resolved in the community pharmacy. The main problems encountered were reported as 'uncontrolled/unmanaged symptoms' (relating to PD) and 'undesirable side effects'. Where the pharmacist could not directly resolve the problem(s), patients were referred to an appropriate healthcare professional (GP, PD nurse specialist or consultant neurologist).

The lessons learned from the process used to design, develop, implement and evaluate this pilot study will support the foundations of future community pharmacy-led PD services, as well as the establishment of PhwSIs.

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Medicines management for older people

G. Southern Derbyshire medicines support service

This collaborative service extends across five PCTs in Southern Derbyshire.

Older people frequently have complicated medication regimens and can have difficulty managing their medicines. Many are housebound and have limited contact with a pharmacist. Southern Derbyshire has established a successful pharmaceutical care domiciliary visiting service, using trained community pharmacists, for people having problems taking or managing their medication. Twenty community pharmacists completed extensive training on the pharmaceutical care of older people, including a 150-hour MSc module. Referrals are made through both health and social care professionals.

The service includes:

- home visits with patients and their carers
- a full medication review and assessment, and an individual pharmaceutical care plan which is communicated to the patient's carer, GP, referrer and dispensing pharmacist
- support for compliance and medicines management.

Service and patient outcomes have included:

- a very busy service with 600 referrals in the first year
- 23% of patients have had their number of medicines reduced, 18% of patients have had doses or frequencies of medication changed, and 2.5% of patients have had their medicines increased (for example aspirin and statins for coronary heart disease)
- compliance aids have been arranged for 69% of patients
- hoarded medicines have been removed from the homes of 23% of patients
- a reduction in the workload of other health professionals, especially district nurses (estimated saving of £121,000 per year, which can be offset against the cost of the service).

Based on feedback from 130 referrers:

- 95% of patients/carers have benefited from the service
- 87% of patients are no longer having problems taking their medication
- 73% of patients are better at remembering to take their medicines
- stock levels of medicines are better controlled in 78% of cases.

This service now has mainstream funding and recent developments include streamlining data produced by GP computer systems and sent to the assessing pharmacist before the visit, and hospital pharmacists assessing inpatients and liaising with the dispensing community pharmacist. This service is integrated with the single assessment process.

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Pain management

H. Pharmacist partner at Wallingbrook Health Centre, Chulmleigh, Devon

GPs at this health centre in a rural area of Devon refer 80% of patients with chronic pain to the pharmacist supplementary prescriber, who helps provide education and advice to these patients. A pain assessment tool is used to monitor progress, and patients are prescribed appropriate medication by the pharmacist following a full medication review and a compliance and needs assessment. Patients are also signposted to the expert patient programme and community cognitive behaviour therapy programme where appropriate. The pharmacist has undertaken training in chronic pain management at the University of Abertay, Dundee, and works in liaison with local secondary care pain consultants and with the wider multidisciplinary team, for example a physiotherapist, an occupational therapist and district nurses.

The pharmacist also works in a joint clinic for cardiovascular disease (CVD) and diabetes, reviewing patients' HbA1c and monitoring blood glucose levels and CVD risk. As a supplementary prescriber, the pharmacist manages all prescribing within these clinics and works together with the practice nurse and GP. A primary care insulin initiation service for type 2 diabetics was recently commissioned by the PCT as part of a local enhanced service and this is currently provided by the pharmacist via the supplementary prescribing route. Both the pharmacist and the practice nurse provide day-to-day telephone support to these patients and both have undertaken training in insulin initiation at Peninsular Medical School.

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9.2 Service models under development

Sexual health

I. Lambeth and Southwark sexual health modernisation initiative



Lambeth and Southwark boroughs have very high levels of sexual health need, with the highest teenage pregnancy and termination rates in England. In April 2000, an innovative pharmacy-based emergency hormonal contraception (EHC) service was launched and this has been fully evaluated and mainstreamed. Twenty-eight pharmacies in Lambeth and Southwark (plus a further 16 in Lewisham) are now accredited to provide this service, and over 16,000 consultations were carried out in 2005/06.

