

# YPG PHARMACY PROJECT



## A Project Overview

## PROJECT OVERVIEW AND ADDITIONAL INFORMATION

### INTRODUCTION

The Young Pharmacists' Group (YPG) was established in 1986 and in its first twenty years of existence has become one of the most pro-active voluntary organisations in pharmacy. With over a thousand members, its main area of activity has been to constantly seek innovation and new ways of working so that pharmacy can support the continuously developing needs of the public.

In 2003, the YPG decided that it was time to get directly involved in the operation of a community pharmacy. A steering group of fourteen pharmacists were elected from amongst the ranks of the YPG membership to make this happen.

### The YPG Pharmacy Project

The YPG pharmacy is to operate on a not-for-profit basis. A company limited by guarantee has been constituted, ensuring that there could be no shareholders. This means that any proceeds would always go back into innovation and service development to the benefit of the local community and the wider healthcare service. A crucial part of the project is to ensure that this is no ordinary pharmacy; the intention being to create a comprehensive multi-disciplinary healthcare facility for the local population.

### Teaching

The YPG pharmacy will be closely linked to a local university school of pharmacy as this will support both undergraduate and postgraduate education; it would also enable practice research to be conducted. A firm commitment from Aston University School of Pharmacy has been secured to work closely with the proposed pharmacy. This will also serve to ensure that any new innovative services can be carefully scrutinised by academia. An appropriate layout would enable pharmacy students to observe qualified pharmacists in their interactions with the public enabling them to learn skills in a practical real-life situation.

### Other objectives include;

- Disseminating successful innovative models of practice to other healthcare practitioners hence improving their knowledge and skills.
- Working in partnership with the PCT to ensure concordance of objectives.
- Working with other healthcare providers so as to ensure the delivery of an efficient service.
- Developing leading edge practice

In the last three years, the group has raised over £100,000 to establish the leading edge community pharmacy – this has primarily been secured by voluntary donations from within the profession. If awarded this tender, the YPG will activate its legal entity – a company limited by guarantee – to provide pharmacy services on the Priory Road Estate. A bank statement is attached and currently, more than £60,000 of the pledged £100,000 is immediately available. By the time the pharmacy is up and running more money will have been secured, ensuring that the pharmacy will not need to resort to any bank borrowing. Because the body corporate has been established as a “company limited by guarantee”, there are no shareholders who will receive distributed profits. A further advantage to the pharmacy is that the broader YPG organisation has the capacity and contacts to secure further support from national organisations and bodies. This will assist in the provision of a wider range of innovative services.

As a result of YPG involvement, the pharmacy is more likely to be financially viable and able to meet local

patient needs. As the PCT will fund the costs of establishing and fitting the pharmacy and also covering many of the premises overheads, the residual capital costs and cashflow will be affordable. The absence of ongoing debt will make the pharmacy more financially stable. Finally, the project will continue to receive free support, advice and guidance from members of the YPG steering group (many of whom hold senior positions within the profession and possess relevant knowledge and experience) that will further add to the project's financial stability.

The YPG shares the PCT's vision for the Priory Road pharmacy and if awarded the tender, will deliver a high quality, value for money service. The bid has been designed according to four guiding principles, which will be used to run the Priory Road pharmacy;

1. Sustainability – there is a commitment to make the Priory Road pharmacy permanent. By creating a high quality team within the pharmacy and working on its long- term development, the pharmacy will become a firm fixture in the locality.
2. Accessibility – the residents in the area must have proper access to pharmacy and other NHS services. The pharmacy will be used to promote access to pharmaceutical care, whilst using signposting and other methods of improving access to necessary health services.
3. Responsiveness – the Priory Road pharmacy will be responsive to local needs, priorities and voices. Quarterly focus groups will be used to interact with local people to hear their opinions. Other means such as newsletters, a website, patient experience surveys, informal discussions and a seat on the management board of the pharmacy for a local patient representative will be used to involve all local residents in this exciting project; and
4. Innovation – The Priory Road Pharmacy will develop innovative pharmacy services beyond traditional dispensing to ensure that patients receive medicines management and public health services on their doorstep. It is envisaged that this pharmacy will be promoted as an national example of innovative practice.

