

# ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE A STRATEGY FOR SCOTLAND



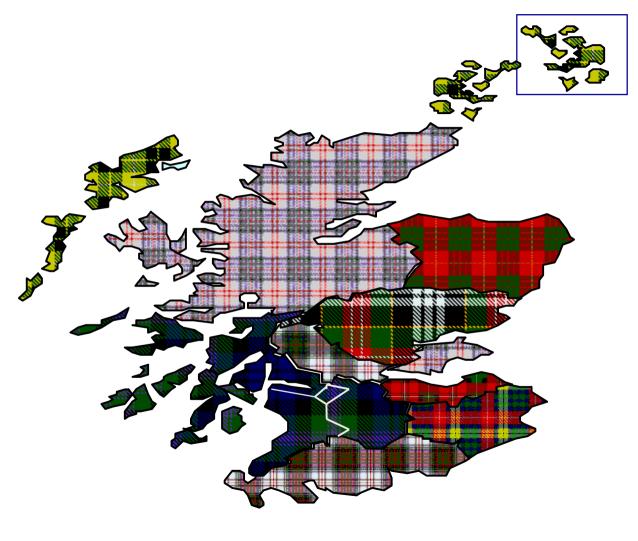
Rose Marie Parr
Chief Pharmaceutical Officer
for Scotland

All Ireland Pharmacy
Conference
October 2017

- Context
- Vision
- Next steps....





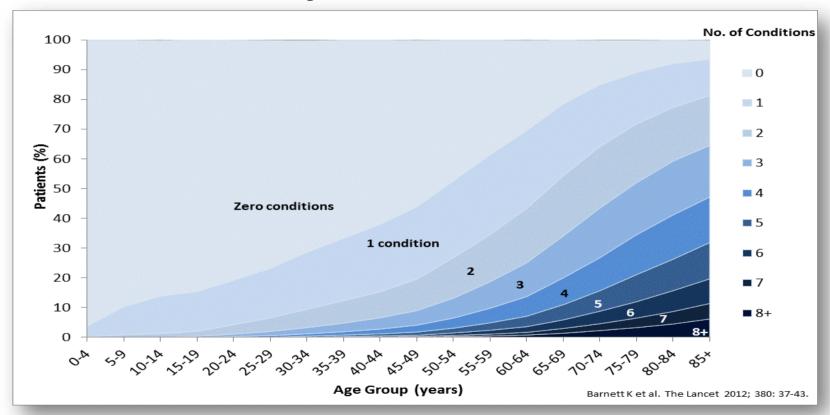




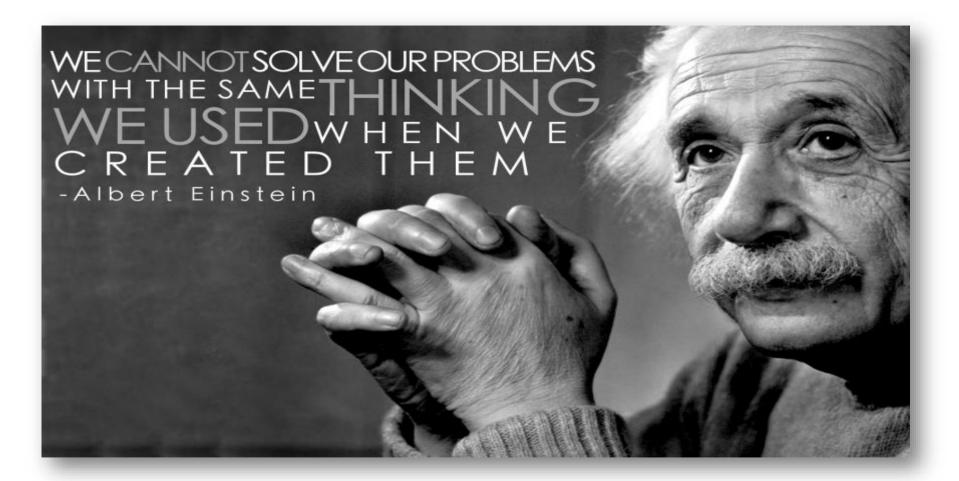
- Approx 5.5 million people
- Approx £13.5 billion
- 14 Health Boards
- 8 Support Boards
- Integrated delivery
- Moving towards social care integration

