Item No: 12

Meeting Date: **Wednesday 24th April 2019**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By: **David Walker, Assistant Chief Officer, Corporate Strategy**

Contact: **Anne Thomson (NE), Raj Sabharwal (S), Sheila Tennant (NW) - Lead Clinical Pharmacists, Glasgow HSCP Localities**

Tel: **0141 277 7452 (NE), 0141 427 8350 (S), 0141 314 6235 (NW)**

ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE: UPDATE ON IMPLEMENTATION

Purpose of Report:	To inform Glasgow City IJB Finance, Audit and Scrutiny Committee of progress towards the nine commitments of the National Strategy for Pharmaceutical Care published in August 2017 and follows on from an earlier report to the IJB in 2018. Link to report: https://glasgowcity.hscp.scot/publication/item-no-11-achieving-excellence-pharmaceutical-care-strategy-scotland
Background/Engagement:	This strategy was published following engagement with a range of stakeholders over a two year period. It represents a refresh of the previous strategy Prescription for Excellence, published in 2013. The refresh takes account of the changing health and social care landscape, and is aligned to national policies such as the 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. The priorities are: 1. Improving NHS pharmaceutical care - Improvements to NHS pharmaceutical care services across Scotland - Delivering safer use of medicines for the people of Scotland

	2. 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. There are 9 commitments and accompanying actions that underpin these two priorities which are detailed in section 2. 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. It is noted that the contract has had limited input so far from the Pharmacy profession, and deliverability therefore needs further consideration. Improving the IJBs awareness and understanding of the profession as it currently operates and its direction of travel is therefore timely.

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the strategic direction of pharmacy; and b) support pharmacy involvement in development of Primary Care Implementation Plan (PCIP).

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.' Within the Glasgow City Health and Social Care Partnership are 146 GP practices (437 GPs) providing the full range of general medical services to a registered patient population of 706,422 people, over 100,000 of whom live outside the city boundary. Within the Partnership are also 163 community pharmacies, and 71 wte pharmacy prescribing support staff employed by the HSCP within the pharmacy prescribing support teams. In total in 2018/19 the NHS spent over £324m on primary care services of which £96m was on general medical services, £129m on prescribing, and £2.5m on general pharmaceutical services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	**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 7.** People using health and social care services are safe from harm **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services

Personnel:	Delivery of several elements of the national pharmacy strategy requires additional resource and infrastructure to support. Further detail of this is given under each commitment where known.

Carers:	Increasing and 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.

Provider Organisations:	One of the commitments relates to 'improved pharmaceutical care at home or in a care home'. This will involve ongoing collaboration with care home, and care at home providers to support improvements in pharmaceutical care of the people that use those services.

Equalities:	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.

Fairer Scotland Compliance:	Delivery of several aspects of the national pharmacy strategy supports a Fairer Scotland; addressing inequalities of health in older age, improve patient choice on access to healthcare for certain conditions under Pharmacy First.

Financial:	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. Funding for pharmacotherapy is also detailed in the HSCP Primary Care Improvement Plan.

	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. 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.

Legal:	No legal issues identified

Economic Impact:	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.

Sustainability:	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. It should be noted that the more recently agreed GP contract has implications for sustainability. The pharmacotherapy service as currently defined within the GP contract will require significant further investment in resource to deliver. Workforce planning has been started nationally to inform the deliverability and sustainability of the pharmacy workforce. To date, a commitment has been made to increase undergraduate places from 170 to 200 per year. Pharmacists take 5 years to qualify, and can only undertake training to become a prescriber after a further 2 years. 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 (which is level 2/3). 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.

Sustainable Procurement and Article 19:	None

Risk Implications:	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 move 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.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	Employment of additional staff Increased utilisation of technology

1. Purpose

1.1 To inform Glasgow City IJB, Finance, Audit and Scrutiny Committee of progress towards the nine commitments of the National Strategy for Pharmaceutical Care published in August 2017 following the initial briefing in 2018; how we are meeting the commitments in the strategy and the areas we are working towards.

