AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 7th November 2017**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/63/2017/MM**
Contact Officer:	**Margaret Maskrey** **Lead Clinical Pharmacist**	**Contact No: 01475 506142**
Subject:	**Update on New Ways of Working Prescribing Support and New Ways Of Working Community Pharmacy**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on the New Ways of Working Prescribing Support and the New Ways of Working Community Pharmacy pilot tests of transformational change within Inverclyde Health and Social Care Partnership (HSCP).

2.0 SUMMARY

2.1 Inverclyde HSCP was identified to pilot the new GMS contract model for New Ways of Working. As part of this pilot, the existing Prescribing Team and additional prescribing support resource were allocated to all GP practices in the HSCP to test new models of care. The pilot ends on 31st March 2018, and future options are considered.

2.2 The new way of working includes increased patient-facing clinical pharmacist input, improving prescribing quality and safety, work to free up GP time and prescribing efficiencies to manage drug budget expenditure. Evaluation has demonstrated that pharmacists and technicians, working directly with GPs in practices, use clinical and independent prescribing skills to support the care of patients with long term conditions and free up GP time.

2.3 Additionally, Inverclyde HSCP is a pilot site for testing Community Pharmacy New Ways of Working to extend community pharmacy input to treatment of minor ailments and some common clinical conditions. This pilot ends on 31st March 2018.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note and endorse this paper with respect to:-

- New Ways of Working Prescribing Support pilot and future options
- New Ways of Working Community Pharmacy pilot
- Prescribing expenditure management

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4.0 BACKGROUND

4.1 New Ways of Working Prescribing Support

Prescribing Support Teams have an established role working within GP practices to undertake a range of clinical and medicines management activities. Scottish Government first announced details of Primary Care Investment Funding for pharmacy across Scotland on 27th August 2015. The expectation was to recruit Prescribing Support Pharmacists (PSPs)/Prescribing Support Technicians (PSTs) to utilise clinical and independent prescribing skills and work directly with GPs to support care of patients and free up GP time. Alongside this national investment, Inverclyde HSCP was identified to pilot the new GMS contract model for New Ways of Working, piloting tests of transformational change to develop a model of efficient, effective and sustainable multidisciplinary team working in primary care. One of the New Ways of Working tested the provision of additional pharmacy resource to GP practices. The additional workforce (an additional 8 Whole Time Equivalent (WTE) PSPs Band 7 and 2 WTE PSTs Band 5) was funded by a combination of finance from the Primary Care Fund and Prescription for Excellence. As the newly recruited staff required induction and training in order to be able to work within GP practices, all Inverclyde HSCP existing and new prescribing support resources participated in the pilot to deliver the New Ways of Working outcomes. In total 12 WTE PSPs and 4 WTE PSTs are in place to support the GP practices in Inverclyde. Staff allocations to the individual practices for the pilot were based on applications made by the GP practices, leading to a variation in support across practices.

The prescribing support role extension across all Inverclyde practices includes pharmacist-led clinics and appointments, independent prescribing, review and authorisation of Acute Special Requests for prescribed medicines, review of Hospital Immediate Discharge Letters (IDLs) and Outpatient Letters, as well as general prescribing support to improve the safety, quality and cost effectiveness of prescribing and medicines management, including work on prescribing indicators, medication review and cost minimisation.

Outcome measures have demonstrated that the pharmacy resource has successfully worked with GPs to support care of patients and has freed up GP time.

- An extract from GP systems shows substantial increases in the number of patients recorded as having contact with pharmacists and technicians, plus increases in the number and range of medication reviews and clinical interventions undertaken. In March 2017 alone, a total of 10,000 separate pieces of clinical activity were recorded by PSPs/PSTs. This included 1,600 medication changes and 1,100 recorded contacts with patients.

- There is significant evidence of improved quality of care and patient safety delivered over the course of the pilot.

