



# Item No: 11

Meeting Date: Wednesday 9<sup>th</sup> May 2018

## Glasgow City Integration Joint Board

**Report By:** Susanne Millar, Chief Officer, Strategy and Operations /  
Chief Social Work Officer

**Contact:** David Walker, Assistant Chief Officer, Corporate Strategy

**Tel:** 0141 287 0440

### ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE: A STRATEGY FOR SCOTLAND

<b>Purpose of Report:</b>	To inform the Integration Joint Board of the <a href="#">National Strategy for Pharmaceutical Care</a> published in Aug 2017, and progress we are making on the commitments in the strategy and the areas we are working towards.
<b>Background/Engagement:</b>	This strategy was published following engagement with a range of stakeholders over a two year period. It represents a refresh of the previous strategy <a href="#">Prescription for Excellence</a> , published in 2013. The refresh takes account of the changing health and social care landscape, and is aligned to national policies i.e. Health & Social Care Delivery Plan, The National Clinical Strategy, Realistic Medicine, the Mental Health Strategy and the 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.
<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the strategic direction for pharmacy; b) approve the two commitments as priority areas of focus for HSCP staff in implementing the national strategy within Glasgow; c) note the involvement and role of pharmacy in development of Primary Care Improvement Plan; and d) instruct the Chief Officer to provide a progress report to the IJB Performance Scrutiny Committee before the end of 2018.

## Relevance to Integration Joint Board Strategic Plan:

The primary care section of the plan highlights that the HSCP is 'committed to working with primary care practitioners to explore how best we can address these to maintain and develop the quality of services to patients. This includes working with primary care to implement the national primary care fund made available by the Scottish Government.'

Pharmacy has an increasingly important role to play alongside other professional groups in ensuring sustainable services across health and social care. This is recognised through the inclusion of a pharmacotherapy service in the proposed GP contract, which was published after the strategy in November 2017.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<b>Outcome 1:</b> People are able to look after and improve their own health and wellbeing and live in good health for longer <b>Outcome 2:</b> 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 <b>Outcome 3.</b> People who use health and social care services have positive experiences of those services, and have their dignity respected <b>Outcome 4.</b> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services <b>Outcome 7.</b> People using health and social care services are safe from harm <b>Outcome 9.</b> Resources are used effectively and efficiently in the provision of health and social care services
<b>Personnel:</b>	Within the partnership there are 34 WTE pharmacy prescribing support staff working in locality pharmacy prescribing support teams working with 150 GP practices in the City serving a registered patient population of 704,422 people.  Delivery of several elements of the national pharmacy strategy requires additional resource and infrastructure to support delivery of future priority actions. Further detail of this is given under each commitment where known.
<b>Carers:</b>	Enhancing the role of the pharmacy team across all sectors of pharmacy (acute, community, GP practice) should increase the support given to carers to optimise the safe and effective use of medicines both for them and the people they care for.

<b>Provider Organisations:</b>	<p>One of the commitments relates to 'Improved pharmaceutical care at home or in a care home'. This will involve ongoing collaboration with care homes, and care at home providers to support improvements in pharmaceutical care of the people that use those services.</p> <p>There are 163 community pharmacies in the City.</p>
--------------------------------	---

<b>Equalities:</b>	<p>It is recognised that some developments within the strategy are likely to require Equality Impact Assessments (EqIAs). This will be considered as part of the planned delivery process. As this report seeks to inform the IJB of the overarching strategy, no EqIAs are included at this stage.</p>
--------------------	---

<b>Financial:</b>	<p>Within the HSCP the annual gross expenditure budget for prescribing in 2018-19 is £125m.</p> <p>Financial investment has accompanied specific workstreams within the strategy. Where these investments are known they are detailed within section 3. Some commitments have no funding announcements made to date, and so may represent a refocus of existing services. The specifics of additional funding are awaited from Scottish Government for some elements such as the additional proportion of the £250 million Primary Care Investment Fund that will be allocated to Pharmacy.</p> <p>Implementation of this strategy is within a context of financial pressures within the HSCPs relating to medicines spending. Across Greater Glasgow and Clyde, 2017/18 saw an additional £1m per month cost pressure due to global medicines shortages, and resulting price increases. It has been forecast that even with a £10 million savings plan, there will still be a net gap of around £10 million in what we will spend versus budget.</p> <p>The strategy is not related to addressing these financial pressures, although some of our existing workforce is currently allocated to support financial balance in prescribing within the HSCP. It will be important as we move forward with increasing the GP practice based pharmacy workforce, that we preserve this focus.</p>
-------------------	--

