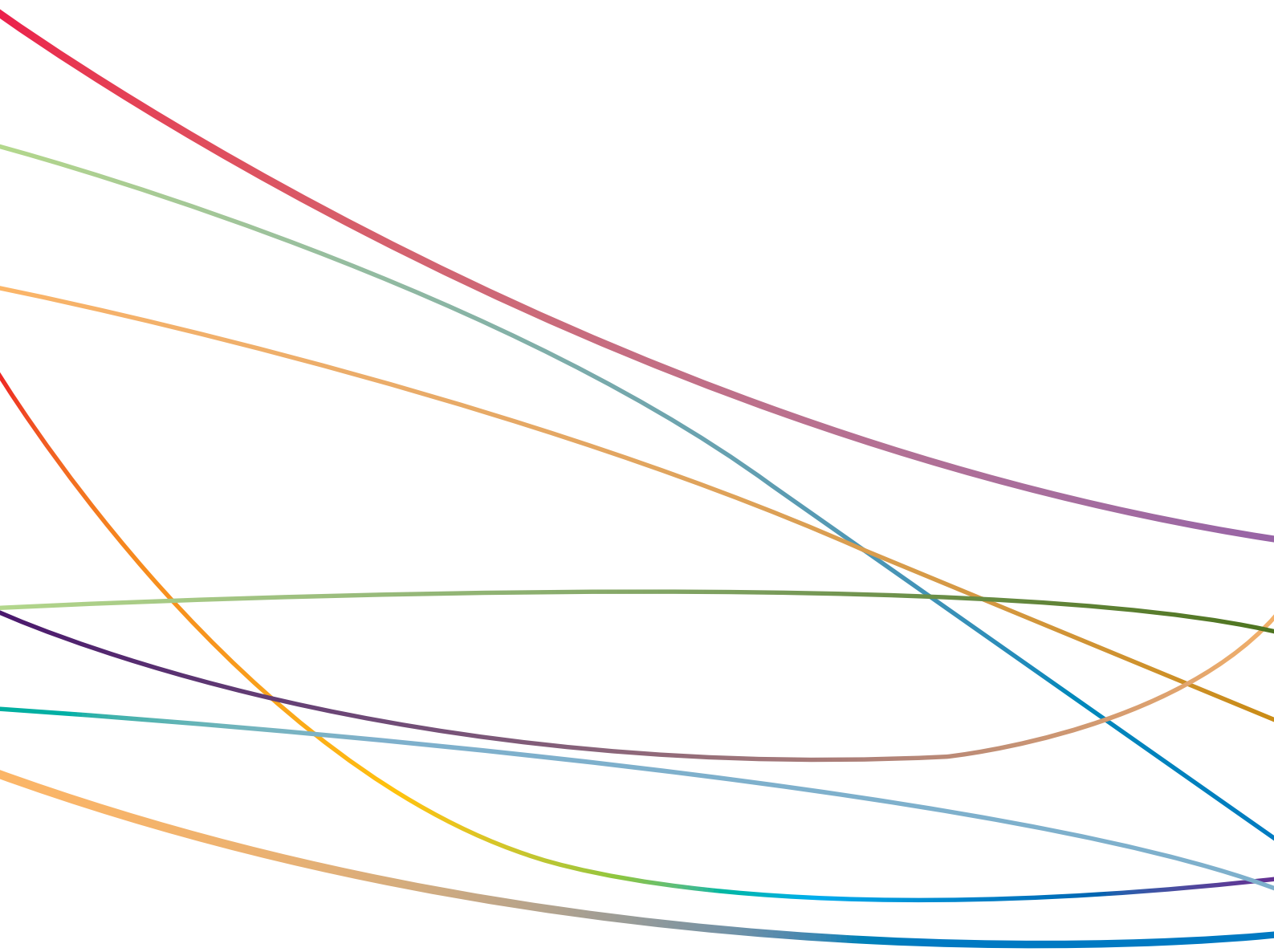
Department of Health

Implementing care closer to home: Convenient quality care for patients

Part 1: Introduction and overview



NHS

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
Document purpose	Best Practice Guidance
Gateway reference	7954
Title	Implementing care closer to home: Convenient quality care for patients
Author	DH
Publication date	April 2007
Target audience	PCT CEs, NHS Trust CEs, SHA CEs, Directors of Nursing, PCT PEC Chairs, Allied Health Professionals, GPs, PCT and SHA Pharmaceutical Leads, Chief Pharmacists at NHS Trusts and Foundation Trusts
Circulation list	
Description	This suite of documents provides practical support to commissioners and providers of NHS services for the provision of more specialised services closer to home that are delivered by Practitioners with Special Interests (PwSIs)
Cross reference	A national framework for Pharmacists with Special Interests
Superseded documents	N/A
Action required	N/A
Timing	N/A
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For recipient's use	

Implementing care closer to home: Convenient quality care for patients

Part 1: Introduction and overview

Implementing care closer to home: Convenient quality care for patients

This guide, Part 1: *Introduction and overview*, should be read (where appropriate) in conjunction with:

Part 2: *Step-by-step guide to commissioning services using Practitioners with Special Interests (PwSIs)*

Part 3: *The accreditation of GPs and Pharmacists with Special Interests*

Supporting Q&A

And with the relevant competency-based specialty-specific guidance currently being refreshed. These will be published on both the Department of Health and NHS Primary Care Contracting (PCC) websites.