A local modernisation initiative across all sexual health service providers, funded by the Guy's and St Thomas' Charity, began in 2004. The success of the EHC service has enabled pharmacists to participate fully in this process. Activity to date includes mapping of demand and capacity for community pharmacy-based services, and a pilot in three pharmacies of a more specialist service: chlamydia testing and treatment under a patient group direction.

A vision for future provision of sexual health services based in community pharmacies has been developed, and will be taken forward as part of the overall modernisation initiative and individual PCT sexual health strategies. This vision includes developing services at two levels: universal services such as EHC and sexual health promotion from the majority of pharmacies; and some more specialist services from a smaller number of pharmacies where a pharmacist has been trained and accredited to provide additional sexual health services. Plans for the latter will include widening the range of treatments for sexually transmitted infections alongside chlamydia, and utilising pharmacist prescribing skills. This specialist level may in the future be linked to accreditation as a PhwSI and may include clinical support for other pharmacy colleagues.

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Pain management

J. Pain management clinic in Eastern Hull PCT

A holistic service to support people with chronic pain is provided in a health centre. The service is delivered by a multidisciplinary team, which includes three primary care pharmacists who are all qualified supplementary prescribers. The pharmacists have undertaken training on the management of pain in primary care alongside other professionals, via the University of Abertay, Dundee. The pharmacists' role includes participation in the assessment team and triage team, care planning, palliative care, medication review, telephone advice and practical issues around medication for pain management. Patients are referred to the service from the local hospital as well as from GPs.

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Mental health

K. East Kent NHS and Social Care Partnership – pharmacist member of the crisis team

An established multidisciplinary crisis team within this mental health trust provides 24-hour care and home-based support across the whole of East Kent (covering a population of 600,000). The team of 40 staff is consultant-led and includes specialist registrars, nurses, social workers, occupational therapists and support workers. As home treatment is offered as an alternative to hospital admission, medication-related issues were frequently raised. Therefore an experienced pharmacist from within the trust pharmacy team joined the service in September 2005. She has a diploma and masters level qualification in clinical pharmacy, and is currently completing a specialist qualification in mental health pharmacy practice. As a member of the multidisciplinary team, the pharmacist's specialist knowledge of pharmacology is utilised to optimise management in crisis resolution and home treatment.

Service users needing specific support with their medicines are referred to her by other team members. She visits service users in their homes and her role currently includes:

- medication review and preparation of treatment plans
- counselling on compliance and side effects, and providing information for carers
- monitoring the response to treatment and follow-up through team members
- training and support for team members on medicines management, including recording of medicines administered by the staff team

- clinical advice on treatment of non-mental health-related illnesses
- clinical audit of activities relating to medicines management within the team.

Outcomes of home visits are shared at team meetings and followed up by liaison within the team or with practitioners in primary care. The crisis team has demonstrated a 30% reduction in emergency mental health admissions over a 12-month period.

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Appendix A: Competency framework for a Pharmacist with a Special Interest (PhwSI)

This framework has been developed to support the accreditation process for PhwSIs and to clarify their level of specialist practice. This framework will need to be reviewed in line with any future National Occupational Standards (NOS) for pharmacy. The framework may be useful for:

- pharmacist practitioners who wish to put themselves forward for accreditation as PhwSIs, where local commissioners have decided to use this tool
- organisations or bodies that accredit PhwSIs
- local commissioners who are preparing specifications for services to be delivered by PhwSIs. Where appropriate (for example if a leadership role is explicitly required), they may specify competency requirements beyond the minimum stated
- practitioners to identify their development needs if they wish to become a PhwSI in the future.

The framework is generic and is intended to apply to all PhwSI specialties. The expert practice cluster should be interpreted in conjunction with any competency frameworks or guidance for the relevant clinical field, where these exist. Some have been developed by pharmacy specialist/practice interest groups, and some guidelines initially introduced for GPwSIs may be adapted for other PwSIs. One mechanism to demonstrate competencies at the required level is via a portfolio of evidence.