- In relation to four key tasks (IDLs, Outpatient Requests, Acute Special Requests and pharmaceutical issues) passed to PSPs and PSTs, a repeated two-week baseline and audit exercise, between Summer 2016 and Spring 2017, identified 158 hours of GP time was saved per fortnight across the practices (see Appendix 1). The time saved was approximately 50% of the baseline survey, which would equate to 90 standard 10 minute patient appointment time slots per day, or 24,000 per year. The four tasks utilised around 50% of the pharmacist time with other activities particularly clinics and traditional prescribing support activities undertaken during the remaining time.

- Due to the pharmacists' different skill set other benefits also accrued within these four key tasks. They approach Medicines Reconciliation and Acute Special Requests differently, undertaking additional checks, and have increased patient and interface communication. Anecdotal evidence indicates this led to numerous additional safety benefits.

- Patient feedback, following pharmacist clinic appointments, was favourable with 95% of survey respondents stating that they were happy or very happy with their appointment.

- Feedback received from GP practice staff was highly favourable, with increased clinical capacity (see Appendix 1), and improved morale, processes and access to pharmaceutical knowledge noted. Pharmacy staff also responded positively on the change.

- New processes for Pharmacist Independent Prescriber electronic prescribing, Read coding of pharmacy activity and data analysis of an extract from clinical systems were also piloted.

- However, in 2016/17 due to the increased time focused on development of the pilot, clinical input and GP time saving work, less impact on prescribing efficiency measures was demonstrated leading to a risk for prescribing budget balance. Subsequently, an improved balance of PSP and PST patient-facing clinical roles, GP time saving work, patient safety and prescribing efficiencies is currently being developed during 2017/18, protecting time for required prescribing efficiencies activities.

- According to GP views, the most significant impact on improving quality of care was related to IDLs and monitoring of Disease-Modifying Anti-Rheumatic Drugs (DMARDs). The activities that freed up most GP time were related to IDLs and Acute Special Requests.

- An evaluation report for 2016/17 is available and further report due in March 2018.

Funding for the New Ways of Working Prescribing Support pilot ceases on 31st March 2018. Therefore, the level of total prescribing support team resource will reduce to the level of core original team plus the Inverclyde share of the current NHSGGC Primary Care Investment Funding (PCIF). There are a number of options available from April 2018 onwards, and the preferred option locally is to best reflect the current situation, with some adjustments to fairly allocate resource to GP practices by treated patient population in line with Health Board allocations instead of GP practice pilot applications, and to protect core prescribing support team time to work on GP prescribing efficiency activities, with flexibility to respond to unexpected prescribing needs and HSCP-wide priorities such as Care Home and Social Care input. Additional funding of £200,000 per annum will be required to maintain the current level of total prescribing support team resource for the preferred option.

The range of options include :-

- The original core prescribing support team is kept separate from the PCIF funding to maintain focus on prescribing indicators and efficiencies and HSCP-wide priorities, and the reduced share of PCIF funding is split by treated patient population across GP practices or GP clusters but may not be enough to make a significant impact on GP time in each practice.

- The level of total pharmacy support (core team plus PCIF) allocated to all GP practices in Inverclyde, but as reduced input in total, may not make a significant impact on GP time in each practice, and also risk to prescribing efficiency activities and prescribing budget balance, and lack of flexibility to respond to HSCP-wide prescribing requirements.

- Alternatively, the level of total pharmacy resource (core team plus PCIF) is kept at an increased level in some practices or clusters, but not others that would revert to original core prescribing support level, and a system to prioritise PCIF funding would be developed.

- For the preferred option, a further funding stream is required to be identified to fill the gap in funding (£200,000 per annum) and maintain the current level of total pharmacy resource in Inverclyde HSCP. The original core prescribing support team is allocated to practices according to prescribing support requirements to protect core prescribing support team time to work on GP prescribing efficiency activities, with flexibility to respond to unexpected prescribing needs and HSCP-wide priorities such as Care Home and Social Care input. The PCIF plus the additional local new ways funding stream resource is fairly allocated to GP practices by treated patient population, continuing to develop the balance of prescribing support, clinical input, efficiencies and GP time saving. Examples for identification of further funding are :-

    - A spend to invest proposal is submitted and agreed which would allow investment in pharmacy resource through reducing prescribing expenditure recurrently with caveats of consequences in place if expenditure did not reduce
    - Investment by GP practices in pharmacy resource.