With thanks to the following organisations:

RC GP Royal College of General Practitioners

Royal Pharmaceutical Society of Great Britain
English Pharmacy Board

NHS
Primary Care Contracting

Contents

Foreword

Our Health, Our Care, Our Say: a new direction for community services sets out the vision for the future of care outside hospitals. It provides a new context and reinforces the importance of services provided by healthcare professionals working in community settings.

Many elements of the current pattern of planned care services can and are being provided in different ways. Commissioners are already reconfiguring services to support redesigned patient pathways. Advances in technology and medicine now present new ways of providing specialist services in more local and convenient settings. Practitioners with Special Interests (PwSIs) have a key role in the delivery of such services.

By adopting a more flexible approach, the health service is demonstrating that it can deliver care in an increasingly optimal way both for patients and in terms of better resource use, providing better quality care with shorter waits for treatment and shorter journey times, thus improving both the patient experience and health outcomes.

Our aim is to ensure both health professionals and the services in which they work are safe, of a high quality and better able to meet patients' needs in the communities in which they are located. The approach set out in these documents builds firmly on the secure foundations of existing best practice in a number of areas of the country, of which the work done by Sutton and Merton PCT, Bradford PCTs, Mid Yorkshire Hospitals NHS Trust and the Northern Deanery has been particularly helpful.

Finally, we would like to take this opportunity to thank all those who have worked so hard to complete this suite of documents, particularly Dr Matt Walsh and members of the National Practitioners with Special Interests Steering Group who have given their valuable time and advice.

Dr David Colin-Thomé
National Clinical Director for Primary Care
Department of Health

Professor Mayur Lakhani
Chairman
Royal College of General Practitioners

Dr Keith Ridge
Chief Pharmaceutical Officer
Department of Health

1. Purpose

Part 1: Introduction and overview

- Describes the underpinning principles for PwSIs from different professions, as well as the groups of NHS specialist staff who may also be commissioned to provide care closer to home.
- Identifies how specialty-specific guidance may be used to support the commissioning process.
- Provides case studies, examples of best practice and useful links to other resources.

Part 2: Step-by-step guide to commissioning services using Practitioners with Special Interests (PwSIs)

- Uses the DH commissioning cycle to focus on the issues for consideration when redesigning patient pathways using PwSIs.

Part 3: The accreditation of GPs and Pharmacists with Special Interests

- Provides a revised definition of a GPwSI which now also incorporates a Pharmacist with a Special Interest (PhwSI).
- Explains why accreditation is necessary and the roles and responsibilities of commissioners, individual clinicians and accreditors.
- Provides a step-by-step guide to the processes that need to be followed to deliver effective accreditation of GPwSIs and PhwSIs.

2. Introduction

2.1 Background and policy context

Following the publication of the *NHS Plan* in 2000, the Department of Health (DH) worked with the Royal College of General Practitioners to develop GPs with Special Interest (GPwSI) advice and support for local heath communities.

The end result was both broad strategic advice for primary care trusts (PCTs) and GPs and a series of detailed frameworks setting out the need for appropriate clinical audit and governance for those intending to carry out particular clinical procedures. In addition, the National Primary and Care Trust (NatPaCT) Development Programme published additional practical advice, and worked closely with local health communities to establish new integrated care pathways delivered by GPwSIs.

While the initial emphasis was placed on the development of new roles for GPs, it was clear that many other clinicians could also develop new roles; other frameworks have been produced for dentists, pharmacists, nurses and allied health professionals. With these further developments, however, it became clear that the original term 'GPs with Special Interests' was no longer appropriate, and the broader term 'Practitioners with Special Interests' (PwSIs) was developed.

Those documents and frameworks, previously published on NatPaCT and DH websites, are now being replaced. This updated guidance provides practical support to commissioners and providers of NHS services to implement a key element of the health reform programme: convenient, quality services closer to home that are delivered by Practitioners with Special Interests (PwSIs). It builds on and complements the following publications:

- *Our health, our care, our say* (January 2006)
- *Standards for Better Health* (April 2006)
- *Tackling hospital waiting: the 18 week patient pathway – an implementation framework and delivery resource pack* (May 2006)
- *Health reform in England: update and commissioning framework* (July 2006)
- *Practice based commissioning: practical implementation* (November 2006)
- *The NHS in England: operating framework for 2007–08* (December 2006)
- *Commissioning framework for health and well-being* (March 2007)
- *Trust, Assurance and Safety – The Regulation of Health Professionals* (February 2007)
- *Safeguarding patients* (February 2007)

2.2 Anticipated benefits of shifting care closer to home

Timely: reducing waits and delays and contributing to the delivery of the 18 week Public Service Agreement (PSA) target, especially for diagnostics and outpatient care where long waits have an impact on the NHS's ability to meet this target.

