



Dumfries and Galloway  
Integration Joint Board

6<sup>th</sup> February 2020

This Report relates to  
Item 7 on the Agenda

# Achieving Excellence in Pharmaceutical Care

*(Paper presented by Graeme Bryson)*

*For Discussion and Noting*

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<b>List of Background Papers:</b>	<a href="#">Achieving Excellence Pharmaceutical Care - A Strategy for Scotland</a>
<b>Appendices:</b>	<b>Appendix 1 – RAG Analysis of Progress with Achieving Excellence Work Streams (October 2019)</b>

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

**1. Introduction**

- 1.1 This report is to inform the Integration Joint Board of the National Strategy for Pharmaceutical Care published in August 2017.
- 1.2 Additionally it notes progress made to date on the commitments outlined within the strategy and the areas which are being worked towards.

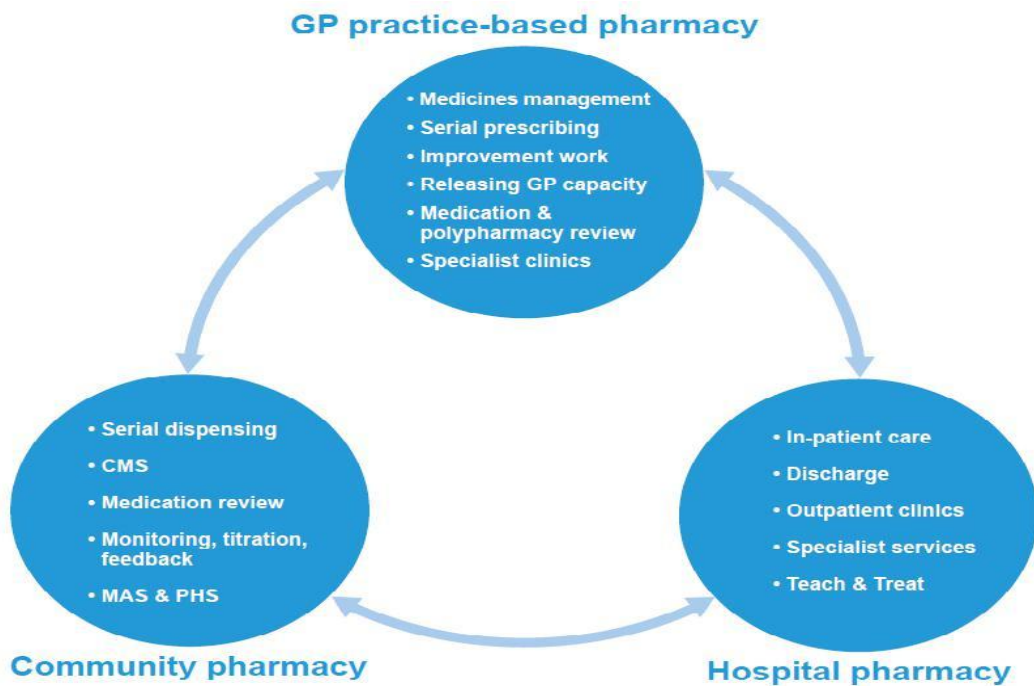
**2. Recommendations**

- 2.1 **The Integration Joint Board is asked to:**
  - **Note the strategic direction for pharmacy within Scotland**
  - **Note the progress made locally**
  - **Recommend that a progress report be presented to a future IJB**

**3. Background and Main Report**

**3.1 Pharmacy Services within Dumfries and Galloway**

Pharmacy services can be divided into three main branches as illustrated below:



The community pharmacies are independent contractors, with support provided through the Service Development Pharmacist and Community Pharmacy Champions.

Hospital pharmacy staff are employed by NHS Dumfries and Galloway and sit within the Acute and Diagnostics Directorate.

The GP practice-based pharmacy team are directly employed by NHS Dumfries and Galloway and managed by the Community Health and Social Care Directorate.

**3.2 Achieving Excellence In Pharmaceutical Care – A Strategy for Scotland**

The direction of travel for all branches of pharmacy is set out in the 2017 national strategy for pharmaceutical care and builds on the 2013 strategy Prescription for Excellence.

The update takes account of the changing landscape in health and social care, and how pharmacy integrates into this.

The refresh takes account of the challenging health and social care landscape, and is aligned to national policies:

- Health and Social Care Delivery Plan
- The National Clinical Strategy
- Realistic Medicine
- Mental Health Strategy
- Actions to improve unscheduled care

The purpose of the strategy is to '*Present a revitalised focus on the priorities that will make improvement happen in NHS Pharmaceutical Care*'.

The strategy's priorities fall into two key areas:

#### Improving NHS Pharmaceutical Care

- Improvements to NHS Pharmaceutical Care Services across Scotland
- Delivering safer use of medicines for the people of Scotland

Enabling NHS pharmaceutical care transformation.

Ensuring capability and capacity by further developing the pharmacy workforce.