## The Priory Road Pharmacy

Responding to a local consultation exercise, the PCT intends to develop the Priory Road site into a ground floor and first floor facility with a ground floor emphasis on provision of a community pharmacy service. It will be incumbent upon the pharmacy operation to ensure that a practical signposting and reception service is operated to enable full use of the building by other healthcare providers e.g, community nurses, health visitors and even GPs.

### The eventual aim would be to provide the following innovations;

- Repeat dispensing systems to prevent patients on long term care regime ends having to travel to the surgery on the other side of the estate to collect prescriptions.
- Long term condition management services.
- Signposting of patients to other healthcare providers
- Medicines use review services
- Healthy lifestyle promotion
- Stop smoking clinics

- CHD risk assessment and advice
- Service audits and patient experience questionnaires
- Intervention monitoring
- Emergency Hormonal Contraception services
- Safe disposal of medication and sharps
- A branch surgery facility to allow the local GP's to hold periodic surgeries for patients local to the Priory Road Pharmacy
- A receptionist service to enable other healthcare practitioners to deliver services in the consultation rooms of the Priory Road pharmacy (e.g. community nurses, health visitors)

## Pharmacy and Public Health

From a public health perspective, wider issues of personal and social well-being are pertinent to the healthcare agenda. From a pharmacy point of view, the recent Department of Health publication "Choosing Health through Pharmacy" challenges pharmacy to take a greater involvement in the public health agenda. In particular pharmacy is asked to consider taking a more holistic and proactive approach to health improvement and to work with the NHS and other professionals on integrated care pathways for people with long-term conditions. This document recognises that pharmacy staff recruited from the local population will know the area well and would benefit from having an opportunity to develop their public health role.

## Drop in centre

Initial discussions have revealed that the current occupants of the premises next door to the proposed Priory Road pharmacy would be prepared to vacate their existing lease subject to the payment of a consideration. Consequently, it would be the intention of the YPG to secure the next-door premises (at its expense) as it is strongly felt that this would facilitate the opening of a 'drop in centre', which would become a valuable adjunct to the pharmacy and would help to facilitate a substantial role in the public health agenda.

The purpose of the drop in centre would be to provide a much needed facility for the Priory Estate.

The fact that the public are used to accessing the pharmacy without an appointment will make them more willing to access this innovative service.

Ostensibly the 'drop in centre' would be a place where local people could meet and learn more about wider health issues and also a place where clinics could be operated in the widest sense of the word. for example;

- Mums and bumps meetings / baby clinic
- Yoga
- Well woman / man clinic
- Alternative therapies
- Educational events e.g talks on osteoporosis, sexual health, healthy living, substance misuse and stop smoking group sessions.

Other initiatives could include;

- Local Councillor's surgeries
- Housing advice / benefit clinics
- Credit union services
- Activity clubs for the elderly
- Aerobics
- Internet access
- Training

These initiatives will help the pharmacy to work with the local community to develop a shared vision for their health and to build social capital. The YPG would work closely with the PCT's Community Health Improvement Manager to seek any grants or funding that might be available in order to assist with the opening and operation of such a service. With pro-active encouragement, it is felt that some of the services could be provided by the voluntary sector or by voluntary work by pro-active members of the local population.

This combination of a community pharmacy with ample space for consultation rooms and clinics with an additional facility to operate a wide range of public health related activities in the drop in centre would help to ensure that the facility truly became the anchor for primary care services on the east side of the Priory Estate and would also act as a link to the main location of health services at the Greens Medical Centre.

## A unique application.

In many ways this tender is unique in its nature, primarily because it is not driven by usual commercial considerations. Although profits will need to be delivered so that the project can meet its objectives, the ability of this project to re-invest (both financially and professionally) in service delivery and also the broader healthcare service will be the measure of its success.

However, as a consequence of this primarily voluntary initiative, the tender will not resemble that of a bid made by a going concern current pharmacy business. Moreover, it will not be possible at this stage to provide some of the evidence requested in the tender pack. The individuals involved in the National Steering Group are listed overleaf. Many of these individuals have extensive experience of establishing and developing pharmacy businesses including those operating under an LPS scheme. Some of the members of the Steering Group are involved at Government and Professional Body level and have been involved in the very initial design stages for LPS contracts. Collectively the extensive skills possessed by this group will enable all of the specified protocols and processes needed for this project to be developed. In the event of a successful bid, it would be the intention of the Steering group to ensure that these requirements could be delivered promptly.