<b>Legal:</b>	No legal issues identified.
---------------	-----------------------------

<b>Economic Impact:</b>	<p>None of the new/ extended services to date have cost implications for service users, and are free at point of access. Proposals within the strategy to increase undergraduate training places, and fund additional staff should have economic benefit. National workforce planning is required, however, to ensure increases in one area of pharmacy are not to the detriment of another.</p>
-------------------------	--

<b>Sustainability:</b>	Within the strategy it states that ‘Scottish Government will consult on, and provide NHS Boards and their Health and Social Care Partnership (HSCP) partners with the tools and legislative underpinning for a new approach to pharmaceutical care service planning and contracting.’ This will include a review of community pharmacy contractual arrangements.
------------------------	--

<b>Sustainable Procurement and Article 19:</b>	None
--	------

<b>Risk Implications:</b>	Funding has not been ring fenced for delivery of the strategy as a whole, but has been provided nationally for specific elements (as detailed where known in section 3). Implementation of the GP contract is likely to require significant further financial investment, and there is a risk that this limits what is available to more forward other improvements e.g. automated technology. There is also a risk as explained under sustainability that we may not be able to recruit the required number of pharmacy staff required to both sustain existing services, and deliver the required improvements National workforce planning across the profession is required to establish this.
---------------------------	---

<b>Implications for Glasgow City Council:</b>	None
---	------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Employment of additional staff Increased utilisation of technology
--	---

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

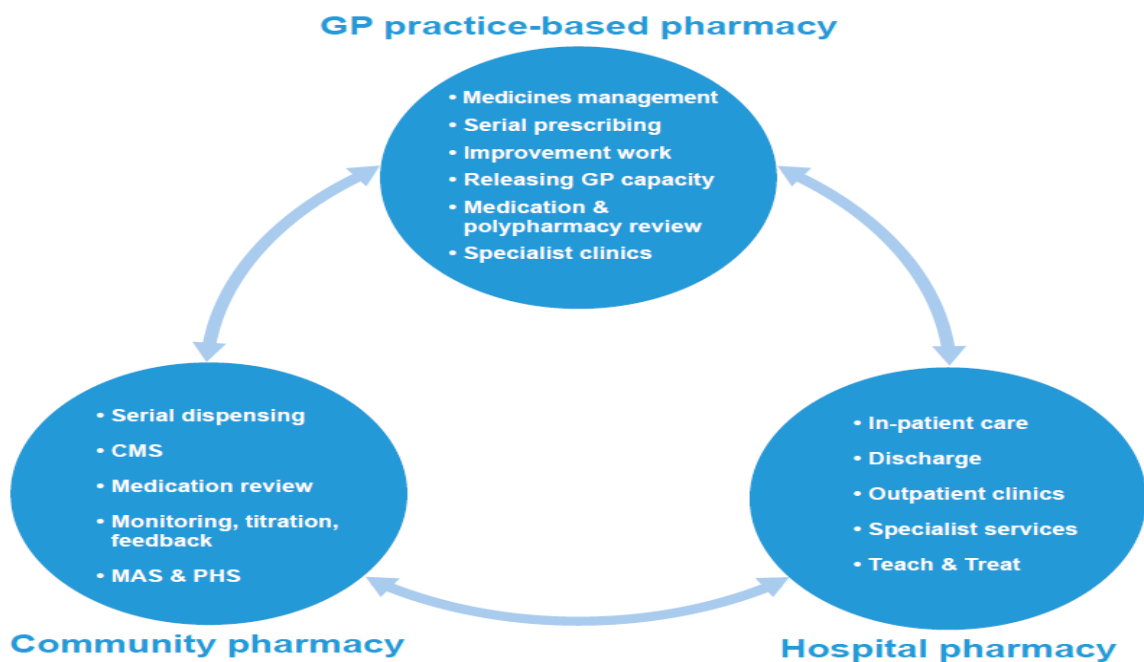
## 1. Purpose

- 1.1 To inform Glasgow City Integrated Joint Board of the [National Strategy for Pharmaceutical Care](#) published in Aug 2017, how we are meeting the commitments in the strategy and the areas we are working towards.