- Developing a digitally enabled infrastructure
- Planning and delivery requirements for sustainable NHS pharmaceutical care services

Underpinning the two key areas are **9 commitments** as below, and complimentary actions.



The strategy does not aim to address the financial challenges around prescribing spend, although it would be hoped that increasing pharmacy resource, and expanding roles and responsibilities would optimise the safe and efficient use of medicines.

Medicines are the most common intervention in healthcare, and the largest cost secondary to staffing. In 2018-19 NHS Dumfries and Galloway's total spend on prescribing was £57.4m with £38.5m being spent within Primary Care. The total prescribing budget for 2019-20 has been set at £54.4m with the Primary Care Prescribing budget being allocated £37.2m.

Medicines although an important intervention in the healthcare of our population, can also cause harm, leading to around 61,000 admissions nationally each year. It is therefore important we optimise the safe, effective and efficient use of medicines by utilising the knowledge, responsibility and skills of pharmacists. This input is often referred to as pharmaceutical care.

### 3.3 Development of Local Pharmacy Strategy

In 2018 *Achieving Excellence* was adopted as the framework for Dumfries and Galloway's Pharmacy Strategy. This built on development work undertaken in late 2017.

The aim of the local strategy is to establish Dumfries and Galloway as a centre for pharmacy services within Scotland thus providing excellent care for patients.

A local Achieving Excellence Forum was established in Summer 2019 with representatives from all three areas of pharmacy practice to ensure collaborative thinking between the various aspects of the service.

The development session was then held to determine progress and identify priorities in line with the Health and Social Care Partnership's agenda.

This was presented to the Health and Social Care Senior Management Team in October 2019.

### 3.4 **Progress with Achieving Excellence in Dumfries & Galloway**

The RAG (Red, Amber Green) status of the work streams within the strategy are described in **Appendix 1**.

## 4. **Conclusions**

4.1 This report provides awareness of the national direction of travel for pharmacy services across community, hospital and primary care.

4.2 This report describes progress and challenges faced as we work toward our aim of establishing Dumfries and Galloway as a centre of pharmacy excellence in Scotland.

## 5. **Resource Implications**

5.1 National funding accompanies certain areas of the strategic actions above e.g. increased staff to 'integrate into GP practices', new community 'Pharmacy First' services.

5.2 Elements relying on improvement or as service development rather than a 'new' service are not funded e.g. 'improved pharmaceutical care at home or in a care home'.

5.3 Any monies that have come to the Health Board under the umbrella of Pharmacotherapy as part of the new GMS Contract 2018, sit within the Primary Care Investment Funding.

## 6. **Impact on Integration Joint Board Outcomes, Priorities and Policy**

6.1 The strategy integrates with other national policy drivers as described in section 3.2.

6.2 Additionally it specifically impacts on the following all of the National Health and Wellbeing Outcomes

**Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer

**Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

**Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected

**Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

**Outcome 5:** Health and social care services contribute to reducing health inequalities

**Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

**Outcome 7:** People using health and social care services are safe from harm

**Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

**Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services

## **7. Legal and Risk Implications**

7.1 There are no legal or risk implications identified.

## **8. Consultation**

8.1 In addition to local pharmacy stakeholders the Health and Social Care Senior Management Team has been consulted in the development of this document.

## **9. Equality and Human Rights Impact Assessment**

9.1 An equality impact assessment has not been completed as this paper relates to a strategic direction and not specific policy or service provision. However an assessment will be completed where appropriate if required.

## **10. Glossary**

<b>ADTC</b>	<b>Area Drugs and Therapeutics Committee</b>
<b>CRES</b>	<b>Cash Releasing Efficiency Savings</b>
<b>E&amp;T</b>	<b>Education and Training</b>
<b>HBP5</b>	<b>NHS Scotland Hospital Prescription Pad (HBP5 is the reference code adopted to describe)</b>
<b>RAG</b>	<b>Red Amber Green</b>
<b>SAM</b>	<b>Sustainability and Modernisation</b>
<b>SLA</b>	<b>Service Level Agreement</b>
<b>WoS</b>	<b>West of Scotland</b>