## Key requirements

Some of these key requirements would include;

- VAT and Data Protection Act registration
- Relevant professional registrations and insurances
- Development of policies and procedures (such as Health and Safety, Employment, Environmental, Training etc.)
- Contingency and emergency back-up plans.

- Prescription collection and delivery protocols.
- Complaints procedures

## Individuals involved in the YPG Pharmacy Project

### 1. Financial Custodians

- **David Sharpe OBE** Ex President RPSGB, Ex Chairman of the NPA and Ex Chairman of Pharmaceutical Services negotiating committee (PSNC).
- **Veni Harania** Ex Chairman of NuCare PLC
- **Clare Mackie** Professor and Head of Medway School of Pharmacy

### 2. National Steering Group

- **Penny Beck** Superintendant and Director Tesco Pharmacy
- **Christine Burbage** Pharmacy development manager Superdrug
- **Alastair Buxton** Head of NHS services PSNC
- **Robert Carroll** Director venture capital company
- **Sultan Dajani** Independent Contractor, member of RPSGB Council and Chairman of the RPSGB Practice committee. Member of the PSNC National committee
- **Andrew Duckenfield** Proprietor; Grenoside pharmacy group
- **John Gentle** Director; Lunts pharmacies and RPSGB Council member
- **Michelle Rowland Jones** Community and hospital locum
- **Jahn Dad Khan** Primary Care Pharmacist, Ex CHI reviewer and RPSGB audit facilitator
- **Mark Koziol** Chairman of the Pharmacists' Defence Association and ex RPSGB Council member
- **Garry Myers** Proprietor; Shires pharmacy group, member of the PSNC National committee
- **Mark Walker** Senior executive, IBM Consulting
- **Andrew Watson** Proprietor; Crookes Valley pharmacy group
- **Mike Williams** Proprietor; Olton pharmacy



Mr Mark Koziol,  
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Dear Mark,

## YPG Model Pharmacy Project

Further to our recent discussion, I am writing to register the interest of Aston Pharmacy School in your Model Pharmacy Project. The pharmacy practice group within the school would be keen to work with you on this project and has two main areas where we could see mutual benefit. One would be practice based research and the second would be to extend the practical experience of our undergraduate students. Changes in the profession of pharmacy mean that we need to extend the practice-based experience of undergraduates and your project could offer significant opportunities to develop education in a controlled pharmacy environment.

I look forward to working with your project team to develop this concept.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Keith Wilson'.

Professor Keith Wilson  
Director of Undergraduate Programmes  
School of Life and Health Sciences.

## Additional information which supported the LPS tender bid.

### Question 1.

#### Are there any other cost implications that the Trust should take into consideration?

YES – If successful, it would be the intention of the YPG Pharmacy Project to secure the lease on the premises next door. Initial indications from the current lessor show that he would be happy to vacate upon payment of a consideration. An initial inspection of his premises at ground floor level indicate that a knock-through door from the pharmacy would create an OTC medicines sales / counselling area and drop-in centre facility as described in the project overview document. It would be the intention of the YPG to fund this extension to the project and initial estimates indicate that this would involve £35,000 of additional investment by the YPG.

### Question 2.

#### Are you able to offer a Pharmacy Service on a Saturday?

Yes. The Saturday service would be delivered on an if required basis. It will only be possible to ascertain the extent to which a Saturday service will be required once the pharmacy has been running for a period of time and after a needs assessment has been undertaken. It would be important to state that if there is a demand for a Saturday service, then one will be provided. A cost for a full day and a half day opening has been provided in the costings matrix.

### Question 3.

#### Do you have a communication and customer relationship strategy?

YES – a strong communication and customer relationship platform will be essential, it will be necessary to facilitate two way communication;

#### We will aim to give the community two firm commitments;

- a) Once established, the pharmacy will become permanent;

and

- b) The pharmacy will be operated by regular staff members and not a string of new joins and locums. Forward thinking recruitment and retention policies will be used to ensure that this is the case.

By offering stability in these ways, the local population will become more prepared and willing to integrate the pharmacy into their lives.

Continued local involvement will be key to the success of the Priory Road pharmacy as the pharmacy will need to act as a co-ordinator between the residents in the locality, the PCT and other health care providers. By canvassing local opinion, the pharmacy will be able to better understand the priorities for pharmaceutical and other care. In response, the pharmacy will operate various methods of promoting user involvement. Some of these are outlined below.