## 2. Background

### The context of Medicines and Pharmacy

- 2.1 Medicines are the most common intervention in healthcare, and the largest cost secondary to staffing. Within Glasgow HSCP in 2018-19 we will spend £125m on prescribed medicines in primary care. In the latest quarter (Aug-Oct 17), around half our population (357,000) received at least one medication, with 20% (120,000) receiving 5 or more; and 5% (31,000) receiving 10 or more.
- 2.2 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.
- 2.3 Pharmacy can be divided into three main branches as illustrated below:



- 2.4 The GP practice-based pharmacy team are directly employed by NHS GGC and managed by the HSCP.
- 2.5 The community pharmacies are NHS contractors, with much of the support around this currently provided through the Pharmacy and Prescribing Support Unit (PPSU), Community Pharmacy Development Team.
- 2.6 Hospital pharmacy staffs are employed by NHS GGC and sit within the PPSU directorate.

## Achieving Excellence in Pharmaceutical Care

- 2.7 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 & social care, and how pharmacy integrates into this.
- 2.8 The strategy is aligned to national policies i.e. Health & Social Care Delivery Plan, The National Clinical Strategy, Realistic Medicine, the Mental Health Strategy and the actions to improve unscheduled care.
- 2.9 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.
- 2.10 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.
- 2.11 Underpinning the two key areas are **9 commitments** as below, and complimentary actions.



- 2.12 National funding accompanies certain of the strategic actions above e.g. increased staff to 'integrate into GP practices', new community 'Pharmacy First' services, grants to pilot robotic technology. Elements relying on improvement rather than a 'new' service are not funded e.g. 'improved pharmaceutical care at home or in a care home'. To date any monies that have come to the Health Board sit with the Pharmacy Prescribing Support Unit (PPSU).
- 2.13 The complimentary actions are statements of intent from Scottish Government around what they will do to enable the commitments. We have however, also tried to benchmark in section 3 and appendix 1 the Glasgow City position against the commitments.

### 3. Summary of the 9 Commitments with Indication of Glasgow HSCP Position

- 3.1 The 9 commitments and the summarised Glasgow HSCP indicative position against these is indicated below.
- 3.2 The RAG coding indicates what has been accomplished so far to achieve the national strategy commitments and what is still required. The RAG colour score should be read as follows

Green – completed local action

Amber – moving forward locally but with scope for further improvement

Red – awaiting national direction or guidance

	<b>Commitment</b>	<b>Actions</b>	<b>Glasgow position</b>
<b>1.</b>	Increasing Access to Community Pharmacy as the first port of call for managing self limiting illnesses and supporting self management of stable long term conditions	Independent prescribing & advanced clinical skills	AMBER
		Minor Ailment Service	GREEN
		Chronic Medication Service	AMBER
		Serial Prescribing & Dispensing	AMBER
		Public Health Service	GREEN
<b>2.</b>	Integrating pharmacists with advanced clinical skills and technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.	GP Practice based pharmacy	AMBER

3.	Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care	Transformation requirements	RED - nationally led
		Discharge Process	AMBER
		Modern Outpatient programme	AMBER
		Quality Improvement & Performance Measures	AMBER - nationally led
4.	Providing the focus, resources and tools to support the safer use of medicines	Medicines reconciliation	AMBER
		Data measurement & monitoring	AMBER
		Quality improvement by community pharmacists	AMBER
		Pharmacy role awareness	RED - nationally led
5.	Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.	Improvement approaches	AMBER
6.	Enhancing access to pharmaceutical care in remote and rural communities (R & R)	Availability of technology to support R & R	N/A to Glasgow
		Recruitment & retention	N/A to Glasgow
7.	Building the clinical capability and capacity of the pharmacy workforce	Workforce planning	RED – nationally led
		Postgraduate career framework	RED – nationally led
		Pharmacy technician development	RED – nationally led
8.	Optimising the use of digital information, data and technologies for improved service delivery	Hospital Electronic Prescribing and Medicines Administration (HEPMA)	AMBER (due 2019/2020)
		ePharmacy support for primary care prescribers (paperless prescribing)	RED – nationally led
		Health information access	RED – nationally led
		Automation	AMBER
		Future hospital requirements	RED – nationally led
		Technology enabled care solutions	RED



		Clinical decision support tools	AMBER
9.	Planning for sustainable pharmaceutical care	New planning framework	RED – nationally led
		Contracting and funding arrangements	RED – nationally led

3.3 More detailed information on Glasgow HSCP current and future position and what is needed is detailed against the relevant commitments in Appendix 1.

3.4 The two commitments considered of highest priority to the HSCP have been specifically highlighted in more detail below. These relate to community pharmacy services and GP practice pharmacists.