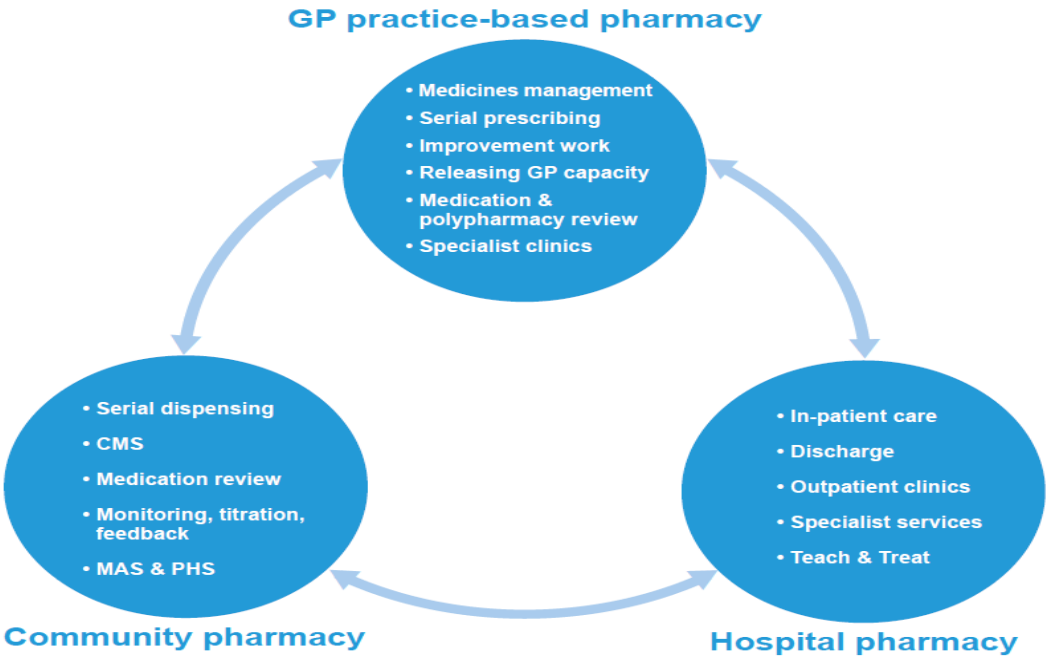
2. Background

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 2016/17 we spent £127m 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 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 Services (PS), Community Pharmacy Development Team.

2.6 Hospital pharmacy staffs are employed by NHS GGC and sit within the PS 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 Services (previously 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. Progress Summary of the 9 commitments with indication of Glasgow HSCP position

3.1 The 9 commitments and the Glasgow HSCP indicative position against these is indicated below:

	Commitment	Actions	Glasgow position	
			March 2018	March 2019
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	Independent prescribing & advanced clinical skills	AMBER	AMBER
		Minor Ailment Service	GREEN	GREEN
		Pharmacy First	AMBER	AMBER
		Serial Prescribing & Dispensing	AMBER	AMBER
		Public Health Service	GREEN	GREEN
2.	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	AMBER
3.	Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care	Transformation requirements	RED - nationally led	RED - nationally led
		Discharge Process	AMBER	AMBER
		Modern Outpatient programme	AMBER	AMBER
		Quality Improvement & Performance Measures	AMBER - nationally led	AMBER - nationally led
4.	Providing the focus, resources and tools to support the safer use of medicines	Medicines reconciliation	AMBER	AMBER
		Data measurement & monitoring	AMBER	AMBER
		Quality improvement by community pharmacists	AMBER	AMBER
		Pharmacy role awareness	RED	RED
5.	Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.	Improvement approaches	AMBER	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	AMBER NHS GG&C Activity
		Postgraduate career framework	RED – nationally led	AMBER
		Pharmacy technician	RED –	AMBER

		development	nationally led	NHS GG&C Activity
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)	AMBER (due 2019/2020)
		ePharmacy support for primary care prescribers (paperless prescribing)	RED – nationally led	RED – nationally led
		Health information access	RED – nationally led	RED – nationally led
		Automation	AMBER	
		Future hospital requirements	RED – nationally led	RED – nationally led
		Technology enabled care solutions	RED	
		Clinical decision support tools	AMBER	AMBER
9.	Planning for sustainable pharmaceutical care	New planning framework	RED – nationally led	RED – nationally led
		Contracting and funding arrangements	RED – nationally led	RED – nationally led

3.2 More detailed information on Glasgow HSCP current position is detailed against the relevant commitments in Appendix 1.

3.3 Progress against three commitments considered most relevant to the HSCP have been specifically highlighted in more detail below. These relate to community pharmacy services, GP practice pharmacists and pharmaceutical care to care homes.

3.4 **Commitment 1 Progress : Improved and Increased Use of Community Pharmacy Services**

3.4.1 In Glasgow HSCP we have 163 community pharmacies.

3.4.2 Extension of the Minor Ailment Service (MAS) with free access to all patients registered with a GP in the area has been delayed nationally until April 2020. MAS will continue in the meantime following a positive evaluation in November 2018.