We will work closely with the Local Health Forum and local people to understand and to respond to their health needs and priorities. To be successful, the Priory Road pharmacy must be integrated into the local community, and become part of residents' lives. This pharmacy will not simply resemble a traditional outlet, which focuses on dispensing alone.

- The Priory Road pharmacy will seek to recruit a member of the Local Health Forum onto the pharmacy management board. This will allow direct input from the local community into the operational affairs of

the pharmacy.

- Focus Group Meetings consisting of 12 volunteers from the locality who are enthusiastic about helping patients and members of the public will be held on a quarterly basis. A small honorarium will be paid and members will be recruited from different backgrounds and have a range of experiences and skills. It is anticipated that the pharmacy will need to work closely with the Health Forum to achieve this aim. Issues raised by such a group will be discussed with the pharmacy management group and with the pharmacist and staff; points of action would be agreed where appropriate.

These meetings will allow the pharmacy to better understand what people in the area want from the pharmacy and the NHS; enabling service modifications and responsiveness.

- Other methods such as patient experience surveys, a pharmacy newsletter, distributing information leaflets and working with reporters from the local media will assist with ensuring that good, meaningful communication is achieved.

## Question 4.

### Is your staff formally qualified – relevant to the nature of the contract?

The YPG pharmacy will demonstrate a commitment to the ongoing training and development of its entire staff. This will initially be fulfilled by ensuring that all staff comply with professional minimum standards for training and continuing professional development (CPD). Once this baseline is attained, the pharmacy will agree personal development plans with all staff in order to ensure competence is maintained and developed and the pharmacy is able to continue to develop its service provision to the local community in line with the plans agreed with the PCT.

*The baseline training provision for different staff members will include:*

- Induction programme to ensure a basic understanding of pharmacy operations, health and safety procedures, fire procedures, confidentiality requirements, the principles of clinical governance etc.
- Compliance with RPSGB basic training requirements for support staff, i.e. units 2.04 and 2.05 of the Pharmacy Services S/NVQ level 2 for medicines counter assistants (e.g. NPA Pharmacy Interact course) and completion of relevant units of the Pharmacy Services S/NVQ level 2 for dispensing assistants (e.g. NPA Dispensing Assistants Course).
- Repeat Dispensing Training (From pathfinder to practice, CPPE) for the pharmacist.
- Advanced services training and competency assessment completion by the pharmacist (e.g. Skills for the Future programme and assessment by Medway School of Pharmacy).
- CPPE Emergency Hormonal Contraception open learning and any local PCT requirements for supply of EHC by PGD.

CPD and continuing education will be supported by the provision of protected learning time for all staff. Annual appraisals will be held from which development plans will be agreed for all staff which will document their learning and development needs and will agree appropriate support to enable them to achieve these goals.

### CPD for support staff

- The pharmacist will provide in-house training sessions on relevant topics to the staff on a weekly basis.

- Medicines counter assistants will be offered ongoing development using courses such as the NPA Interlink course and the use of CPD resources in various pharmacy publications.
- Consideration would be given to the provision of Pharmacy Technician training (NVQ level 3) to suitable staff members as the pharmacy develops (e.g. NPA Pharmacy Technician course).
- Protected learning time will be provided on a weekly basis to allow for this training.

## CPD for the pharmacist

- The pharmacist will make full use of training and education provided locally by CPPE, the PCT and the local RPSGB Branch.
- Protected learning time will be provided to allow the pharmacist to undertake CPD.
- Training relevant to the future development of the LPS services, e.g. relevant CPPE open learning packs. Consideration would be given to the need for the pharmacist to undertake a relevant post-graduate qualification, such as a diploma in Community Clinical Pharmacy (available at both Aston and Keele Universities) and training as a supplementary or independent prescriber, subject to local agreement within the health economy.

## Question 5.

Do you agree to interact with local GP services in the provision of this service?

YES.