Efficient: streamlining patient pathways by removing unnecessary steps (eg stopping follow-ups when not needed, direct placement on waiting lists, using referral protocols). Improving care through better use of skill mix (eg follow-up by community physiotherapy after joint replacement) and preventing the need for more costly interventions.

Effective: providing services that are clinically appropriate and based upon evidence of proven benefit; refraining from providing services to those not likely to benefit (ie avoiding under- and overuse).

Equitable: providing consistent care regardless of demographic, socio-economic or geographical status.

Patient-centred: providing care that is respectful of, responsive to and guided by patient preferences, needs and values. Ways in which this can be achieved include improved access, enabling patients to be treated closer to home without having to attend hospital, and offering patients a choice of provider which includes the local specialist services from PwSIs.

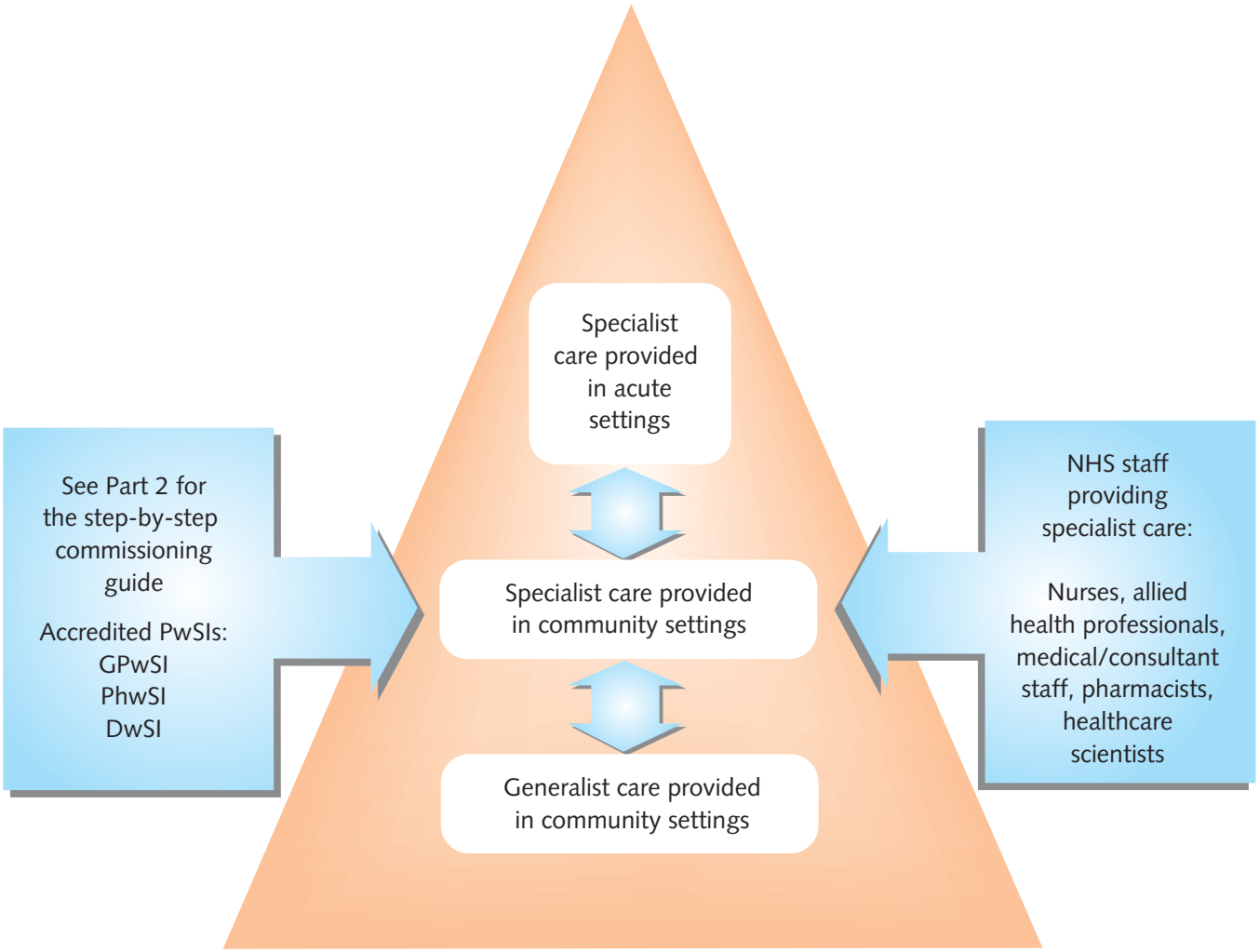
Safe: avoiding harm to patients.