### 3.5 **Commitment 1: Improved and Increased Use of Community Pharmacy Services**

3.5.1 In Glasgow HSCP we have 163 community pharmacies.

3.5.2 Under the umbrella title of New Ways of Working (NWOW) in January 2017, Inverclyde started piloting an extended Minor Ailment Service (MAS) with free access to all patients registered with a GP in the area. This included treatment of common clinical conditions – UTI, impetigo, shingles, bridging contraception.

3.5.3 In December 2017, Pharmacy First which involves the treatment of UTI and impetigo was rolled out nationally to all pharmacies utilising a patient group directive (PGD) to authorise supply of the prescription only medicines. This is intended to help reduce GP appointment time for these conditions, and improve patient choice on access to healthcare. In 2017, £1.081m was allocated by Scottish Government to the roll out of this with £247,350 going to NHSGGC to support training and service delivery. Ongoing contractual funding arrangements from April 2018 are currently under national discussion.

3.5.4 To support development of the clinical role of the community pharmacist, a number of community pharmacists have been supported to become independent prescribers. The utilisation of this to deliver clinics has been supported to date by Scottish Government funding or around £1m nationally. For NHSGGC in 2017/18 this was £265,716 which supported 16 pharmacists to run around 20-30 clinics a week in areas such as contraception, pain, and diabetes. Within GGC the process for allocation of this funding is currently under review to ensure service provision is in line with population needs, and is delivered from a community pharmacy setting (rather than within the GP practice) where possible.

3.5.5 Lack of access to patient data e.g. through clinical portal, from a community pharmacy setting has been recognised as a barrier to fully extending the role.

3.5.6 Automation of the dispensing process is currently being piloted with a view to evaluating the role of this in freeing up the pharmacists' time to increase patient facing time. This requires investment in equipment, premises and staff training to scale.

### 3.6 **Commitment 2: 'Pharmacy Teams Integrated into GP Practice'**

- 3.6.1 In 2015 Scottish Government announced details of Primary Care Investment Funding (PCIF) to support the primary care workforce and improve patient access to these services. This included £16m phased over 3 years to March 2018 for pharmacists to work directly with practices with NHSGGC obtaining 22% of this fund. This funding has provided an additional 20 wte pharmacy staff within Glasgow HSCP between 2016-2018.
- 3.6.2 Evaluation to date has shown that the addition of pharmacy resource into GP practice can make a positive impact on releasing GP time from medicines management aspects. As a audit undertaken in Inverclyde as part of the New Ways of Working (NWOW) in October/November 2017 showed a freeing up of the equivalent of approximately 100 standard 10 minute patient appointment slots per day (83 hours per week) across the HSCP. To save this time has required investment in 12 Whole Time Equivalent Prescribing Support Pharmacists (PSPs) and 4 WTE PSTs (600 hours per week) to support the 16 GP practices in Inverclyde with a population around 82,000. Around half the pharmacist hours were allocated to GP medicines management tasks.
- 3.6.3 Final evaluation is to be undertaken at the end of March 2018, and it will be important to consider what aspects represent the most efficient and effective use of the pharmacy time. This includes protecting time to undertake delivery of the prescribing savings plan, and also direct patient review of medicines use.
- 3.6.4 In November 2017 the government released for consultation the '2018 General Medical Services Contract in Scotland'. This includes a Scottish Government commitment to roll out a 'pharmacotherapy' service, increasing the number of GP practice-based pharmacists further over a three year period.
- 3.6.5 Workforce planning, and pilot evaluation is currently being undertaken by Scottish Government to calculate the resource allocation model, and therefore funding that will be required to deliver this. Until this is completed in the summer of 2018 the feasibility of implementation is unknown.
- 3.6.6 In recognition that there will be a need for increased pharmacy workforce the Scottish Government have made a commitment as part of the GP contract to increase the number of undergraduate training places from 170 to 200 per intake to help increase the available workforce. It should be noted that pharmacists take 5 years to qualify, and practice for at least a further two years before undertaking post-graduate training to qualify as prescribers (which usually takes a year to complete). This represents a lag time of around 8 years.
- 3.6.7 Although sustaining GP services, and freeing up GP time are a priority, it is important to ensure we are also planning wider utilization of pharmacy resource to be able to drive forward other relevant improvements both within the national pharmacy strategy, HSCP plan, and the health board transformational change program (Moving Forward Together). This will ensure that as well as releasing GP time, pharmacy resource is aligned to improving care for priority cohorts within the neighborhoods e.g. care homes, and care at home.