Integration with other health care providers, local GP services and in particular the Greens Medical Centre is essential if the Priory Road pharmacy is to fulfil its goal of becoming an anchor in the local health care environment. To facilitate this process, it is envisaged that meetings of the pharmacy management board will be attended on an ad hoc basis by other healthcare practitioners where appropriate. This would not only involve the Greens Medical Centre staff, but also other healthcare personnel, working in the wider area. Representation from the PCT on the management board will also be essential to ensuring that outcomes for local people can be maximised. It is envisaged that the relationship of the pharmacy with the Greens Medical Centre will be key to the success of the project. It will be necessary to plan and integrate service offerings with the surgery. For example, appointments for patients who find it difficult to travel to the Greens Medical Centre, could be booked at the pharmacy by pharmacy staff involved in receptionist activity. The patients could then attend the pharmacy to see the doctor by pre-arranged appointments.

A further aspect of integration would involve the provision of repeat dispensing and other medicines management services to patients of the Greens Medical Centre, with surgery approval. Ultimately, this collaborative approach would be extended by working closely with the practice and other primary care agencies to deliver advice and services in other clinical areas identified as local priorities in the Priory Health Forum in May 2003.

### It will also be important to develop relationships with other members of the primary care team.

Parts of the pharmacy building will physically lend themselves to generic use by various healthcare providers. In the pre-opening period, the dedicated local co-ordinator will seek out the appropriate agencies active in the area and with the support of the PCT, will aim to organise clinic sessions where members of the public can attend for pre-arranged appointments.

*For example;*

- Community nurses seeing patients that call in to have dressings changed.
- Health visitors and nurses who organise vaccinations for older people and infants.
- Others who may operate various screening services such as chlamydia screening.

The hub and spoke model described in appendix F of the tender pack provides a perfect opportunity for the Priory Road Pharmacy to work in collaboration with other local pharmacies. A number of initiatives to be undertaken in the PCT could ideally be rolled out using all or many of the local community pharmacies in the locality. It has already been shown that the Pharmacy Development Groups can be effective in this respect. Examples seen elsewhere include PCT wide smoking cessation initiatives and also return of unwanted medicines campaigns. The Priory Road pharmacy would seek to co-ordinate pan pharmacy initiatives by operating a pharmacy development group within the PCT area.

## Question 6.

**Do you have a strategy for offering and identifying MUR?**

YES.

The simplest strategy is usually the best and it would be our intention to work closely with the relevant GP practices to ensure that there was agreement on which groups of patients the surgery would prefer us to tackle and in what priority order. Agreement would also be sought on the exact process to be used, on intended outcomes and any agreed follow up action plans.

The most likely candidates for early intervention as seen nationally are diabetes, COPD, Asthma and CHD. Although an assessment of what specific needs there were at Priory Estate would need to be undertaken.

Once the service graduates to phase iii involving more so, public health issues, it is anticipated that this would involve much collaboration with the PCT.

## Question 7.

**Will you give serious consideration to suitable candidates from the local community for staffing at PRP?**

YES.

Engaging the local workforce potential will be crucial to the success of the scheme if it is to become truly integrated within the community. Locally recruited support staff will know the area well, will know many of the customers and will be more conversant with the issues facing the local community. As well as employing pharmacy staff, it is envisaged that a number of voluntary workers will be involved in the overall operation, especially in some of the 'drop in centre' roles.

In the initial months leading up to the opening of the pharmacy, the dedicated co-ordinator would engage the local community, initially through the Health Forum. Efforts would be made to try and recruit all the staff locally.

## Question 8.

**Will you offer the services based on more than the 20hr minimum?**

YES.

The entire project has been worked on the basis of a 40 hour 5 day week, with an optional regular Saturday service provided once a needs assessment has been undertaken.

## Question 9.

### Have you a detailed project plan for both pre and post implementation of this contract?

Being able to provide all the services required by the bid, at a high level of quality, is vital to the success of the project. To ensure that all of the specified services can be provided five measures will be put into place;

1. A national steering group that will give the project strategic knowledge advice and a national dimension.
2. A local management group that will steer and govern the operation of the pharmacy.
3. A high quality, well motivated pharmacy team who will be vital to ensuring the provision of high quality services.
4. Ensuring that proper competencies and expertise are available through training and CPD.
5. Proper procedures and the appropriate governance structures are in place to ensure the proper running of the pharmacy.

In the event of a successful bid, a set-up team will immediately be established which will consist of three members drawn from the 14 strong steering group and one other, a pharmacist who will be recruited to be the dedicated local co-ordinator. The remainder of the 14 strong steering group will continue to act as a management and professional resource for this project as it has done thus far.