3. Who can deliver these services?

There are a number of options available to commissioners of NHS services that can help deliver more convenient and accessible services, closer to where patients live.

It is essential, however, for commissioners to ensure that the same quality and service standards apply to all NHS specialist care delivered in community settings, whether that care is provided by accredited PwSIs or by NHS specialist staff.

Figure 1: Summary of professionals providing specialist care in community settings



3.1 Practitioners with Special Interests

All Practitioners with Special Interests (PwSIs) share a common set of principles.

- An effective PwSI will always draw extensively on their generalist skills and expertise, and it is this that enables them to play the role of gatekeeper to more specialist services in a particularly effective way.
- A PwSI is able to act without direct supervision, as they work principally in community settings away from the immediate support of more senior clinicians.
- The level of skill or competence required to deliver that service will always exceed the core competencies of the individual's normal professional role.
- An appropriate qualification will constitute one of the ways in which an individual can demonstrate their suitability for this new role, but a qualification alone will never demonstrate suitability for the role.
- Accredited PwSIs deliver clinical services directly to patients and it is the personal interaction and clinical relationship between a PwSI and a patient that makes accreditation necessary.

Many accredited PwSIs will find themselves developing new leadership roles within their local communities, contributing to strategic planning and participating actively in the appropriate clinical network(s). Important as this aspect of the role may be, however, it should not be part of the core definition against which all PwSIs are accredited.

Part 2 of this guidance (*Step-by-step guide to commissioning services using Practitioners with Special Interests*) considers services delivered by accredited PwSIs who are providing convenient quality care for patients in community settings. These include the following professional groups.

GPs with Special Interests (GPwSIs)

The national framework for GPwSIs was first launched in 2002, and Part 3 of this publication (*The accreditation of GPs and Pharmacists with Special Interests*) provides a revised definition and guidance on accreditation.

Dentists with Special Interests (DwSIs)

A national framework for DwSIs was published jointly by DH and the Faculty of General Dental Practitioners in 2004. The competency frameworks and appointments guide for PCTs in four dental sub-specialty areas (minor oral surgery, orthodontics, periodontics and endodontics) are now available, supported by a step-by-step guide for PCTs wishing to move more specialist care into convenient settings for patients (see Annex 1B). Awaiting publication are guidelines for DwSIs in special care dentistry and work is currently underway on DwSIs in sedation. The dental guidance documents follow the same principles as those in this guide, and commissioners should refer to these for further information.

Pharmacists with Special Interests (PhwSIs)

The national framework for PhwSIs was launched in September 2006, and includes a definition and accreditation process paralleling that for GPwSIs. Individual PhwSIs may be accredited from 2007 onwards, in accordance with the updated guidance in Part 3: *The accreditation of GPs and Pharmacists with Special Interests.*

Community optometrists

In January 2007, DH launched its findings from the General Ophthalmic Services Review. The main result was a commissioning toolkit that provides practical advice for PCTs and practice-based commissioners on the commissioning of community-based eyecare services. It also sets out the commissioning cycle and how this can be applied to eyecare services. The toolkit builds on the evaluation of the chronic eyecare pilots, published at the same time, which tested community-based pathways for glaucoma, age-related macular degeneration and low vision services. If in future a national framework for Optometrists with Special Interests is developed, the process described in Part 2 of this guide may also be relevant for them.

Further details are available at:
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/index.htm

3.2 NHS staff providing specialist care

The step-by-step process outlined in Part 2 (*Step-by-step guide to commissioning services using Practitioners with Special Interests*) relates to services delivered by the groups of accredited PwSIs identified above. Many specialised services in community settings may also be delivered by NHS-employed staff such as nurses, non-consultant career grade medical staff, allied health professionals (AHPs), pharmacists and healthcare scientists who have developed specialised roles within multidisciplinary teams across a range of providers.

Where these practitioners can demonstrate the necessary requirements for clinical supervision, professional accountability and governance (including the Clinical Negligence Scheme for Trusts (CNST) through the NHS Litigation Authority), and the service itself is accredited, then commissioners may wish to consider alternative commissioning routes to the PwSI model. For these service models, service level agreements (SLAs) and service specifications with NHS provider organisations will be expected to cover the key requirements described in Part 2 of this guide. In addition, hospital consultants and NCCGs may increasingly carry out some of their NHS work in community settings.

Nurses providing specialist care in community settings

The DH document *Liberating the talents: Helping primary care trusts and nurses to deliver the NHS Plan* (2002) demonstrated the way nurses were working in new roles. Since 2003 we have seen these roles change and develop as services outside hospital settings have evolved. Competency for nurses working in more specialist roles will be assessed through the knowledge and skills framework, with nurses in the independent sector expected to deliver the same standard as those employed within the NHS. All nurses are expected to work within their scope of professional practice and be able to demonstrate relevant expertise when moving into new areas. *Modernising Nursing Careers* (2006) is a framework identifying the future workforce which will include the role of nurses in planning and delivering specialist care in out-of-hospital settings. Commissioners may wish to explore commissioning specialist nursing services in community settings that were previously only available in secondary care settings. Examples of this might include nurse-led skin surgery, children's eczema services, consultant nurse-led heart failure services and home chemotherapy services.