#### **4. The New GP Contract**

- 4.1 Pharmacotherapy services to support GP practices are identified as one of the key priority areas to be addressed by the HSCP with stakeholders in their Primary Care Improvement Plan aimed at strengthening effective, safe, patient centered care and shifting workload from GPs.
- 4.2 The contract has had limited input so far from the pharmacy profession, and deliverability therefore needs further consideration.
- 4.3 The recently agreed GP contract has implications for sustainability of the pharmacotherapy service and will require significant further investment and considerable workforce planning. Workforce planning has commenced nationally to inform the deliverability and sustainability of the pharmacy workforce.
- 4.4 Committing a high level of current pharmacy resource to the GP contract may risk destabilising other sectors of pharmacy (community, hospital), and limit advancement with the improvements outlined in the pharmacy strategy. Within HSCPs, this commitment to the GP contract may also limit the pharmacy resource we have available to support wider pharmaceutical care outwith the GP practice setting (e.g. care homes, and care at home). The core elements detailed within the pharmacotherapy service of the GP contract revolves around prescription management and does not include direct patient review of medicines or long-term conditions. As we implement the GP contract it will be important to ensure we are taking a balanced approach to utilising our profession to improve services in line with wider national and HSCP population priorities

#### **5. Recommendations**

- 5.1 The Integration Joint Board is asked to:
  - a) note the strategic direction for pharmacy;
  - b) approve the two commitments as priority areas of focus for HSCP staff in implementing the national strategy within Glasgow;
  - c) note the involvement and role of pharmacy in development of Primary Care Improvement Plan; and
  - d) instruct the Chief Officer to provide a progress report to the IJB Performance Scrutiny Committee before the end of 2018.

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	090518-11-a
2	Date direction issued by Integration Joint Board	9 May 2018
3	Date from which direction takes effect	9 May 2018
4	Direction to:	NHS Greater Glasgow and Clyde
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All pharmacy services and functions referred to in the National Strategy and provided by the HSCP.
7	Full text of direction	Pharmacy support staff working in the HSCP and employed by the Health Board work towards developing and delivering the action plan to implement the National Strategy.
8	Budget allocated by Integration Joint Board to carry out direction	£125m for 2018-19
9	Performance monitoring arrangements	A progress report goes to the IJB Performance Scrutiny Committee in 6 months.
10	Date direction will be reviewed	May 2019

## The nine strategy commitments of Achieving Excellence in Pharmaceutical Care: Glasgow City HSCP

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
<b>1. Increasing Access to Community Pharmacy as the first port of call for managing self limiting illnesses and supporting self management of stable long term conditions</b>				
<b>Minor Ailment Service</b>	<ul style="list-style-type: none"> <li>Inverclyde piloting a Pharmacy First extended Minor Ailment Service (MAS) free to all GP registered patients from January 2017 with evaluation at 12 months.</li> <li>Pharmacy First Service rolled out from December 2017, enabling assessment and treatment of common conditions starting with UTI and impetigo.</li> <li>City Wide 'Know who to turn to' poster campaign in 2017 to increase use of Community Pharmacist (CP).</li> </ul>	<ul style="list-style-type: none"> <li>Further extension of the minor ailment service to include other common clinical conditions</li> <li>Evaluation of impact of making core MAS free to all patients (currently those who were previously exempt from prescription charges)</li> </ul>	<ul style="list-style-type: none"> <li>Scoping of other common clinical conditions presenting to GP practice that CP could manage</li> <li>Review of MAS funding</li> <li>Contractual change for CP moving forward.</li> </ul>	<ul style="list-style-type: none"> <li>Reducing GP/ Out of Hours workload</li> <li>Increasing use of pharmacist clinical skills.</li> <li>Improving patient access to treatment</li> </ul>
<b>Serial Prescribing and dispensing</b> (i.e. provision of a 6 or 12 month prescription direct from community pharmacy dispensed at 28/56 day intervals)	<ul style="list-style-type: none"> <li>A quarter of GP practices using Chronic Medication Service (CMS) for serial dispensing in Glasgow City.</li> <li>Two practices involved in Primary Care Investment Fund (PCIF) working on increasing patient numbers on scheme</li> <li>Pilot underway 2017/18 to evaluate use of prescribing</li> </ul>	<ul style="list-style-type: none"> <li>National relaunch of serial dispensing element from April 2018</li> <li>Increase uptake in Glasgow City from 2018 with availability of additional IT support and targeted input to GP practices from the prescribing team</li> </ul>	<ul style="list-style-type: none"> <li>Additional IT support</li> <li>Unless additional resource available this will involve rerouting of Prescribing Support activity from PCIF or Efficiency plan.</li> </ul>	<ul style="list-style-type: none"> <li>Reducing GP workload.</li> <li>Streamlining CP workload</li> <li>Patient convenience and access to pharmaceutical care</li> </ul>