3.4.3 Pharmacy First launched nationally in December 2017. The service allows patients to access free advice and/or treatment for uncomplicated urinary tract Infections in women, and for the treatment of impetigo. This is intended to help reduce GP appointment time for these conditions, and improve patient choice on access to healthcare. It is expected that additional common clinical conditions will be added to the service in 2020. In 2017, £108m was allocated by Scottish Government to the roll out of this with £247,350 going to NHSGGC to support training and service delivery. These funding arrangements continue into 2019/20.

3.4.4 Access to patient data from a community pharmacy setting is being led through a short life working group following a trial in Renfrewshire HSCP. Access to patient data has been recognised as a barrier to fully extending the role of the community

pharmacist. All community pharmacists as of 2019 have clinical mailboxes enabled through NHS net allowing safe transfer of information.

3.4.5 As part of the PCIP Glasgow City has committed resource to implement serial prescribing and dispensing under the community pharmacy Medicines Care and Review (MCR) (formerly Chronic Medication Service). This will move up to 40% of a practices repeat patients to the community pharmacist to manage their prescription issues for up to 56 weeks. This includes reviewing their medicines along the way and providing a care summary back to the practice at the end of the cycle.

3.5 **Commitment 2 Progress: 'Pharmacy Teams Integrated into GP Practice'**

3.5.1 All GP practices in Glasgow City have clinical pharmacist and technician input from the established prescribing support teams.

3.5.2 Commitment to deliver pharmacotherapy in the GP contract is fully described in the HSCP PCIP. Based on the available funding and workforce we propose to continue to roll out additional pharmacy resource to GP practices. The aim is to roll this out across clusters in a phased approach aiming to reach 33% GP Practices resourced to this level in phase 1 (by end 2018/19), 67% phase 2 (by end 2020/21) and 100% phase 3 (by 2023/24). These timelines are based on available workforce. Funding within the PCIP has be set at £5.5 million at 2021/22

3.5.3 Glasgow City prescribing support staff has increased from 34 WTE in March 2018 to 72 wte March in 2019 in response to the plan .Although sustaining GP services, and freeing up GP time are a priority, it is important to ensure we are also planning wider utilisation of pharmacy resource to 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

3.5.4 Plans to address workforce supply both nationally and locally are underway recognising these need to be complemented by plans to address issues of workforce capability.

3.6 **Commitment 5 Progress: 'Improving the Pharmaceutical Care of residents in care homes and people being cared for in their own homes'**

3.6.1 Glasgow City HSCP has 3439 patients receiving medicines and living in a care home with a total prescription spend of £4,09m in 2016/17. This represents 3% of total prescribing spend on 0.48% of the population.

3.6.2 The average prescription spend per annum for a care home patient is £1,185 which is approximately double older adults >75 living in their own home.

3.6.3 Glasgow City HSCP through a spend to save initiative funded primary care based clinical pharmacists to deliver pharmaceutical care & realistic medicine to these patients and support service development within the wider multidisciplinary team.

3.6.4 Closer working with the HSCP commissioning team & Residential Care Services is part of the service development role with collaborative working on the HSCP Medicine Management policy underway.

3.6.5 Pharmacy is engaged in the HSCP strategic discussion and planning to address unwanted hospital admissions of residents from care homes. This includes input to a multidisciplinary group from health and social care and acute services.

3.6.6 We are also working with our pharmacy acute care colleagues to improve communication and referral pathways during transitions of care.

3.6.7 There are a number of work streams suitable for dedicated pharmacy team input. Although initially focused in the care home setting, we intend to scope out the resource required to better support safe, effective and rational medicines use for patients in their own home linking with home care providers and unpaid carers.

4. Recommendations

4.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

a) note the strategic direction of pharmacy; and
b) support pharmacy involvement in development of Primary Care Improvement Plan.

Appendix 1 - 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
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				
Minor Ailment Service	• Inverclyde piloting a Pharmacy First extended Minor Ailment Service (MAS) free to all GP registered patients from January 2017 with evaluation at 12 months. • Pharmacy First Service rolled out from December 2017, enabling assessment and treatment of common conditions starting with UTI and impetigo. • City Wide 'Know who to turn to' poster campaign in 2017 to increase use of Community Pharmacist (CP).	• Further extension of the minor ailment service to include other common clinical conditions and free for all patients to access • Evaluation of impact of making core MAS free to all patients (currently those who were previously exempt from prescription charges)	• Scoping of other common clinical conditions presenting to GP practice that CP could manage • Review of MAS funding • Contractual change for CP moving forward. • Improving IT infrastructure top support MAS	• Reducing GP/ Out of Hours workload • Increasing use of pharmacist clinical skills. • Improving patient access to treatment
Serial Prescribing and dispensing (i.e. provision of a 6 or 12 month prescription direct from community	• A quarter of GP practices using Chronic Medication Service (CMS) serial dispensing in Glasgow City. • Roll out of serial dispensing	• National relaunch of serial dispensing element from April 2019		• Reducing GP workload. • Streamlining CP workload • Patient convenience and access to pharmaceutical care