4.2 **New Ways of Working Community Pharmacy**

The NHS Community Pharmacy Contract requires all pharmacies in Scotland to provide four core pharmaceutical care services: Minor Ailment Service (MAS), Public Health Service (PHS), Acute Medication Service (AMS) and Chronic Medication Service (CMS). A range of national and locally negotiated additional services are also provided.

As part of the Scottish Government and HSCP transformational change work for delivery of primary care services, there was an opportunity for community pharmacies in Inverclyde to pilot an extended MAS to all patients registered with an Inverclyde GP practice (except for care home patients) and provide assessment and treatment according to Patient Group Directions (PGDs) for some common clinical conditions such as uncomplicated urinary tract infection in women, impetigo, shingles and bridging contraception. As such, Inverclyde HSCP was identified as a pilot site for tests of change for community pharmacy New Ways of Working, also referred to as *Inverclyde Pharmacy First*. This pilot began in February 2017. To date, 388 supplies have been made to patients in Inverclyde under one of the PGDs, 291 of those for treatment of urinary tract infections, 67 for impetigo. The pilot will be further evaluated and reported in March 2018.

Separately, on 14th September 2017, the Scottish Government announced details of funding to support the rollout of the Pharmacy First initiative across Scotland. The national Pharmacy First rollout enables community pharmacists to treat uncomplicated urinary tract infections in women and impetigo in children under Patient Group Directions. This will help to improve access for people requiring assessment and treatment for these conditions, reduce pressure on GP practices and out-of-hours services, and maximise the skills of pharmacists. Due to the pilot, this does not involve Inverclyde HSCP at this time.

4.3 **Prescribing Expenditure Management**

GP prescribing indicators and measures use prescription data to assess prescribing activity in specified therapeutic areas and provide a comparison across GP practices. These focus the work of prescribing team members in supporting improvements in safe, quality and cost effective prescribing via medication review and clinics, and in supporting prescribing efficiency activities and prescribing budget balance. Cost minimisation is supported by improving formulary compliance, reducing use of unlicensed medicines, identifying and working on specific therapeutic areas of current cost and volume pressure, improving repeat prescribing processes and reducing waste. Cost per weighted list size comparisons for HSCPs/Localities in NHSGGC are shown on Appendix 2.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

One off Costs N/A

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £	Virement Form (If Applicable)	Other Comments
N/A	Additional Prescribing Team New Ways Resource	2018/19	At current understanding the gap in funding from New Ways of Working pilot and Inverclyde NHS GGC PCIF share is £200,000 per annum		

LEGAL

5.2 There are no legal issues within this report. Prescribing is undertaken within a complex environment of legal framework, national and Health Board guidance, and professional standards.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.
Medicines are prescribed according to patient need.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

This report supports delivery of the National Wellbeing Outcomes. Safe, accessible and clinically effective prescribing and medicines management supports people to be able to look after and improve their own health and wellbeing and live in good health for longer, and supports 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.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the HSCP Lead Clinical Pharmacist.