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
	<p>teams to increase uptake with GP &amp; CPs in Renfrew</p> <ul style="list-style-type: none"> <li>• Inclusion in the repeat prescribing local enhanced service of a GP target of 5% of practice population each year over two years to be on serial dispensing</li> </ul>			
<b>Long Term Condition Management</b>	<ul style="list-style-type: none"> <li>• Coeliac Disease Clinical Pathway: CP support self management &amp; supply for those on Gluten Free (GF) diet</li> <li>• Currently several CP clinics running across Glasgow City (See under independent prescribing)</li> <li>• Local enhanced services to support patient review (currently respiratory and pain)</li> <li>• Health promotion and prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Expanding to Oral Nutritional Supplements</li> <li>• CP clinic provision planned and targeted based on need and delivered (see also under independent prescribing)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Board (HB) wide discussion with all involved to develop model similar to GF service</li> <li>• Sustainable contractual funding model for CP services</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing GP workload.</li> <li>• Increasing CP clinical skills</li> <li>• Improve formulary compliance</li> <li>• Patient convenience of supply and assessment from the community pharmacy</li> </ul>
<b>Independent Prescribing and advanced clinical skills</b>	<ul style="list-style-type: none"> <li>• There are approximately 30 sessions a week of community pharmacy clinics funded through SG monies on self-identified therapeutic areas</li> </ul>	<ul style="list-style-type: none"> <li>• CP prescribers will be allocated to HSCP areas dependent on population and service need</li> <li>• Patients will be referred between pharmacy settings for ongoing medicines support and review.</li> </ul>	<ul style="list-style-type: none"> <li>• CP expansion of those completing prescribing qualification and clinical skills training</li> <li>• HSCP involved in planning utilisation of CP prescribers</li> <li>• Alignment of CP prescribing with chronic</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce GP workload through PCIF</li> <li>• Develop &amp; increase clinical capacity with CPs.</li> <li>• Improved medicines review processes in the community</li> <li>• Better continuity of care</li> </ul>

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
		<ul style="list-style-type: none"> <li>CPs will be more systematically involved in prescribing and review of patients with long term conditions as part</li> </ul>	<p>medication service review and contractual framework</p>	
<p><b>2. Integrating pharmacists with advanced clinical skills and technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.</b></p>				
<p>Access to GP practice based pharmacy</p>	<ul style="list-style-type: none"> <li>Prescribing Support Pharmacists /Technicians have delivered polypharmacy &amp; Chronic Disease Management (CDM) clinics to varying degrees across Glasgow City since 2000. These include: Pain Clinics, Heart Failure : post MI clinics, Diabetes, Respiratory, Addiction</li> <li>Primary Care Investment Fund – additional 9.3wte resource allocated to Glasgow HSCP 2016 and further 11wte in 2017/18 for ‘new ways of working’ in target practices</li> <li>2.4 wte above is made up of 6 community pharmacists employed part time as prescribing support pharmacists under an a service level agreement (SLA)</li> <li>GP contract launched in</li> </ul>	<ul style="list-style-type: none"> <li>Improving Cancer Journey : Polypharmacy review multidisciplinary approach</li> <li>Roll out of additional pharmacy support per practice (funding dependent)</li> <li>GP contract requests a pharmacotherapy service to be delivered by pharmacy teams.</li> </ul>	<ul style="list-style-type: none"> <li>IT infrastructure to improve referral between pharmacy services and sharing of information</li> <li>Further investment to enable benefit to more practices</li> <li>Workforce planning required to identify the needed resource</li> <li>Assessment of the risk of focusing pharmacist support to sustaining GP workforce against the benefit to the wider health of the population</li> </ul>	<ul style="list-style-type: none"> <li>Reducing GP workload</li> <li>Increasing patient safety and quality of prescribing processes</li> <li>Improved capacity for pharmaceutical care</li> </ul> <p>TBC</p>

