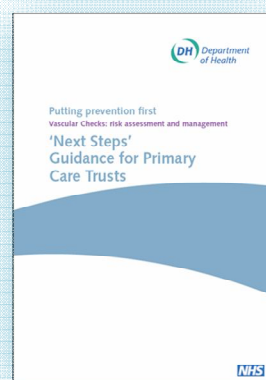
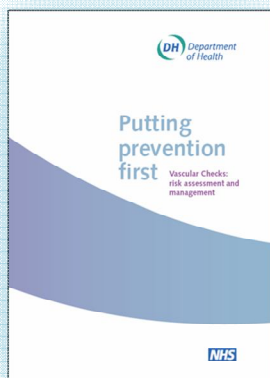


Vascular Risk Assessment (Vascular Checks) *- a new Local Enhanced Service*

Part 2 Preparing an effective bid

Version 1.1

January 2009



Guidance prepared by PSNC to support
Local Pharmaceutical Committees

About this guidance

This guidance has been written to support LPCs in getting a community pharmacy Vascular Risk Assessment (VRA) service commissioned. It contains a wealth of information and links relating to VRA, setting up the service, standards, assessment of costs, and much more.

Part 1 of the guidance contains background information to support LPCs' preparation prior to developing a local VRA service.

Part 2 supports LPCs with making the case for a VRA service commissioned from community pharmacy. It provides a step by step approach to making a bid. Not all steps may be relevant in your area, depending on local circumstances. This section also includes a number of templates to support LPCs in the bidding process.

Part 3 of this guide contains financial spreadsheets and costing material to assist LPCs in developing an effective bid.

As this is a working resource for a new and evolving Enhanced service and the documents contain a large number of embedded links to other resources, they are only available in electronic format from www.psnc.org.uk.

If you have any comments on this guidance or suggestions on how it may be improved please contact alastair.buxton@psnc.org.uk.

Step 1 - LPC decision to investigate the provision of a VRA service

PSNC organised workshops for LPCs during February 2009 to highlight the opportunities presented by the Vascular Risk Assessment service. Following the workshops LPCs were asked to consider whether there was an opportunity to develop the service in their area.

As part of this consideration, a general assessment should be made of the possibility of operating a VRA service in the LPC area including:

- The ability of pharmacy contractors to effectively deliver the service;
- The risk of non-participation in the VRA service; and
- Potential or pre-existing competitors.

LPCs should assess their contractors' willingness to participate in principle. This could be assessed by a phone survey or using a questionnaire. The following template may assist LPCs in assessing contractor interest.

Dear pharmacy contractor

Vascular Risk Assessment Survey

The LPC is currently considering making a bid for a community pharmacy based Vascular Risk Assessment (VRA) service. We would like to assess contractors' willingness to participate in providing this service. We attach for your information the latest PSNC service specification for VRA which will give you an overview of the service and what it seeks to deliver.

Please complete the questionnaire below and return to XXXXXXXXXXXXXXXXXXXX by 00/00/0000.

Q1. Subject to adequate funding, would you be willing to take part in a vascular risk assessment service?

Yes No

Q2. Do you have a consultation area in your pharmacy?

Yes No

Q3. Does the consultation area have a sink?

Yes No

Q4. Does the consultation area have a computer terminal with internet access?

Yes No

Q5. Would you be willing to take part in local VRA training initiatives to up-skill both you and your staff?

Yes No

Q6. Do you currently provide MURs?

Yes No

Q7. Do you currently provide Enhanced services?

Yes No

Q8. Are you aware of any VRA services being offered in your area by other providers, e.g. GPs?

Yes No

If yes, please provide details:

Pharmacy name:

Pharmacy Address:

Thank you for completing this questionnaire. Please post it to [name] at [location] before [date]. Alternatively you can fax [number] or email [address] it.

Step 2 - Identify and approach local stakeholders

Assuming your assessment of contractor willingness to become involved in the service provides a positive response, the next step is for the LPC to identify and approach local stakeholders who will be involved in the development of the service and its commissioning. This will allow you to gather background information on the local plans for VRA and start to seek support for a pharmacy based service.

The service will normally be commissioned by the PCT, potentially with involvement from local Practice Based Commissioning groups. PCT personnel who may be involved in the development and commissioning of the service include:

- Director of Commissioning;
- Director of Public Health;
- Director of Primary Care;
- Medical Director;
- Pharmacy commissioning manager; and
- Head of Pharmacy/Medicines Management.