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
pharmacy dispensed at 28/56 day intervals)	across Glasgow City HSCP with additional IT facilitator input			
Long Term Condition Management	• Oral Nutritional Supplement pilot in East Dun, Renfrewshire and West Dun where pharmacy support management and supply in collaboration with dietitians. • Coeliac Disease Clinical Pathway: CP support self management & supply for those on Gluten Free (GF) diet • Currently several CP clinics running across Glasgow City (See under independent prescribing) • Local enhanced services to support patient review (currently respiratory and pain) • Health promotion and prevention	• Expanding to Oral Nutritional Supplements • CP clinic provision planned and targeted based on need and delivered (see also under independent prescribing)	• Pilot will report on the 28th of March with recommendations for future • • Sustainable contractual funding model for CP services	• Reducing GP workload. • Increasing CP clinical skills • Improve formulary compliance • Patient convenience of supply and assessment from the community pharmacy • Improved working partnerships across other healthcare professions
Independent Prescribing and advanced clinical skills	• There are approximately 30 sessions a week of community pharmacy clinics funded through SG monies on self-identified therapeutic areas	• CP prescribers will be allocated to HSCP areas dependent on population and service need • Patients will be referred between pharmacy settings for ongoing medicines support and review.	• CP expansion of those completing prescribing qualification and clinical skills training • HSCP involved in planning utilisation of CP prescribers • Alignment of CP prescribing with chronic	• Reduce GP workload through PCIF • Develop & increase clinical capacity with CPs. • Improved medicines review processes in the community • Better continuity of care

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
		• CPs will be more systematically involved in prescribing and review of patients with long term conditions	medication service review and contractual framework	
2. **Integrating pharmacists with advanced clinical skills and technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.**				
Access to GP practice based pharmacy	• Prescribing Support Pharmacists /Technicians have delivered polypharmacy & 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, Improving Cancer Journey : Polypharmacy review • GP contract pharmacotherapy; 33.6 wte resource allocated to Glasgow HSCP as of March 2019. Extra resource in 43 practices with continued planned roll out.	• Roll out of additional pharmacy support per practice (recruitment dependent) • GP contract requests a pharmacotherapy service to be delivered by pharmacy teams.	• IT infrastructure to improve referral between pharmacy services and sharing of information • Workforce planning required to identify the needed resource • Assessment of the risk of focusing pharmacist support to sustaining GP workforce against the benefit to the wider health of the population	• Reducing GP workload • Increasing patient safety and quality of prescribing processes • Improved capacity for pharmaceutical care
3. Pharmaceutical care that supports the safer use of medicines (relevant actions)				
Medicine reconciliation across the interfaces of care	• PCIF workstream	• Expansion of PCIF resource for wider input to medicines reconciliation • CP has involvement in	• Resource allocation appropriately funded for wider impact across more practices	• Reduced GP workload • Reduced incidence of errors • Improved medicines safety

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
		process	• Community pharmacist access to information	• Improved communication across interfaces
Quality improvement in community pharmacy	• Pharmacy in primary care collaborative (SPSP PPC) with CPs utilising contractual closer working with GP monies	• National roll out of Quality Improvement activities and methodology, including safety culture survey and NSAID high risk care bundles.	• CP contractual framework • CP to engage with delivery of NSAID toolkits	• As above
4. **Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.**				
Improvement approaches	• Glasgow City Managed Medication service; delivery of pharmaceutical care to vulnerable patients as part of a holistic approach to supporting the clients care needs with Cordia	• Care at home patients are supported to manage their medicines at home • Spend to save resource agreed and recruitment underway for pharmacist to lead in this area.	• Development of the work plan to scope out the additional pharmacy input to care at home	• Patients are able to remain at home longer in the best health
	• Delivery of polypharmacy / realistic medicine reviews to care home residents in Glasgow City care home pharmacists		• Agreement of priority work streams aligned to HSCP older peoples agenda	• Reduction in medicine volume and spend • Reduction in unscheduled care
	• Review of HSCP Residential Care Medicines policy. • Application of QI methodology to medicines management processes across care homes including test of change.	• Quality improvements in medicines management is embedded into care homes • Closer working with commissioning team to support medicines management.	• Review provision of care home training on medicines	• Reduced medicines waste • Safer use of medicines • Upskilled care and practice staff