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
	November 2017 detailing pharmacotherapy service			
<b>3. Pharmaceutical care that supports the safer use of medicines (relevant actions)</b>				
Medicine reconciliation across the interfaces of care	<ul style="list-style-type: none"> <li>PCIF workstream</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of PCIF resource for wider input to medicines reconciliation</li> <li>CP has involvement in process</li> </ul>	<ul style="list-style-type: none"> <li>Resource allocation appropriately funded for wider impact across more practices</li> <li>Community pharmacist access to information</li> </ul>	<ul style="list-style-type: none"> <li>Reduced GP workload</li> <li>Reduced incidence of errors</li> <li>Improved medicines safety</li> <li>Improved communication across interfaces</li> </ul>
Quality improvement in community pharmacy	<ul style="list-style-type: none"> <li>Pharmacy in primary care collaborative (PPCC) with CPs utilising contractual closer working with GP monies</li> </ul>	<ul style="list-style-type: none"> <li>National PPCC roll out</li> </ul>	<ul style="list-style-type: none"> <li>CP contractual framework</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>
<b>4. Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.</b>				
Improvement approaches	<ul style="list-style-type: none"> <li>Glasgow City Managed Medication service delivers of pharmaceutical care to vulnerable patients as part of a holistic approach to supporting the clients care needs with Cordia &amp; the primary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Care at home patients are supported to manage their medicines at home</li> <li>Spend to save resource agreed and recruitment underway for pharmacist to lead in this area.</li> </ul>	<ul style="list-style-type: none"> <li>Development of the workplan to scope out the additional pharmacy input to care at home and care homes.</li> </ul>	<ul style="list-style-type: none"> <li>Patients are able to remain at home longer in the best health</li> </ul>
	<ul style="list-style-type: none"> <li>Polypharmacy reviews to care home residents in Glasgow City</li> </ul>	<ul style="list-style-type: none"> <li>Increased pharmacy resource (through spend to save) to support improvements in pharmaceutical care to this group</li> </ul>	<ul style="list-style-type: none"> <li>Agreement of priority work streams aligned to HSCP older peoples agenda</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in medicine volume and spend</li> <li>Reduction in unscheduled care</li> </ul>
	<ul style="list-style-type: none"> <li>Support to medicines</li> </ul>	<ul style="list-style-type: none"> <li>Quality improvements</li> </ul>	<ul style="list-style-type: none"> <li>Review provision of care</li> </ul>	<ul style="list-style-type: none"> <li>Reduced medicines waste</li> </ul>



Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
	management processes within care homes	in medicines management is embedded into care homes	home training on medicines <ul style="list-style-type: none"> <li>Identify and carry out tests of change with care home aligned staff</li> </ul>	<ul style="list-style-type: none"> <li>Safer use of medicines</li> <li>Upskilled care and practice staff</li> </ul>
<b>5. Building the Clinical capability and capacity of the pharmacy workforce</b>				
Workforce planning	<ul style="list-style-type: none"> <li>Strategic modelling being undertaken to identify the workload requirements for the GP contract.</li> <li>Pharmacotherapy Implementation Group (PIG) being established to address the requirements of the GP contract</li> </ul>	<ul style="list-style-type: none"> <li>Additional 30 university places per year created</li> <li>Pharmacy and Prescribing Support Unit (PPSU) has representation on PIG</li> </ul>	TBC	<ul style="list-style-type: none"> <li>In the short term the required resource to meet the GP contract will not be available.</li> <li>Risk to HSCP as the focus of efficiency activity shifts to support general practice.</li> </ul>
Postgraduate Career Framework	<ul style="list-style-type: none"> <li>Being taken forward with Scottish Government &amp; NES to support clinical &amp; professional development</li> </ul>	<ul style="list-style-type: none"> <li>NES foundation vocational training programme being piloted with band 6 pharmacists in the South &amp; NE.</li> <li>A GP Clinical Pharmacist competency and capability framework being piloted with new band 7 PCIF pharmacists.</li> </ul>	<ul style="list-style-type: none"> <li>HSCP Pharmacist Leads engagement with the NES pharmacist lead for the framework programme to shape and support implementation.</li> </ul>	<ul style="list-style-type: none"> <li>A programme that will support career development for pharmacists</li> <li>To ensure pharmacy staff have the required knowledge and skills to optimise service delivery</li> </ul>
Pharmacy Technician Development	<ul style="list-style-type: none"> <li>Scottish Government commissioning NES to support skills development for technicians in primary care</li> </ul>	<ul style="list-style-type: none"> <li>Competency and capability framework launched January 2018 and currently being</li> </ul>		<ul style="list-style-type: none"> <li>A programme that will support career development for pharmacy technicians.</li> </ul>