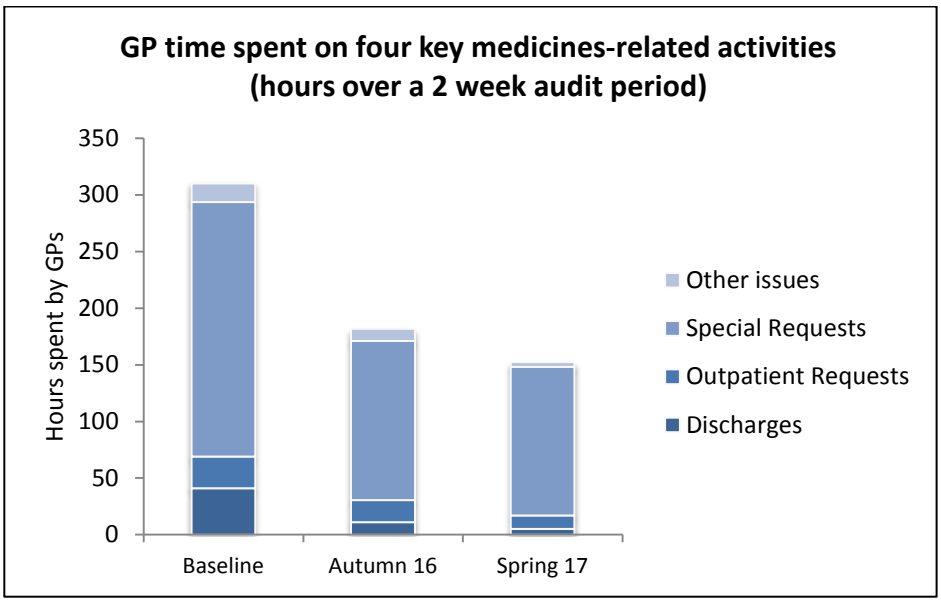
7.0 LIST OF BACKGROUND PAPERS

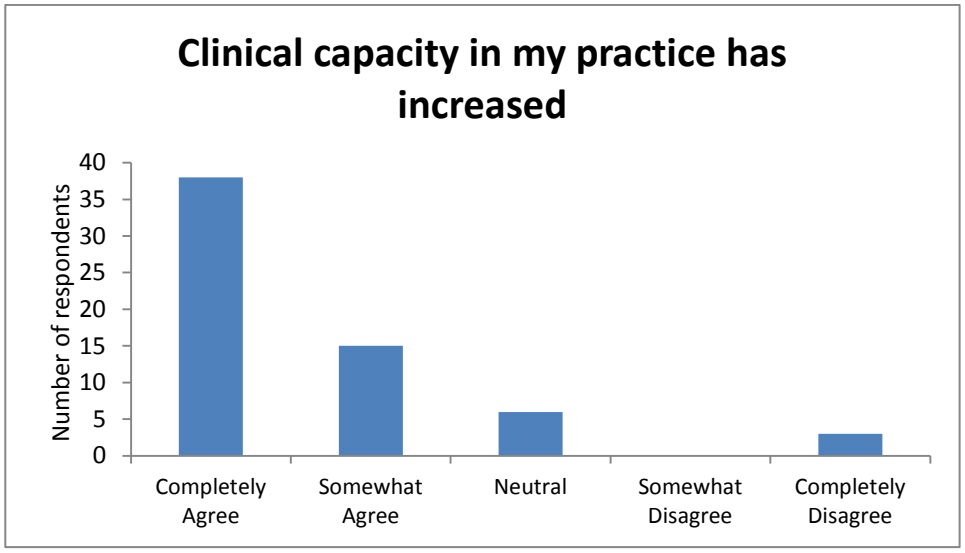
7.1 Appendix 1 Graph: GP time spent on four key medicines-related activities (hours over a 2 week audit period)