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
5. **Building the Clinical capability and capacity of the pharmacy workforce**				
Workforce planning	• Strategic modelling being undertaken to identify the workload requirements for the GP contract. • Pharmacotherapy Implementation Group (PIG) being established to address the requirements of the GP contract	• Additional 30 university places per year created • Pharmacy Services has representation on PIG	TBC	• In the short term the required resource to meet the GP contract will not be available. • Risk to HSCP as the focus of efficiency activity shifts to support general practice.
Postgraduate Career Framework	• GP Clinical Pharmacist competency and capability framework available to new band 7 PCIF pharmacists.	• NES foundation vocational training programme being piloted with band 6 pharmacists in the South & NE.	• Wider access to the NES framework program for established practice pharmacists	• A programme that will support career development for pharmacists • To ensure pharmacy staff have the required knowledge and skills to optimise service delivery
Pharmacy Technician Development	• Scottish Government commissioning NES to support skills development for technicians in primary care role. • Competency and capability framework to support pharmacy technicians undertaking new roles in primary care being piloted in Inverclyde	• Roll out of framework to all technicians working in primary care.	• Following evaluation wider access to the NES framework program for established practice technicians	• A programme that will support career development for pharmacy technicians. • Pharmacy staff have the required knowledge and skills to optimise service delivery

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
6. Optimising the use of digital information, data and technologies for improved service delivery				
Health Information access	• Trial of portal access for CPs in Renfrewshire completed discussion underway on wider roll out. • Investigating SCI referrals between pharmacy services • Nationally a working group has been convened to create a Scottish Code of Practice to promote the safe sharing of information	• Wider roll out of remote access for care home reviews • HSCP wide access to portal for CPs • Fully operational referral system between pharmacy sectors.	• IT infrastructure • Data sharing approval across all interfaces. • Community Pharmacy contractor engage to enable successful utilisation of required technology • Funding for licences and IT equipment	• More efficient use of staff time • Safer use of medicines through better data access and sharing of information
ePharmacy support for primary care providers	• Paper prescriptions underpin current prescribing and dispensing processes although ePharmacy support the electronic transmission of prescriptions.	• Move towards paperless prescribing across primary care including the use of Advanced Electronic Signatures. • Requires legislation changes and IT functionality.	• National Funding • Legislative changes	• Reduced GP workload from signing repeat prescriptions • Reduced waste due to lost prescriptions • Reduced storage and transport costs
7. **Planning for sustainable pharmaceutical care that meet population needs**				
Planning	• National development of planning resource to support delivery of pharmaceutical care.	TBC	TBC	

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
Contracting and funding arrangements	• National review of community pharmacy contract framework.	• Shift from the current prescription volume driven contract payment to delivery of pharmaceutical care services.	TBC	
8. **Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care**				
Transformation Requirements	• SG to commission work to transform delivery of pharmaceutical care during weekday & weekends	• 7 day service delivery	• Funding additional staffing hours to extend service to 7 days	• Increased patient flow
Discharge Process	• Discharge information on medicines is sent to the GP practice electronically, and uploaded to clinical portal (which community pharmacists have no access to). • Patients are supplied with medicines on discharge from hospital, and obtain further supply via GP prescription from community pharmacy. • 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 • Three pharmacists	• Pharmacy access to discharge information • Single record to enable accurate transfer and update of patient information including medicines • Ability to transfer medicines related information and care plans between pharmacy sectors • Introduction of Hospital Electronic Prescribing and Medicines Administration (HEPMA) to allow pre-populated discharge information • More pharmacist working across the interface in early stages of their career	• Funding for IT elements • Information governance to allow access to information	• Safer, more efficient discharge process in place to reduce delayed discharges, communication with GP practices and community pharmacists.

Strategy defined Actions	Current Position	Future	What needs to happen?	Expected Outcome
	(Renfrewshire, South & 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			
Modern Outpatient Programme	• Prescribing support pharmacists (PSP) deliver post MI clinic in the community setting avoiding attendance at secondary care. • Pharmacotherapy example of pharmacist led diabetes clinic working across the interface to deliver care to patients in their local environment.	• Better use of pharmacist independent prescribers in specialist clinics in primary care.	• HSCP / primary care pharmacy needs to be involved in the Moving Forward Together programme.	• Patients treated in environment closer to home. • Case holding by clinical pharmacists making full use of their clinical skills.
9. Enhanced access to pharmaceutical care in remote and rural (R&R) communities : Not applicable to Glasgow City.				