PhwSIs must be able to demonstrate competencies in each cluster as follows:

Competency clusters	Practitioner level	Pharmacist with a Special Interest level (in addition to all competencies at practitioner level)
Expert professional practice	All	All
Building working relationships	All	All
Leadership	All	Majority
Management	All	Majority
Education, training and development	All	Optional
Research and evaluation	All	Optional

The term 'practitioner' is used to denote an experienced and competent generalist pharmacist practitioner. The headings in this framework have not been designed to relate to those used within Agenda for Change (AfC) and should not be read across to any specific AfC job profiles.

This framework was adapted with permission from the 2005 Advanced and Consultant Level Framework produced by the Competency Development and Evaluation Group (CoDEG). The PhwSI advisory group would like to acknowledge the contribution of the following people to this framework: David Webb, Peter Wilson, Paula Hayes, Lesley Johnson, Fiona Grove, Rosalyn Cheeseman and Graham Davies.

1. Expert professional practice		
Improving standards of care for patients		
This competency cluster should be applied by the PhwSI to their chosen specialist area. Where they are available, specialist competency frameworks or guidelines developed either for pharmacists or on a multi professional basis may be utilised. See www.primarycarecontracting.nhs.uk/119.php . PhwSIs must be able to demonstrate all the competencies in this cluster at PhwSI level.		
Competency level descriptors		
Competency	Practitioner	
Pharmacist with a Special Interest	Examples of evidence	
1a Expert skills and knowledge	Demonstrates general pharmaceutical knowledge in core areas Is able to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients in core areas	Records of consultation requests for specialist advice from the locality Evidence of application or ideas from the literature to patients in the specialist area Documented examples of contribution to multidisciplinary care in specialist area
1b Patient care responsibilities	Is accountable for the delivery of a pharmacy service to patients to whom they themselves directly provide pharmaceutical care	Intervention records either in patient medication record, branch diary or separate system for recording Documented audits of prescribing quality Copies of communications Records of pharmaceutical care programmes Case studies and documented examples of medicines management
1c Reasoning and judgement Including: <ul style="list-style-type: none"> • analytical skills • judgemental skills • interpretational skills • option appraisal 	Demonstrates ability to use skills in a range of routine situations requiring analysis or comparison of a range of options Recognises priorities when problem solving and identifies deviations from the normal pattern	Documented audits of prescribing quality Copies of communications Records of pharmaceutical care programmes Case studies and documented examples of medicines management
1d Professional autonomy	Is able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct	Examples of actions with witness testimonial Evidence of successful completion of formal learning programme where appropriate

2. Building working relationships	
Is able to communicate, establish and maintain working relationships and gain the co-operation of others	
PhwSIs must be able to demonstrate all the competencies in this cluster at PhwSI level.	
Competency level descriptors	
Competency	Practitioner
<p>2a Communication</p> <p>Including ability to:</p> <ul style="list-style-type: none"> • persuade • motivate • negotiate • empathise • provide reassurance • listen • influence <p>And</p> <ul style="list-style-type: none"> • networking skills • presentation skills 	<p>Demonstrates use of appropriate communication to gain the co-operation of individual patients, colleagues and clinicians</p> <p>Demonstrates ability to communicate where the content of the discussion is explicitly defined</p>
	<p>Pharmacist with a Special Interest</p> <p>Demonstrates use of appropriately selected communication skills to gain co-operation of small groups of patients, colleagues, senior clinicians and managers within the locality</p> <p>Demonstrates ability to communicate where the content of the discussion is based on opinion</p>
	<p>Examples of evidence</p> <p>Evidence of contribution to local treatment guidelines or protocols</p> <p>Demonstration of contribution to a local strategy for pharmaceutical care, for example:</p> <ul style="list-style-type: none"> • evidence of witness test • introduction of new services or new ways of working • introduction of systems to reduce medication risk <p>Evidence of activity and contribution within a multidisciplinary team, eg local practice or PCT:</p> <ul style="list-style-type: none"> • report of such event with organisation chart • witness testimony
<p>2b Teamwork and consultation</p>	<p>Demonstrates ability to work as an acknowledged member of a multidisciplinary team</p> <p>Accepts consultation for specialist service or advice from within the locality</p>
	<p>Demonstrates ability to work as a member of a pharmacy team</p> <p>Recognises personal limitations and is able to refer to more appropriate colleague</p>