Allied health professionals (AHPs)

AHPs have a long history of developing specialist expertise in particular clinical areas across health, education and social care. In 2003, guidance on the development of AHPs with Special Interests (AHPwSIs) was produced – *Implementing a scheme for Allied Health Professionals with Special Interests* – in order to support commissioners developing services in the community as an alternative to hospital-based care. While the case studies used highlight how AHPs can lead care pathways in the community, there are other extended and specialist roles, such as the consultant AHP or Advanced Practitioner, that might also be appropriate. Roles will be assessed through the knowledge and skills framework and commissioners will need to take a more competency-based approach to reflect the current work on modernising healthcare careers.

As with all posts, AHPs must work within their scope of practice, maintain their competency for registration and operate within the local clinical governance framework. This applies to AHPs working in the NHS and the independent and voluntary sectors.

Healthcare scientists

A career framework for healthcare scientists in the NHS was launched in 2005 and forms the cornerstone of a modernising scientific careers programme that will provide competence-based pathways for the 50,000 NHS healthcare scientists, ranging from support workers to medical consultant equivalents, who have traditionally provided diagnostics and other services in secondary care. To further encourage the development of more primary care-based scientific services, a framework document will be introduced during 2007 to guide NHS and partner commissioning organisations in moving care closer to patients, supported by the latest advances in technology.

4. Practice-based commissioning

Practice-based commissioning (PBC) provides a major opportunity for practices to initiate and support the move of specialised services, where appropriate, to more convenient locations such as medical and dental practices, and local community pharmacies. Practice-based commissioners will also be able to make maximum use of the generalist skills of PwSIs alongside their specialist competencies.

Governance and accountability will be key issues that practice-based commissioners must consider when commissioning services using PwSIs. *Practice-based commissioning: practical implementation* (2006) confirms that, to avoid conflicts of interest in the re-provision of services, there should be clear accountability to the PCT board through a committee or sub-committee of the PCT.

PBC business cases should define the boundary between generalist and specialist services when delivered within a GP practice. PCTs are expected to pay particular attention to ensuring the new service is appropriate and represents value for money. New services provided by a PwSI commissioned under PBC should normally be accredited according to the new guidelines.

5. Specialty-specific guidance

Guidance for individual clinical specialties provide more detailed information to support commissioners of more specialised services in community settings.

Full details of specialty-specific guidance currently available or in progress are available at: www.primarycarecontracting.nhs.uk/173.php.

Where they exist, they are a tool to guide individuals and accreditors towards the kind of evidence that would need to be seen and tested during the accreditation process. For any specialist services where clinical guidelines have not yet been developed, accreditors may need to take independent advice from appropriate national or local specialists to support their task.

Guidance for dental specialties are available at:
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Dental/index.htm

Skills for Health is also developing national occupational standards and competencies.
More information is available at: www.skillsforhealth.org.uk/

Annex 1A: Case studies and examples of good practice

A wide range of case studies and examples of good practice have been published to demonstrate the current progress and the outcomes of the move of more specialised care closer to home. This summary highlights examples illustrating some of the approaches that have been taken. Further details can be found in the *Care Closer to Home: Case Studies* publication (DH, September 2006) (www.dh.gov.uk/en/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCare OurSay/DH_4139717) unless otherwise indicated.

A whole-system approach by commissioners

Redesign to support the move of some diagnostic services into community settings – North West SHA at: www.northwest.nhs.uk

Fast Forward: So you thought you knew all about primary care (NHS Alliance, March 2005) includes many practice examples involving PwSIs. It is available to NHS Alliance members at: www.nhsalliance.org

Specific professional groups

The *Care Closer to Home: Case Studies* include many examples where GPwSIs are already providing more specialist care. The case studies are drawn from CCTH pilots in the following specialties: dermatology, ENT (ear, nose and throat), general surgery, urology, gynaecology and orthopaedics.

A number of pilots included within the NHS Modernisation Agency's *Action On* improvement programmes explored service models using GPwSIs and other staff with specialist skills. A series of good practice guides is available at:
www.institute.nhs.uk
but note that references to GPwSI accreditation should be updated in line with Part 3 of this guide (*The accreditation of GPs and Pharmacists with Special Interests*). Specialties covered include dermatology, ENT, neurology and orthopaedics.

Many of these examples also illustrate redesigned care pathways where consultants, GPwSIs and a range of other professionals are working within integrated multidisciplinary teams to deliver care in new ways.