If there is a pharmacist sitting on the PCT's Professional Executive Committee (PEC) or equivalent, they will be able to act as a champion for this proposal within the PCT.

It is clearly important for the success of your bid to know the identity of the person responsible for bid assessment so you can then try to identify, from their previous decisions, the issues to concentrate on in any meetings and in your bid. Once the key individuals at the PCT have been identified, the LPC can arrange an informal meeting or telephone conversation to discuss VRA.

When you make your first contact with the PCT service commissioner you should aim to find out the following information:

1. How much of a priority is VRA for the PCT?
2. Does VRA feature in the Pharmaceutical Needs Assessment or the Joint Strategic Needs Assessment?
3. What are the locally agreed vital signs for your PCT - is VRA or a linked vital sign mentioned?
4. How will the service be commissioned? Will it be an 'any willing provider' approach?
5. Is there an agreed service specification available?
6. What are the main targets set for the service?
7. How will outcomes be measured?
8. What role do they see for pharmacy in the delivery of the service?
9. What is the timetable for commissioning and roll out?

At the same time as contacting the PCT, you should contact other local stakeholders such as the Local Medical Committee (LMC) and local patient groups, in order to determine their views on the VRA service and whether they would be willing to support a pharmacy service.

Step 3 - Competitor assessment

At the same time as Step 2 is being undertaken, an assessment should be made of the current offering by competitors in your area. Some of this information may be available from the informal discussions with your PCT. Competitors may include:

- GP practices;
- Nurse led screening service providers, e.g. Innovex;
- NHS health trainers;
- Third sector (charitable) organisations, e.g. British Heart Foundation;
- Mobile units run by occupational healthcare providers; and
- Health club/Gyms, e.g. Nuffield Health and Wellbeing Centres (formerly Cannons Health Clubs)

Step 4 - Meet the PCT

Following initial informal contact with the PCT, during which you will have been able to obtain answers to many of the questions posed in Step 2, you should then arrange a formal meeting with the PCT commissioner. This meeting will provide a further opportunity to obtain answers to any of the as yet unanswered questions in Step 2. It will also importantly provide you with an opportunity to highlight the unique benefits of pharmacy in the delivery of the VRA service. This will be your chance to sell the benefits of pharmacy.

This meeting will require careful preparation in order to ensure you are able to make a strong case for community pharmacy provision of the service. During preparation you should agree a set of outcomes you want to achieve from the meeting.

A template PowerPoint presentation¹ is available on the PSNC website to assist in making the case for a community pharmacy VRA service. This template should be modified to include local data (including health inequalities), reference to relevant JSNA identified needs, relevant locally agreed Vital Signs and suggestions on how pharmacy can specifically address these issues locally.

Step 5 - Local Service Specification

If the PCT has not yet finalised the details of the VRA service they wish to commission, the LPC should seek to be involved in discussions on the development of the service specification and other contractual requirements.

DH commissioned NHS Primary Care Contracting to develop a Primary Care Framework² for the VRA service. This document has been written with commissioners in mind.

PSNC's draft VRA service specification is still being considered by DH. It is hoped the final version will be available in late February 2009. The current draft is available in Annex 1 of Part 1 of this guidance.

The PSNC services database contains details of a number of pharmacy based VRA services. Log in to the LPC Members' area to access associated documents such as service specifications and service level agreements for the featured services (www.psn.org.uk/database). Please don't forget that once your LPC has developed a VRA service, share the details via the database so other LPCs can learn from your experience!

A selection of case studies is also available on the NHS Improvement website³, including service specifications that have been used to commission VRA from a range of providers. The Doncaster service specification⁴ is particularly comprehensive and gives a good idea of what PCTs may be looking for in a VRA service.

Customisation of service specifications to meet local needs may include:

- prioritisation of the targeting of certain population groups;
- local social marketing provisions;
- defining equipment standards; and
- service monitoring requirements and criteria concerning outcomes measures.

