

Sex, Drugs and Rock'n'Roll

A story of adaptation, integration
and progression on a distant Isle...



A New Hope..... for Commissioning Strategies

- Adopting the principles of World Class Commissioning - Community Pharmacies on the Isle of Wight have worked in collaboration with external Partners as an important part of an integrated service, to improve:
 - Patient Choice
 - Patient access to service – opportunistic access
 - Patient access to a Healthcare Professional in a consultation room environment, away from the sales area.
 - Patient Outcomes



Part 1SEX

From Humble Beginnings....

- Isle of Wight HA was the third organisation across England to engage community pharmacists in EHC provision
- This was not without its problems



Normalising the Service

- Part of the day job
- Using the skills in other areas
- Bringing the pharmacist to the front
- Sharing clinical experience



Building on Strong Foundations

- Growth of the EHC service, now option of choice
- Primary Care Service still in development
- "Bolt-on" - safest commissioning option



Bit of a No-Brainer Really...

Next Step – Treatment Centres

- Seeing the at-risk patients
- Already screening them
- Already have PGD experience
- Already have pharmaceutical experience
- Let's "Test and Treat" them



Starting to Integrate

- Included within protocol
- Use centralised Specialist Sexual Health
- Use skills where they are best placed
- Provide patients with choice
- Use trust already developed to build picture
- 55% of confirmed Chlamydia positive patients now choose to access treatment via Pharmacy Centres`



Tidying the Edges

- Recognising challenges with solutions
- Consistency of Service
- Availability of Accreditation
- Differential Commissioning
- Using "Best of Breed" as seeds
- Further opportunities – initiation of contraception



More Service Opportunities

- Recognising multiple risks and pathologies
- Two facets:
 - Sexual at-risk behaviour
 - Other behaviour providing same risks
- Alternative Commissioners,
Alternative Services
Same Patients



Part 2.....Drugs

Bridging the Gap

- Hepatitis B Vaccinations
- Support from Hepatitis C Trust
- Initial cohort of 15 pharmacist vaccinators
- Trained together with Drug Service staff
- Conversations and Relationships lead to...



Cracking the Problem

- Previous service inherently impossible
- Figures at end of three months
- Referrals direct from Drug Service
- Contact tracing through Sexual Health



Service Comparison

Service Delivery by IDAS

- Barriers – Three injections required Day 0, 7 and 21. Client attends Day 0 at appt, but DNA days 7 and 21.

Partnership working – service delivery by Pharmacy

- Three injections delivered in conjunction with methadone pick up- clients more likely to attend



Evidence and Outcomes

Service Delivery by IDAS

- This time last year despite engagement and service promotion only **one** course of Hep B immunisation completed in quarter due to DNA's.

Partnership working – Need identified at IDAS, service delivered by Pharmacy

- First quarter of service 77 clients engaged, more than 220 vaccines administered less than 10% lost from the service- attendance for vaccines 2 and 3 far more likely.



Next Service Threshold

- Introduction of extra screening
 - Syphilis
 - HIV
- Pharmaceutical Needs Assessment
- Centre of Specialism and Excellence
- New Opportunities due to new skills – integration of community pharmacies into seasonal influenza vaccination programme



Where is the Rock'n'Roll?

- Sex – EHC, Condoms, Chlamydia Screening, Chlamydia Treatment, Young People, Hepatitis Screening
- Drugs – Hepatitis Screening, Hepatitis Vaccination, Support and Tracing
- Rock'n'Roll – Hospital Pharmacy!



Conclusions and Summary

- PCT's must look to broaden commissioning strategies.
- We can no longer adopt a “one size fits all” approach when commissioning services
- Hard to reach groups do not always engage at GP practice
- Community Pharmacies, when used appropriately can definitely add value to services and improve choice and outcomes for patients.



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