3. Leadership			
Inspires individuals and teams to achieve high standards of performance and personal development			
PhwSIs must be able to demonstrate all competencies in this cluster at practitioner level, and a majority at PhwSI level.			
		Competency level descriptors	
Competency	Practitioner	Pharmacist with a Special Interest	Examples of evidence
3a Strategic context	Demonstrates understanding of the needs of stakeholders and practice reflects both local and national healthcare policy	Demonstrates ability to respond to national healthcare policy and contribute to local strategy	Evidence of influencing skills Evidence or witness testimony of successful motivation of others
3b Clinical governance	Demonstrates understanding of the pharmacy role in clinical governance; implements this appropriately within the pharmacy service	Influences the clinical governance agenda for the service	Demonstration of a service development in response to strategic change Contribution to clinical governance policy for specialist area Proposals for successful service development
3c Vision	Demonstrates understanding of, and contributes to, the local health service vision	Creates professional vision of future and translates this into clear directions for colleagues	Use of SMART objectives Team members able to articulate their own contribution to achievement of plans
3d Innovation	Demonstrates ability to improve quality within limitations of service. Requires limited supervision	Recognises and implements innovation from the external environment	Examples of clinical governance for speciality
3e Service development	Reviews last year's progress and develops clear plans to achieve results within priorities set by others	Develops clear understanding of priorities and formulates practical, short-term plans in line with locality strategies	Evidence of vision and direction for colleagues
3f Motivational	Demonstrates ability to motivate self to achieve goals	Demonstrates ability to motivate individuals	

4. Management			
Organises and delivers service objectives in a timely fashion			
PhwSIs must be able to demonstrate all competencies in this cluster at practitioner level , and a majority at PhwSI level .			
Competency	Practitioner	Competency level descriptors	
		Pharmacist with a Special Interest	Examples of evidence
4a Implementing national priorities	Demonstrates understanding of the implications of national priorities for the service	Shapes the response of the service to national priorities	Contribution to a local strategy for pharmaceutical care
4b Resource utilisation	Demonstrates understanding of the process for effective resource utilisation	Demonstrates ability to effectively manage resources, including financial resources	Evidence of service planning, eg business plan Introduction of new services or new ways of working
4c Standards of practice	Demonstrates understanding of, and conforms to, relevant standards of practice	Accountable for the setting and monitoring of standards of practice at service level	Introduction of systems to reduce medication risk Securing new resources for service
4d Managing risk	Demonstrates ability to identify and resolve risk management issues according to policy/protocol	Is accountable for developing risk management policies/protocols for the service, including identifying and resolving new risk management issues	Documentation of changes to services and feedback or reflective practice Project report Risk management procedure
4e Project management	Demonstrates understanding of the principles of project management	Demonstrates ability to successfully manage a project at service level	Collaborative projects and/or services
4f Managing change	Demonstrates understanding of the principles of change management	Demonstrates ability to manage a process of change for the service	
4g Strategic planning	Demonstrates ability to think 4–12 months ahead within a defined area. Plans the work programme to align with strategy. Demonstrates understanding of formal structures	Demonstrates ability to think over a year ahead within a defined area. Demonstrates understanding of culture and climate and ability to plan with the whole of the organisation in mind	
4h Working across boundaries	Demonstrates ability to extend boundaries of service delivery within the team	Demonstrates ability to extend the boundaries of the service across more than one team	