GPwSIs

GPwSI-led ENT service, Bradford & Airedale PCT

Westwood Park diagnostic and treatment centre (DTC) in Bradford has been up and running for six years and takes 30,000 referrals a year. It is a purpose-built building with a large recovery area which provides a range of clinical services and diagnostics, including gastroscopy, cystoscopy, cataract surgery and, more recently, gynaecology services.

The DTC's ENT service offers procedures such as nasal endoscopies and is delivered by a team of six GPwSIs who have worked as independent practitioners for between 18 months and five years. They clinically triage all GP ENT referrals – over 100 a week at present – most of whom are new patients. The service retains about 60 per cent of these referrals for further care, assessment or diagnosis and the remaining 40 per cent are offered choice and referred directly to secondary care. In all cases the team is supported by regular 'joint clinics' attended by consultants from Bradford Royal Infirmary.

Dr Andy McElligot, a GPwSI, commented: "The main benefits to patients are that they can often be seen closer to their home and more quickly, although neither of these is true in every case. The environment of the community hospital is infinitely more pleasant than that of the acute trust and patients can park for free. Another plus is that appointments are very rarely cancelled by us and rearranged, as happens all too often in hospitals."

Contacts: Dr Andy McElligot, GPwSI, at andy.mcelligott@bradford.nhs.uk
Sue Nguyen, Head of GPwSI, Bradford South & West PCT, at sue.nguyen@bradford.nhs.uk

Integrated consultant and GPwSI dermatology service, Mid Yorkshire NHS Trust and Wakefield District PCT

Long waiting lists for dermatology were the trigger for the development of an integrated service for dermatology with a dedicated unit based in the community now exists between the Mid Yorkshire Trust and the then Eastern Wakefield PCT. At the same time, two consultants and five GPs co-operated to design the format of the service, which is directed towards patients whose conditions do not require specialist care.

GPs are able to refer directly to the GPwSI service and consultants are able to redirect referrals to the GPwSI service after triage and also from clinics for minor surgery/follow-up. A fortnightly rapid access clinic was set up for urgent referrals from the GPwSI service for specialist opinion or treatment.

A programme of ongoing training (through monthly joint clinics), teaching (six tutorials a year), appraisal, accreditation and re-accreditation was agreed at the outset. The lead clinicians and managers meet quarterly to review the service.

The GPwSI service is funded entirely by the PCT. Benefits include fewer inappropriate referrals to specialists and the opportunity for specialists to refer patients back to GPwSIs for continuing treatment. The success of this service is due mainly to the mutual co-operation and regard that exists between the personnel involved from the acute and primary care trusts.

Contact: Susan MacDonald-Hull, Consultant dermatologist, Mid-Yorkshire NHA Trust, at susan.macdonald-hull@midyorks.nhs.uk

Nurses

Nurse-led follow-up of mastectomy service, University Hospital of Hartlepool, North Tees and Hartlepool NHS Trust

The patient pathway has been redesigned so that the average length of stay is now reduced from 4 days to 23 hours, and maximum use is made of specialist nursing skills in both hospital and community settings. The risk of hospital-acquired infection is thus greatly reduced and patients are mobile more quickly, therefore reducing the risk of deep vein thrombosis and post-operative complications. Psychologically, patients are being discharged to a familiar environment and routine.

Contact: Sister Deborah Blackwood, Ward Manager, Women's Health Unit, University Hospital of Hartlepool, at Deborah.Blackwood@nth.nhs.uk

www.dh.gov.uk/en/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay/DH_4139717

Community intravesical immunotherapy/chemotherapy service, Freeman Hospital, Newcastle upon Tyne Hospitals Foundation Trust

A community nurse specialist who works out of Freeman Hospital's department of urology now provides a comprehensive, community-based service to appropriate patients. This includes changing catheters, instructing patients in self-catheterisation (ISC), ultrasound measurement of residual urine volume and continence advice.

In 2005, there were 900 patient treatment episodes provided in this way, of which 414 were for intravesical therapy (324 BCG and 90 intravesical chemotherapy). The community-based intravesical therapy service has facilitated a significant decrease in attendances at the hospital in addition to reducing transport costs and inconvenience to the patients concerned.

Patient satisfaction with the community-based intravesical therapy service has been extremely high. Patients have welcomed the option to be treated in the privacy, comfort and convenience of their own home whilst being confident that they are still under the care of the hospital's specialist urology team.

Contact: Garrett Durkan, Consultant Urological Surgeon, at Garrett.Durkan@nuth.nhs.uk

Pharmacists

Although PhwSIs may be accredited only from spring 2007 onwards, existing and emerging service models, which are similar to the PhwSI models, are described within *A national framework for Pharmacists with Special Interests*. These illustrate how pharmacists are contributing to more specialised care closer to home within services for substance misuse, anticoagulation, Parkinson's disease, diabetes, sexual health, pain management and older people.