Step 6 - Generating local support

It is important to generate local support for a community pharmacy VRA service, particularly if you find that pharmacy is not included in your local commissioner's plans. The following actions could be taken:

- If necessary, try to establish the reasons for non-inclusion of pharmacy contractors in the PCT plans;
- Discuss the value of a community pharmacy VRA service with key individuals at the PCT (and PBC groups if active in your area), including the Chairman, CEO, Director of Public Health and PEC members;
- Discuss the value of a community pharmacy VRA service with key individuals at the SHA (working with the other LPCs in the SHA area);
- Brief local councillors on the pharmacy proposals and if possible the Local Authority health overview and scrutiny committee;
- Brief the local MP on the proposals;
- Discuss the community pharmacy proposals with the LMC and influential local GPs to seek support for community pharmacy involvement in VRA. Early discussion of interface issues between pharmacy and GPs, for example data transfer protocols and QOF issues, will support the implementation of the service;
- Work with local patient groups and charities to raise the profile of pharmacy and VRA services;
- Undertake an assessment of the public's views on the best location for VRA using a questionnaire in pharmacies, in order to gather evidence of public demand for a pharmacy based service (a template questionnaire can be found in Appendix 2);

¹ http://www.psn.org.uk/data/files/LPCOnly/VRA_toolkit/selling_the_pharmacy_vra_service.ppt

² http://www.pcc.nhs.uk/uploads/primary_care_service_frameworks/vascular_checks_final_version.doc

³ <http://www.improvement.nhs.uk/vascularchecks/>

⁴ http://www.improvement.nhs.uk/vascularchecks/casestudies/doncaster/DPCT_CVD_Service_Spec_version1.6.doc

Step 7 - Obtaining local health data

A lot of local health data can often be found on PCT websites and in the annual report of the Director of Public Health. Other sources of data include:

- Health Profiles for every local authority and region across England: www.healthprofiles.info;
- The Health Inequalities Intervention tool - the tool is designed to help PCTs and local authorities to implement simple, effective, evidence-based measures to affect the life expectancy gap of their local populations. It is available on the London Health Observatory website⁵;
- Population data by PCT is available on the National Statistics website⁶;
- The Office for National Statistics provides useful mapping tools on its Neighbourhood statistics website⁷.

The Department of Health have developed a Vascular Checks Toolkit for PCTs⁸ which allows them to estimate the volume of VRAs and follow up interventions required in a year.

Step 8 - Preparing the bid

Your bid document will need to comply with local requirements; many PCTs have a standard template to use for the submission of all bids. As well as providing the details of the service you are proposing, the following issues are usually covered in bids:

A. Establishing the need based on local data and PCT requirements

When pitching for the development of innovative services it is necessary to make the case for why the new service should be developed (frequently as an alternative to the existing service provision); this will often involve redesign of clinical pathways. As the VRA service is part of a national programme that PCTs must implement there will be less of a requirement to make this case, but the bid should still highlight need for the service whenever possible. This will include reference to:

- the Pharmaceutical Needs Assessment;
- the Joint Strategic Needs Assessment;
- PCT and national targets;
- any PCT underperformance or risk of underperformance; and
- evidence of public demand for the service.

B. The unique contribution that pharmacy can make - selling the benefits!

- Highlight relevant community pharmacy case studies;
- See the associated PowerPoint presentation⁹ for points to make.

C. Financial assessment and costing work

Part 3 of this guidance contains a spreadsheet and guidance to support the assessment of service costs. When assessing the cost of the service the following issues should be considered in addition to the costs of complying with the service specification:

- marketing;
- audit / measuring and recording outcomes;
- IT;
- any additional governance requirements over and above those required by the core pharmacy contract; and
- proposed duration of contract.

⁵ http://www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx

⁶ <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106>

⁷ <http://www.neighbourhood.statistics.gov.uk/>

⁸ <http://www.improvement.nhs.uk/vascularchecks/TheLearningNetwork/tabid/55/Default.aspx>

⁹ http://www.psn.org.uk/data/files/LPCOnly/VRA_toolkit/selling_the_pharmacy_vra_service.ppt

D. Anticipated outcomes and estimates of freed-up resources

This will be based on estimates, but where it is possible to provide information it will add to the inherent value of your bid.

Highlight how you intend to measure outcomes once the service is commissioned. The NHS Next Stage Review highlighted the importance of collecting Patient Reported Outcome Measures (PROMs); a template questionnaire to be given to people who have had a VRA can be found below. This template can be used to collect PROMs, patient satisfaction and other data that can be used in the review and evaluation of the service.

[Questionnaire will be inserted when finalised]