## Dumfries and Galloway Integration Joint Board



### DIRECTION

**(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)**

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	

## Appendix 1 – RAG Analysis of Progress with Achieving Excellence Work Streams (October 2019)

Work stream	What has gone well?	What has been challenging?	Where are we going next?	RAG Status
Enhanced pharmacy services in rural communities	Launch of common clinical conditions clinic in Newton Stewart through Pharmacist Independent Prescriber funding	Acute discharges via Galloway Community Hospital and cottage hospitals	Develop work on Anytime Anywhere to allow community pharmacy to provide services through IT	GREEN
Sustainable services that meet the needs of the population	Additional support to 2C GP practices  New model of pharmacy provision for Galloway Community Hospital  Introduction of a pharmacy service model for substance misuse	Recruitment & retention of the workforce – now very close to destabilising established core services  Organisational awareness of lead in time for developing trainee staff	Continue to work with workforce colleagues to ensure pharmacy is included in recruitment & skill development fares	GREEN
Improved Service delivery through digital information & technologies	Electronic prescribing roll out to Women's & Children's Directorate  Significant upgrade to electronic prescribing system  Pilot of HBP5 outpatient prescribing  Remote access tests of change for pharmacotherapy and community pharmacy  Serial prescription launch	HBP5 out-patient prescribing (which necessitated the need for the pilot)  Lack of early engagement with IT on primary care transformation	Electronic prescribing to community hospitals  Roll out of HBP5 for outpatients  Continue to progress community pharmacy access to portal  Progress with serial prescribing roll-out	GREEN



Leading on the safer use of medicines	<p>Medicines Safety Group established under the ADTC review with directorate lead pharmacists linked to the Patient Safety Group agenda</p> <p>SLA with WoS Regional Quality Assurance pharmacy team to ensure standards are maintained within pharmacy processes</p>		<p>Re-establish a mental health prescribing group</p> <p>Maximise opportunity presented by Quality Improvement service in community pharmacy</p>	GREEN
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Work stream	What has gone well?	What has been challenging?	Where are we going next?	RAG Status
Pharmacy Teams Integrated into GP practice	<p>All 32 practices now are considered pharmacotherapy enabled* by end of year2 of Primary Care Transformation</p> <p>National recognition for the Wigtownshire pharmacotherapy hub model</p> <p><i>*not full provision of level1 service as described in Primary Care Transformation documentation</i></p>	<p>Current structure makes it difficult to deliver maintain a balance required to ensure continual improvements in prescribing &amp; CRES</p> <p>Stakeholder expectation</p> <p>Managing the risk of destabilising of acute and community pharmacy services</p>	<p>Complete Primary Care Team structure review</p> <p>Complete year3 implementation plan taking into account learning from experience so far</p>	AMBER
Transforming Hospital Pharmacy services	<p>Implementation to new directorate structure secured</p> <p>Initial work on the change of skill mix to support 'pharmacist free' dispensary</p> <p>7 day working established</p>	<p>Recruitment challenge as a result of primary care transformation</p>	<p>Acute Pharmacy Team Development Sessions</p> <p>Redesign of discharge process through scoping &amp; test of change towards e.g.</p> <ul style="list-style-type: none"> <li>-Redefine pathway for scheduled patients</li> <li>-Technician led discharge</li> <li>-Discharge lounge</li> </ul> <p>Explore feasibility of Developing mental health pharmacy services</p>	AMBER

Improving & increased use of community pharmacy services	<p>Community pharmacy urgent supply service established (unscheduled care)</p> <p>Substance misuse prescribing clinics funding via Alcohol &amp; Drug Partnership</p> <p>Full use of central funding for pharmacist independent prescribing clinics to support Primary Care Transformation agenda</p>	<p>Recruitment challenge as a result of primary care transformation</p> <p>Medication support enhanced service significantly overspent</p>	<p>National common clinical conditions clinic (merge of minor ailment scheme and pharmacy first service) to provide universal access point for patients as pharmacy on unscheduled care episodes</p> <p>Develop the pharmacy champion function to support community pharmacy within the HSCP</p>	AMBER
<b>Work stream</b>	<b>What has gone well?</b>	<b>What has been challenging?</b>	<b>Where are we going next?</b>	<b>RAG Status</b>
Pharmacy Workforce with enhanced clinical capacity & capability	<p>Recruitment of new E&amp;T pharmacist post &amp; senior technician for primary care</p> <p>Portfolio working including rotational posts across primary care &amp; acute services</p>	Slow uptake of pharmacist prescribing in acute pharmacy services	<p>Development of advanced clinical posts for both pharmacists and technicians</p> <p>Increasing mental health capability within the general services</p> <p>Continue to increasing pharmacist prescribers in all sectors</p> <p>Structured E&amp;T plan for technicians and pharmacy support workers</p>	AMBER
Improved pharmaceutical care at home or in a care home	<p>All primary care localities offering medication reviews of patients referred into the service</p> <p>Pilot of Florence reminder service</p> <p>Establishment on professional links between primary care pharmacy team and mental health</p>	Capacity - Dedicated care home work has lost momentum due to significant changes as a result of primary care transformation	Review of pharmacy services input into care home to make maximum use of skill mix and opportunities	RED

Support the cost-effective use of medicines in D&G	Medicines governance arrangements restructure with ADTC and Medicines Resource Group  Introduction of a prescribing dashboard at HSCP, locality and practice level in primary care  Shared learned from Fife experience  Acute CRES delivery plan	Primary Care CRES Delivery Plan	Steps to re-dress primary care CRES situation  Continue to in-bed the recent changes in Medicines Governance Arrangements  Review of SAM medicines related ideas	RED
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