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 72 pharmacies, 8 of which provide injecting support. The co-ordinating pharmacy supports the pharmacist network through:

- an SLA with each participating pharmacy and with the Drug and Alcohol Action Team (DAAT);
- telephone support;
- information leaflets, meetings and monthly newsletter (*At the Sharp End*);
- a pharmacy shared-care arrangement where stable patients can be transferred from the central (7 day per week) pharmacy to a local pharmacy and back again if any problems develop; and
- funding of courses (eg two pharmacists undertook the RCGP Part 2 Certificate in the Management of Drug Misuse).

Contact: Martin Bennett at Associated Chemists (Wicker) Ltd, 55–67 Wicker, Sheffield S3 8HT martin@wicker.co.uk and www.sheffieldlpc.co.uk/cpsdu.html

Pharmacist working within a multidisciplinary dermatology service, Hull Teaching PCT and East Riding of Yorkshire PCT

Many dermatology patients in this area can now see a GPwSI, consultant or specialist pharmacist in a local GP surgery or health centre. The pharmacist practitioner carries out cryotherapy and, as a supplementary prescriber, continues the ongoing management of patients after they have been seen by the consultant or GPwSI

Contact: Dr Rod Tucker at rod.tucker@hmps.gsi.gov.uk

Allied health professionals

Orthopaedic Clinical Assessment and Treatment Service, Bolton Primary Care Trust

The Orthopaedic Clinical Assessment and Treatment Service (Orthopaedic ICATS) has been developed as a community-based service, providing specialist orthopaedic assessment, diagnosis and treatment planning. It has been designed around a group of patients who would previously have been referred to a hospital-based, outpatient orthopaedic department.

The service is led by two consultants within a multidisciplinary team consisting of a GPwS, a consultant physiotherapist and extended scope physiotherapists. Benefits include a reduction in referrals to secondary care, a one-stop-shop assessment and treatment planning service within the community and a more appropriate case-mix for local secondary care consultants.

Contact: Janet Edwards, Assistant Director, Bolton Primary Care Trust, at 01204 462323

Kingston and Richmond Community, Musculo-skeletal Triage Team (MUSTT)

The MUSTT service is a GP direct access service, which allows GPs and other clinicians from both PCTs and the acute trust to refer directly to the triage team, leading to faster access and shorter waiting times for patients.

The clinics are run by extended scope physiotherapists (ESPs). They assess patients but also have additional qualifications and competencies, enabling them to refer on for relevant investigations including MRI, X-rays and ultrasounds. They can also undertake some interventions, such as injections.

Benefits of the scheme have included a reduction in GP referrals to trauma and orthopaedics of 25 per cent since 2004/05 and 85 per cent of MUSTT referrals are now being seen within 8 weeks

Contacts: Susan Went at susan.went@kpct.nhs.uk and 020 8339 8076
Caroline Bracewell at caroline.bracewell@kingstonhospital.nhs.uk and 020 8546 7711 ext 3474

Healthcare scientists

A spirometry service commissioned for delivery in primary care

A principal respiratory physiologist in Stoke on Trent leads a respiratory disease management service in primary care. It provides patients equal access to a high quality spirometry diagnostic testing service that would have otherwise have had to be provided by the lung function laboratory at the acute trust. This is a cost-effective service that also helps meet General Medical Service (GMS) contract targets for chronic obstructive pulmonary disease (COPD) management.

Benefits have included reduced waits to secondary care services and the opportunity to provide earlier detection of COPD through providing access to more conveniently sited diagnostic testing. This facilitates earlier treatment, recognised as a cost-effective means of reducing the burden of managing the longer-term consequences of untreated disease. Key to the future success and likely growth of the service across the city is the training infrastructure for practice nurses (including teaching, mentoring and competence assessment) that now allows practitioners other than healthcare scientists to provide diagnostic testing, using the latest advances in relatively easy-to-use technologies.

Contact: Angela Evans at angela.evans@northstaffs.nhs.uk and 07921 948345

Provision of an anti-coagulant management service in primary care

In Somerset, a consultant biomedical scientist has established conveniently sited 'one stop' anticoagulant management clinics for patients previously waiting for up to two hours in outpatient settings. The infrastructure of the new service was established in agreement with all its stakeholders and provides INR testing (the diagnostic test for assessing anticoagulant status), interpretation of the results and advises patients on their warfarin dosing at the point of care. Measured benefits have included improved compliance and concordance with warfarin therapy, reductions in adverse events and hospital admissions, and increased intervals between episodes of care.