5. Education, training and development Supports the education, training and development of others. Promotes a learning culture within the organisation				
PhwSIs must be able to demonstrate all competencies in this cluster at practitioner level . Competencies at PhwSI level are optional.				
Competency level descriptors				
Competency	Practitioner	Pharmacist with a Special Interest	Examples of evidence	
5a Role model	Understands and demonstrates the characteristics of a role model to members of the team	Demonstrates the characteristics of an effective role model at a higher level	Activity as mentor or trainer including witness testimony	
5b Mentorship	Demonstrates understanding of the mentorship process	Demonstrates ability to effectively mentor others within the team	Presentations given at local or higher level CPD records	
5c Conducting education and training	Demonstrates ability to conduct teaching efficiently according to a lesson plan	Is able to assess the performance and learning needs of others Demonstrates ability to plan a series of effective learning experiences for others Participates in the formal education of undergraduate and postgraduate students	Pre-registration tutor or specialist trainer Accredited tutor for postgraduate programme Training needs analysis Responsible for in-house training Contribution to education programme(s)	
5d Continuing professional development	Demonstrates self-development through routine CPD activity with facilitation	Acts as a CPD facilitator	Examples of education and training programmes designed and run in response to change	
5e Educational policy	Demonstrates an understanding of current educational policies in health services	Demonstrates ability to interpret national policy in order to design strategic approaches for local workforce education	Examples of interpretation of relevant national policies	

6. Research and evaluation Uses research to deliver effective practice. Identifies and undertakes research to inform practice PhwSIs must be able to demonstrate all competencies in this cluster at practitioner level. Competencies at PhwSI level are optional.			
Competency level descriptors			
Competency	Practitioner	Pharmacist with a Special Interest	Examples of evidence
6a Critical evaluation	Demonstrates ability to critically evaluate and review medical and pharmacotherapeutic literature	Demonstrates application of critical evaluation skills in the context of specialist practice	Evidence of critical appraisal skills Documented audits of service provision
6b Identifying gaps in the evidence base	Demonstrates ability to identify instances where there is a gap in the evidence base to support practice	Demonstrates ability to formulate appropriate and rigorous research questions within the speciality	Documented contribution to design of local audits Publication of literature reviews
6c Putting research evidence into practice	Demonstrates ability to apply research evidence in own practice	Demonstrates ability to apply evidence-based practice within the service	Publication of evidence-based service improvements Contributions to local formulary or drug use policies

Appendix B: References and further information

References

1. *The NHS Plan*; Department of Health 2000
2. The Practitioners with Special Interests section of Department of Health website; www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/GPsWithSpecialInterests/fs/en
3. Archived PwSI information on the NatPaCT website; www.natpact.nhs.uk/cms/165.php
4. *Our health, our care, our say*; Department of Health 2006
5. *A Vision for Pharmacy in the new NHS*; Department of Health 2003
6. Contractual framework for community pharmacy; Department of Health website; www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/CommunityPharmacyContractualFramework/fs/en

Further information and useful links

The Pharmacists with Special Interests section of the NHS Primary Care Contracting website hosts resources to support the implementation of this development: www.primarycarecontracting.nhs.uk/119.php

The Practitioners with Special Interests section of the NHS Networks website hosts resources to support PwSI developments for a range of professions: www.networks.nhs.uk/59.php

Skills for Health: www.skillsforhealth.org.uk
A list of completed competences is available at:
www.skillsforhealth.org.uk/frameworks.php

Association of Practitioners with Special Interests:
www.apwsi.co.uk/?g=9

Summary information on supporting pharmacist learning at an advanced practice level has been collated and is available on the Centre for Pharmacy Postgraduate Education website at www.cppe.man.ac.uk

Supporting information on clinical specialties

The NHS Primary Care Contracting webpage on PhwSIs includes links to competency frameworks and clinical specialty guidelines, which may be relevant for PhwSI services. This will be updated as further resources become available:
www.primarycarecontracting.nhs.uk/119.php

Guidelines for GPwSIs developed with the Royal College of General Practitioners, which may also be used by PwSIs from other professions:
www.natpact.nhs.uk/cms/352.php#Frameworks

National Treatment Agency for Substance Misuse:
www.nta.nhs.uk

This website includes competency-based training modules to support new Drug and Alcohol National Occupational Standards (DANOS).