The opening of the proposed pharmacy on the Priory Estate will require careful planning and liaison. It will primarily be the role of the dedicated local co-ordinator to work with the local community and PCT to complete the practical steps necessary to open the proposed pharmacy in the time frames required. The chosen local co-ordinator will have the requisite knowledge of working at this level, within community pharmacy. The co-ordinator will receive practical support from the other members of the set-up team, who all have expertise of successfully opening and running community pharmacy outlets.

The YPG steering group collectively possesses the skills and experiences to ensure that the subsequent opening of the pharmacy will occur within the specified time period.

## The Pre-implementation plan

### Corporate Governance

It is envisaged that a local management board will be established which will consist of the dedicated local co-ordinator (who will be the clinical and organisational lead) and up to two members of the national steering group. Additionally, a representative from the local health forum and a member of the PCT would be appointed in a non-executive capacity. They would be responsible for ensuring that all the governance affairs of the pharmacy were properly discharged.

This Pre-implementation stage will be used to prepare for the actual opening of the pharmacy, with dispensing facilities and consultation areas. There will be several months of preparation involved and it is anticipated that the dedicated local co-ordinator who will be a pharmacist, will be the ultimate manager of the pharmacy.

**The following key areas that will need to be addressed for a successful pharmacy opening have been identified:**

#### *1. Engaging the local community*

- Meet with the Priory Health Forum

- Assess availability of volunteer support
- Initiate staff recruitment process
- Hold focus group meetings
- Seek a management group appointee
- Meet with other relevant authorities (e.g. police and local authority)

## *2. Engaging the local NHS*

- Routinely consult/meet with the PCT
- Seek a PCT management group appointee
- Meet the local GPs
- Meet the local community pharmacies
- Meet key personnel at the local hospital
- Meet other important players (e.g. community nurses and health visitors)

## *3. Staff recruitment*

- Advertise
- Interview
- Write job specs
- Train
- Contracts of employment and staff handbooks
- Involve staff in pre-opening phase

## *4. Finalising the pharmacy premises*

- Liaise with PCT and contractors
- Ensuring disabled access
- Exploring parking
- Organise all signage
- Liaising with the shop fitters on specific issues
- Liaise with neighbours

## *5. Operational matters*

- Appoint set-up team and co-ordinator
- Organise banking arrangements
- Organise delivery van lease
- Stock
- Equipment

- Security and alarm arrangements training
- Appoint wholesaler
- Seek availability of grants or other sources of funding support
- Install computer system
- Waste disposal arrangements

## *6. Legal and professional obligations*

- RPSGB registration
- Insurance arrangements
- Health and Safety policy/documentation

## *7. Competencies and training*

- Establishing training needs of pharmacist and staff
- Organising the delivery training

## *8. Corporate governance*

- Appoint accountants
- Establish financial controls / protocols (e.g. PAYE)
- Register for VAT
- Source and appoint local management board

## *9. Clinical governance*

- Initiate CPD programme
- Write SOPs
- Develop policy for controlled drugs
- Ensure PGDs are in place where required
- Develop repeat dispensing process
- Organise delivery and collection service
- Prepare for delivery of additional services
- Comply with all RPSGB guidance on setting up new services

## *10. Publicity*

- Organise the official opening ceremony
- Create interactive website
- Write newsletter and distribute
- Arrange local media coverage
- Organise a regular local media column on health in the Priory Road Estate if possible

## Overview

The above measures should produce the right environment to deliver a high quality, well-run pharmacy service. With an emphasis on innovation and meeting patient needs.

Subject to building refurbishment being completed in an appropriate timeframe, the YPG steering group collectively possesses the skills and experience to ensure that the subsequent opening of the pharmacy will occur within the six months time period required and probably much sooner.

## The Post-implementation plan

**It is proposed that a three-phased approach will be taken;**

### Phase I –

Once the pharmacy is opened it is anticipated that a significant proportion of time in the initial months will be spent in ensuring that training and clinical governance issues are fully operational; this will be necessary to be able to establish all the elements required in phase 1 of the LPS requirement such as, dispensing, repeat dispensing, supply of OTC medicines, signposting of patients to other healthcare providers, minor ailments clinic, introducing public health interventions on an opportunistic basis, providing sharps and medication disposal, setting-up medicines use reviews and initiating an EHC service. The opening of the pharmacy would see the implementation of the appropriate clinical governance structures such as SOP's, adverse incident reporting, service audits and patient questionnaires. During this process, the dedicated local co-ordinator will enjoy the support of the YPG organisation. It is anticipated that the team recruited to operate the pharmacy will commence their employment before the pharmacy actually opens so as to ensure an early start with the necessary training.