Contact: Nicky Fleming at nicky.fleming@yahoo.co.uk and 01373 466069

Examples relating to specialties

Dermatology

Action On Dermatology Good Practice Guide, NHS Modernisation Agency (2003) includes a number of practice examples.

www.archive.modern.nhs.uk/scripts/default.asp?site_id=30&id=9650

Neurology

Improving Neurology Services – a practical Guide, NHS Modernisation Agency (2005)

www.wise.nhs.uk/cmswise/clinical/themes/neurology/services.htm

ENT

Action On ENT Good Practice Guide, NHS Modernisation Agency (2002)

www.archive.modern.nhs.uk/scripts/default.asp?site_id=30&id=8210

Annex 1B: Practical implementation tools and links to other resources

Updated guidance for clinical specialties

For latest information see www.primarycarecontracting.nhs.uk/173.php

National frameworks and related resources for individual professions

Dentists

Department of Health 2004, *Implementing a Scheme for Dentists with Special Interests*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4083116

NHS Primary Care Contracting 2006, *A step by step guide to setting up a DwSI service*
www.fgdp.org.uk/dwsi/docs/dwsi_step_guide.pdf

Department of Health 2005, *Primary care dental services: Commissioning specialist dental services*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4123971

Department of Health 2006, *Guidelines for dental specialties (Orthodontics, Periodontics, Minor oral surgery, Endodontics)*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133751

Pharmacists

Department of Health 2006, *A national framework for Pharmacists with Special Interests* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138868

PhwSI: a tool to guide practitioners

All available at www.primarycarecontracting.nhs.uk/119.php

Guidance for other professions providing specialist care in community settings

Nurses

Department of Health 2003, *Implementing a scheme for Nurses with Special Interests in primary care. Liberating the talents* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007104

Allied health professionals

Department of Health 2003, *Implementing a scheme for Allied Health Professionals with Special Interests* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4061610

Community optometrists

Department of Health 2007, *General Ophthalmic Services Review – Commissioning toolkit for community based eyecare services* www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/index.htm

National Eyecare Services Steering Group report www.dh.gov.uk/assetRoot/04/08/09/99/04080999.pdf

Chronic eyecare pilots including evaluation www.eyecare.nhs.uk

Healthcare Scientists

A career framework for healthcare scientists in the NHS
www.dh.gov.uk/cso

Premises guidance

DH Estates & Facilities Directorate, Knowledge & Information Portal provides details of all estate guidance and can be found at
www.knowledge.nhsestates.gov.uk

Primary and Social Care Premises, Planning and Design Guidance website at
www.primarycare.nhsestates.gov.uk/secure/content.asp

See also guidance for clinical specialties

DH Commissioning guidance

Department of Health 2006, *Health Reform in England: update and commissioning framework*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137229

Department of Health 2006, *Practice based commissioning: practical implementation*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062703

Department of Health 2006, *The NHS in England: operating framework for 2007–08*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063267

Department of Health 2007, *Commissioning framework for health and well-being*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

Department of Health 2006, *Care and resource utilisation: ensuring appropriateness of care*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063265

Delivering the 18 week patient pathway: Department of Health website
www.18weeks.nhs.uk

Care Closer to Home Project
Overview, update and case studies are available at:
www.archive.modern.nhs.uk/scripts/default.asp?site_id=30&id=9650

Other resources

NICE commissioning guides
www.nice.org.uk/page.aspx?o=commissioningGuides

Service redesign tools
www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/processandsystems/processandsystems.htm and www.networks.nhs.uk

Making the Shift
These two reports produced for the NHS Institute by the University of Birmingham Health Services Management Centre (2006) include a rapid review of NHS experience and key success factors in shifting hospital care into the community. Available at
www.hsmc.bham.ac.uk/news/MakingtheShift.6881.pdf and
www.hsmc.bham.ac.uk/news/MakingtheShift.6882.pdf

Annex 1C: Membership of Practitioners with Special Interests (PwSIs) Steering Group

Matt Walsh	Chair and Executive Director of Commissioning, Leeds PCT
Beth Taylor	National Development Lead, PhwSI, NHS Primary Care Contracting
Graham Archard	Vice Chairman, Royal College of General Practitioners
Mary Armitage	Vice President, Royal College of Physicians
Tim Cunliffe	GPwSI, Middlesbrough PCT
Paul Creighton	Associate Director of Post Grad GP Education, Northern Deanery
Steve Henderson	Associate Director of Clinical Engagement, North West SHA
Julia Schofield	Consultant Dermatologist, West Hertfordshire NHS Hospitals Trust
Sue Macdonald-Hull	Consultant Dermatologist, Mid Yorkshire Hospitals NHS Trust
Helen Northall	Programme Lead, NHS Primary Care Contracting
David Balfour	PEC Chair, New Forest PCT
John Taylor	Section Head, Access into Primary Medical Care, DH
Philip Walker	Policy Manager, Access into Primary Medical Care, DH
Gilbert Wieringa	HCS Programme Lead, DH
Sue Hill	Chief Scientific Officer, DH
Anna McDevitt	Section Head, Care Closer to Home, DH
Sheila Dilks	Nursing Officer, DH
Tony Jenner	Acting Deputy Chief Dental Officer, DH
Karen Middleton	Chief Health Professions Officer, DH

280991 1p 0.5k Apr07 (CWP)
Produced by COI for the Department of Health
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