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
	role.	piloted to support pharmacy technicians undertaking new roles in primary care.		<ul style="list-style-type: none"> <li>To ensure pharmacy staff have the required knowledge and skills to optimise service delivery</li> </ul>
<b>6. Optimising the use of digital information, data and technologies for improved service delivery</b>				
Health Information access	<ul style="list-style-type: none"> <li>Trial of portal access for CPs in Renfrewshire</li> <li>Investigating SCI referrals between pharmacy services</li> <li>Nationally a working group has been convened to create a Scottish Code of Practice to promote the safe sharing of information</li> </ul>	<ul style="list-style-type: none"> <li>Wider roll out of remote access for care home reviews</li> <li>HSCP wide access to portal for CPs</li> <li>Fully operational referral system between pharmacy sectors.</li> </ul>	<ul style="list-style-type: none"> <li>IT infrastructure</li> <li>Data sharing approval across all interfaces.</li> <li>Community Pharmacy contractor engage to enable successful utilisation of required technology</li> <li>Funding for licences and IT equipment</li> </ul>	<ul style="list-style-type: none"> <li>More efficient use of staff time</li> <li>Safer use of medicines through better data access and sharing of information</li> </ul>
ePharmacy support for primary care providers	<ul style="list-style-type: none"> <li>Paper prescriptions underpin current prescribing and dispensing processes although ePharmacy support the electronic transmission of prescriptions.</li> </ul>	<ul style="list-style-type: none"> <li>Move towards paperless prescribing across primary care including the use of Advanced Electronic Signatures.</li> <li>Requires legislation changes and IT functionality.</li> </ul>	<ul style="list-style-type: none"> <li>National Funding</li> <li>Legislative changes</li> </ul>	<ul style="list-style-type: none"> <li>Reduced GP workload from signing repeat prescriptions</li> <li>Reduced waste due to lost prescriptions</li> <li>Reduced storage and transport costs</li> </ul>
<b>7. Planning for sustainable pharmaceutical care that meet population needs</b>				
Planning	<ul style="list-style-type: none"> <li>National development of planning resource to support delivery of pharmaceutical care.</li> </ul>	TBC	TBC	

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
Contracting and funding arrangements	<ul style="list-style-type: none"> <li>National review of community pharmacy contract framework.</li> </ul>	<ul style="list-style-type: none"> <li>Shift from the current prescription volume driven contract payment to delivery of pharmaceutical care services.</li> </ul>	TBC	
<b>8. Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care</b>				
Transformation Requirements	<ul style="list-style-type: none"> <li>SG to commission work to transform delivery of pharmaceutical care during weekday &amp; weekends</li> </ul>	<ul style="list-style-type: none"> <li>7 day service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Funding additional staffing hours to extend service to 7 days</li> </ul>	<ul style="list-style-type: none"> <li>Increased patient flow</li> </ul>
Discharge Process	<ul style="list-style-type: none"> <li>Discharge information on medicines is sent to the GP practice electronically, and uploaded to clinical portal (which community pharmacists have no access to).</li> <li>Patients are supplied with medicines on discharge from hospital, and obtain further supply via GP prescription from community pharmacy.</li> <li>GGC has formed a pharmacy strategic planning group which has representation from all sectors of pharmacy (including HSCP), and supports identification of joint working projects</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy access to discharge information</li> <li>Single record to enable accurate transfer and update of patient information including medicines</li> <li>Ability to transfer medicines related information and care plans between pharmacy sectors</li> <li>Introduction of Hospital Electronic Prescribing and Medicines Administration (HEPMA) to allow pre-populated discharge information</li> </ul>	<ul style="list-style-type: none"> <li>Funding for IT elements</li> <li>Information governance to allow access to information</li> </ul>	<ul style="list-style-type: none"> <li>Safer, more efficient discharge process in place to reduce delayed discharges, communication with GP practices and community pharmacists.</li> </ul>

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
	<ul style="list-style-type: none"> <li>Three pharmacists (Renfrewshire, South &amp; NE) are employed in joint posts covering both acute and primary care sectors: opportunity to share experience and influence service development to take account of different working environments</li> </ul>			
Modern Outpatient Programme	<ul style="list-style-type: none"> <li>Prescribing support pharmacists (PSP) deliver post MI clinic in the community setting avoiding attendance at secondary care.</li> </ul>	<ul style="list-style-type: none"> <li>Better use of pharmacist independent prescribers in specialist clinics in primary care.</li> </ul>	<ul style="list-style-type: none"> <li>HSCP / primary care pharmacy needs to be involved in the Moving Forward Together programme.</li> </ul>	<ul style="list-style-type: none"> <li>Patients treated in environment closer to home.</li> <li>Case holding by clinical pharmacists making full use of their clinical skills.</li> </ul>
9. Enhanced access to pharmaceutical care in remote and rural (R&R) communities : Not applicable to Glasgow City.				