Appendix C: Membership of advisory group and wider stakeholder group

Pharmacists with Special Interests Advisory Group

David Colin-Thomé	Chair and National Clinical Director, Primary Care
Jeannette Howe	Head of Pharmacy, Department of Health
John Farrell	Principal Pharmaceutical Officer, Department of Health
Beth Taylor	National Development Lead, PhwSI, NHS Primary Care Contracting
Helen Northall	Director, NHS Primary Care Contracting
Heather Gray	Pharmacy Adviser, NHS Primary Care Contracting
Peter Wilson	Head of Post-registration Division, Royal Pharmaceutical Society of Great Britain
Alastair Buxton	Head of NHS Services, Pharmaceutical Services Negotiating Committee
Claire Jones	Assistant Head of NHS Service Development, National Pharmacy Association
Helen Kay	Directorate General Manager – Medicine, Sheffield Children’s Hospital
Sue Carter	Guild of Healthcare Pharmacists and Primary Care Pharmacists’ Association
Fiona Grove	Role Redesigner, South Warwickshire PCT
Diana Kenworthy	Senior Policy Executive, Department of Health

Pharmacists with Special Interests Wider Stakeholder Group

Name	Job title	Organisation
Karen Acott	Pharmacist Partner, Wallingbrook Health Centre	North Devon PCT
Gillian Arr-Jones	Department Head of Controlled Drugs	Healthcare Commission
Rosalynne Cheeseman	Pharmacy Education Development Manager, Trent Multiprofessional Deanery	NHS Pharmacy Education and Development Committee
Emma Cooney	Policy Officer	British Heart Foundation
Guy Cross	Workforce Capacity	Department of Health
Graham Davies	Professor of Clinical Pharmacy and Therapeutics	University of Brighton

Name	Job title	Organisation
Maggie Downes	Senior Trainer	Expert Patients Programme
Stephen Du Bois	Assistant Pharmaceutical Adviser	Taunton Deane PCT
David Erskine	Director, Medicines Information Services	London East and South East Specialist Pharmacy Services
Denise Farmer	Assistant Director Clinical Pharmacy	Southern Norfolk PCT
Celia Feetam	College President	UK Psychiatric Pharmacy Group
Sally Greensmith	Assistant Director – Medicines Management	National Prescribing Centre
Irene Gummerson	PEC Community Pharmacist	Wakefield West PCT
Gill Hawksworth	Community Pharmacist	College of Pharmacy Practice
Paula Hayes	Programme Design and Support	Centre for Pharmacy Postgraduate Education
Kath Hodgson	Pharmacy Training Manager	Lloyds Pharmacy
Dilip Joshi	Superintendent Pharmacist, Boss Pharmacy	Lambeth PCT
Caroline Kelham	Project Manager	Medicines Partnership
Sue Kilby	Formerly Head of Practice	Royal Pharmaceutical Society of Great Britain
Jackie Matthews	PCT Leaders Programme	East Yorkshire PCT
Colette McCreedy	Director of Pharmacy Practice	National Pharmacy Association
Martin Norris	Healthcare Delivery Manager	Diabetes UK
Catherine Norris	Clinical Services Manager	Harrogate and District NHS Foundation Trust
Peter Noyce	Director – Workforce Academy	University of Manchester
Barbara Parsons	Head of Pharmacy Practice	Pharmaceutical Services Negotiating Committee
Jeremy Savage	Deputy Chief Pharmaceutical Adviser	Welsh Assembly Government
Joanne Shaw	Director, Medicines Partnership	Royal Pharmaceutical Society
Ian Simpson	Chief Executive	College of Pharmacy Practice
Ashok Soni	Community Pharmacist	Lambeth PCT
Derek Taylor	Pharmacy Manager, Broadgreen Hospital	Liverpool Cardiothoracic Centre

Name	Job title	Organisation
Steve Tomlin	Principal Pharmacist, Children's Services	Guy's and St Thomas' NHS Trust
Marion Walker	Clinical Pharmacist	National Treatment Agency for Substance Misuse
David Webb	Director – Clinical Pharmacy	London, Eastern and South East Specialist Pharmacy Services
Kate Wortham	Local Pharmaceutical Committee Secretary	Oxfordshire Local Pharmaceutical Committee
Karen Wragg	Pharmacy Services Learning and Development Manager	Alliance Pharmacy

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276946 A national framework for Pharmacists with Special Interests is available to view and download from the Department of Health website: www.dh.gov.uk/publications