

## **NHS Primary Care Contracting**

### **Identifying Change Levers in Primary Care Best Practice Examples**

#### **Introduction:**

In seeking to identify the levers that drive change in primary care, NHS Primary Care Contracting has collated over 200 examples from within the NHS.

Our database of practice differs in that we've reviewed all submissions, established themed groups based on PSA target criteria and created groups where the drivers would have most impact.

**1: Comprehensive Substance Misuse Services through Pharmacy– PSA Target Group: Improving the patient/user experience, Improving access to care, Reducing health inequalities, Improving long-term condition management & Reducing mortality rates**

#### **Overview:**

Started in January 1994, the aim was to empower pharmacies further by putting a real emphasis on them in helping battle and treat the community's substance misuse problems.

#### **Objectives:**

- Provide substance misuse services through as many pharmacies as possible. Provide as much clean injecting equipment as needed.
- To enable service users a wide choice and geographical spread of pharmacies as possible
- To provide first class support to service users
- To improve the quality and efficiency of the service

#### **Key Drivers:**

Huge substance misuse problem in the locality

**Results:**

They have consistently changed and improved the service and some of our pharmacies offer a quality needle exchange service equal to those from dedicated agencies

The Freelance methadone CD register has helped save 1000's of hours of pharmacy time and is now used all over the UK. At the moment they are pioneering a new computerised methadone dispensing system with barcode scanning, finger print recognition and fully electronic CD registers

**PCT / Practice Name:** Freelance Needle Exchange Ltd

**Title of Initiative:** Comprehensive Substance Misuse Services through Pharmacy

**What was the main prompt for this initiative?**

Patient need and national initiatives

**What do/did you hope to achieve from this initiative?**

Provide substance misuse services through as many pharmacies as possible.  
Provide as much clean injecting equipment as needed.  
To enable service users a wide choice and geographical spread of pharmacies as possible  
To provide first class support to service users  
To improve the quality and efficiency of the service

**What is perceived as the key lever/driver for this change?**

Huge substance misuse problem in the locality

**When did the initiative start?**

01/01/1994

**Did your initiative address any of the following targets?**

Improving the patient/user experience  
Improving access to care  
Reducing health inequalities  
Improving long-term condition management  
Reducing mortality rates

**Does your initiative meet any of the following strategic tests for Primary Medical Care Contracting?**

Develop a more entrepreneurial culture in primary care

Improve the patient experience

Positive impact on R&R and morale

Enhanced services shift treatment from secondary to primary care

Take opportunities for skill mix and forge effective new partnerships

**Of which areas did your initiative support system reform?**

Fast access to the most appropriate service in a different setting

Improving primary care and management of long-term conditions

Choice and contestability in services

Safe, well-integrated and better quality services

Services provided within an environment of promoting self-care

**In which other areas has your PCT/practice's initiative made a significant contribution to primary care development?**

Innovative scheme positively evaluated as bringing benefit

Development of healthcare roles in primary care settings

Reduction in workload for GPs or other clinicians by the utilisation of other

**What criteria did you use to assess the success of the development: what were the outcomes?**

Patient satisfaction

Choice

Health outcomes improvement

**How did the initiative fare against these criteria?**

High user satisfaction with the service

Reduced drug related death

70% of the PCT pharmacies offering service to substance mis-users  
over 1200 service users accessing services weekly from pharmacies

**What were the set-up costs of your initiative?**

There were very little initial set up costs

**Where did the funding come from?**

NE Lincs DAT, N Lincs DAT, NE Lincs SRB, NE Lincs PCT, N Lincs PCT

**What contractual mechanism(s) was your initiative set-up under?**

SLA

**Can you provide examples of how your initiative provides value for money:**

Cost per exchange have dropped in absolute terms every year.

**Can you provide examples of cost savings (directly or indirectly) as a result of your initiative?**

Local HIV rates remain quite low taking into account the number of injectors. It is well recognised that money invested in treating substance misuse is very well spent in reducing harm and decreasing criminality

**What were the main difficulties in setting up and implementing your initiative?**

Year on year strong growth

**How were they overcome?**

Getting more and more pharmacies involved

**What factors do you believe were the most important to the success of the initiative?**

Commitment from community pharmacists

**What were the main benefits of the initiative?**

Bringing treatment of substance misuse into the mainstream of pharmacy practice

**With the benefit of hindsight, are there aspects of this initiative you would have approached differently?**

Nothing I can think of

**Other Notes**

We're very proud of what Freelance has achieved.

We have consistently changed and improved the service and some of our pharmacies offer a quality needle exchange service equal to those from dedicated agencies

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At the moment we are pioneering a new computerised methadone dispensing

system with bar code scanning, finger print recognition and fully electronic CD registers

**FOR FURTHER DETAILS ON THIS AND OTHER SIMILAR SAMPLES, CONTACT**  
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