### Phase II –

It is envisaged that this stage of the project would be implemented after the pharmacy has opened and is deemed to be running smoothly. It is anticipated that this would occur between six months and one year of the opening date. It is anticipated that at this stage a number of additional services specified by the PCT would be developed. These may include specific agreed interventions for patients with long term conditions.

Although medicines management is relatively new as a remunerated NHS service, procedures have already been outlined and are widely available for how it should be provided, including appropriate training. To meet the required standards, the pharmacy consultation rooms would be used to provide an enhanced medication management and review service with criteria being agreed with the PCT on the specific chronic long-term conditions to be treated and criteria on who should receive a review or an intervention. It is anticipated that the employed pharmacist will provide this service, after undertaking the relevant training. However, it may be that at this stage other pharmacist specialists are called in so as to ensure the delivery of the widest possible service to the community. Records of each session will be kept, and a summary recorded.

### Phase III –

The implementation of targeted public health services will be an aim for this pharmacy and it is expected that these would be provided within two years of its opening if not sooner. In May 2003, the Priory Health Forum identified a number of local priorities for improved services, which are in tune with those outlined in the tender. It is envisaged that the pharmacy will seek ways in which it would be possible to deliver enhanced public health services. These may include childhood immunisations and vaccinations for the elderly, screening,

lifestyle advice, specific smoking cessation services, EHC via PGD's etc. The provision of proper public health interventions will be well within the competencies of the pharmacy team once appropriate training has been completed. The pharmacy would plan to work with the PCT Community Health Improvement Programme Manager, as appropriate, to deliver better public health results. It is envisaged that the pharmacy would be used as a base to host the clinics of other healthcare practitioners such as nurses.

## Administration and record keeping

It will be necessary to keep appropriate records so that the PCT can review and evaluate the performance of the various services offered. The pharmacy will make available all relevant data to ensure that this can be achieved and will participate in any national evaluation exercises as undertaken by the Department of Health and its nominated research partners.

### Question 10.

#### Explain how you propose to develop a working partnership with the Trust

Primarily, by ensuring that a PCT representative sits on the local management board in a non-executive capacity. Moreover, in seeking to develop a pan-PCT pharmacy development group, it is anticipated that the Priory Road Pharmacy project will manifestly need to develop a very close working relationship with the PCT.

### Question 11.

#### Explain how you will ensure the Trust get value for money and quality from your organisation.

As will be apparent from the initial introduction, this is a not-for profit initiative organised by a well respected and established pharmacy organisation to be run along the lines of a Social Enterprise Scheme. All the individuals who have been involved in the project thus far have done so on an entirely voluntary non-fee paying basis. There can be little doubt about the credentials of the National Steering Group and this combined expertise will go a long way in ensuring that the quality agenda will be high on the list of priorities.

The primary purpose of the YPG's interest in this opportunity is to ensure the delivery of the widest possible range of services to the Priory Estate from this pharmacy and beyond into the broader PCT area through the creation of wider partnerships.

The reason for this is that it is the main objective of the YPG to re-invest proceeds from this pharmacy back into the project and through strong academic and professional ties, to develop training programmes so that trainee pharmacists and others nationally, can also benefit from what it will undoubtedly achieve. It is hoped that any serviced delivery innovations developed in the Priory Road Pharmacy will be used in the wider national sense, so as to benefit the delivery of pharmacy and general healthcare services throughout the UK.

Specifically, because of the intention to extend the pharmacy into the next-door premises to provide additional facilities for the local population, this will provide an immediate and measurable value added benefit.

More importantly however, because of the national interest that this project will generate, it is anticipated that additional funding streams from a wide range of sources will become available that would not otherwise be the case. This is already evidenced by the fact that thus far all the funds that the YPG has at its disposal have been secured by voluntary donations. There is no doubt that because of this, the Trust – and more importantly, the local community will enjoy a substantially improved facility – a significant and valuable asset to both.