Graph: Clinical Capacity in my practice has increased

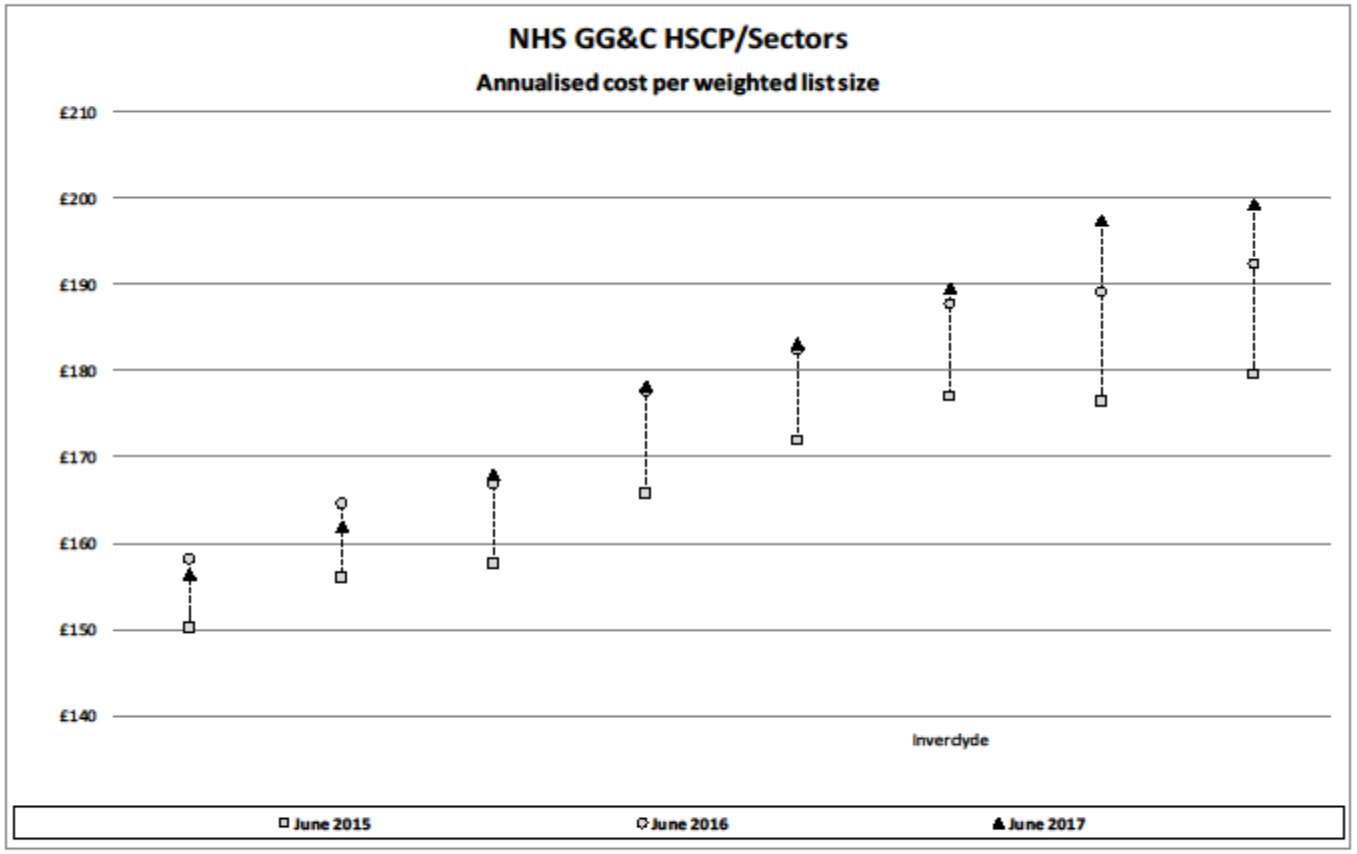
Appendix 2 Graph: NHS GG&C HSCP/Sectors Annualised Cost per weighted list size

Appendix 1


GP time spent on four key medicines-related activities
(hours over a 2 week audit period)
Hours spent by GPs
350
300
250
200
150
100
50
0
Baseline
Autumn 16
Spring 17
Other issues
Special Requests
Outpatient Requests
Discharges


Clinical capacity in my practice has increased
Number of respondents
40
35
30
25
20
15
10
5
0
Completely Agree
Somewhat Agree
Neutral
Somewhat Disagree
Completely Disagree

Appendix 2


NHS GG&C HSCP/Sectors
Annualised cost per weighted list size
£210
£200
£190
£180
£170
£160
£150
£140
Inverclyde
June 2015
June 2016
June 2017