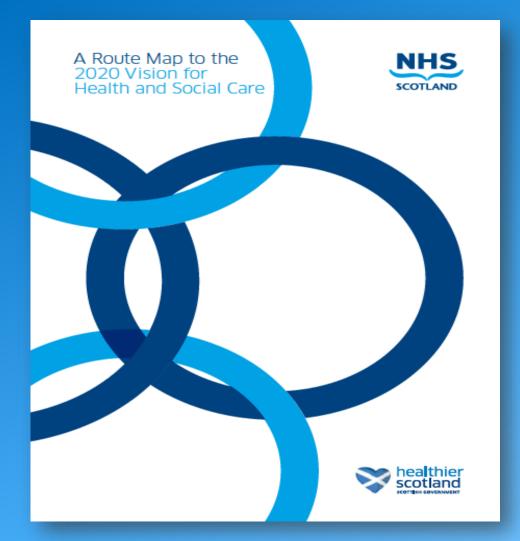


## Multimorbidity is common in Scotland



More people have 2 or more conditions than only have 1





"Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting."

# **Setting the Context for Change**





Our vision is for pharmacy as an integral and enhanced part of a modern NHS in Scotland

### **Pharmaceutical Care**

'The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life.'



(Hepler & Strand 1990)

# Pharmaceutical Care: Safe- Effective-Person centred

# Pharmacy Policy Timeline -

15 Ye	ear Journey to improve Pharmaceutical Care
2002	The Right Medicine - A Strategy for Pharmaceutical Care in Scotland

Independent Regulator the GPhC established and Royal 2010

	Pharmaceutical Society (RPS) as the Professional body	
2013	Prescription for Excellence	
2013	Polypharmacy - Kings Fund report	

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2013	Polypharmacy - Kings Fund report	
2011		

2013	Polypharmacy - Kings Fund report
2014	Now More than Ever: Why Pharmacy needs to Act Nuffield & RPS
2016	Realistic Medicine - CMO Annual Report Scotland

2013	Prescription for Excellence
2013	Polypharmacy - Kings Fund report
2014	Now More than Ever: Why Pharmacy needs to Act Nuffield & RPS

Realising Realistic Medicine- CMO Annual Report 2017

Refresh of PfE SG Strategy....

2017



Achieving Excellence in Pharmaceutical Care

A Strategy for Scotland Launched August 2017

## **Achieving Excellence in Pharmaceutical Care**

# Seeking excellence through the eyes of the people we serve....



Don Berwick, President Emeritus

Institute for Healthcare Improvement (IHI).



#### The strategy includes:

- 9 commitments ....supported by
- 29 actions

#### IMPROVING NHS PHARMACEUTICAL CARE













Minor Ailment Service

Public Health Service Chronic Medication Service

Serial prescribing & dispensing Independent

prescribing &

clinical skills

advanced

GP Practice based pharmacy

Transformation requirements

Quality improvement & performance

measures

measurement & monitoring Pharmacy

role awareness Medicines reconcilation

Discharge

process

Modern

Outpatient

Programme

Quality improvement in community pharmacy

Improvement approaches

Recruitment & retention

Availability of technology to support R&R

Postgraduate career framework Pharmacy technician development

Health

Workforce

planning

ePharmacy support for all primary care

Future hospital

requirements

Clinical decision support tools Technology enabled care solutions

Automation

Contracting & funding arrangements

Planning



ENABLING NHS
PHARMACEUTICAL CARE
TRANSFORMATION



## Integrated Pharmaceutical Care

**GP** practice-based pharmacy

- Medicines management
- Serial prescribing
- Improvement work
- Releasing GP capacity
- Medication & polypharmacy review
- Specialist clinics

- Serial dispensing
- · CMS
- Medication review
- Monitoring, titration, feedback
- MAS & PHS

- In-patient care
- Discharge
- Outpatient clinics
- Specialist services
- Teach & Treat

**Community pharmacy** 

**Hospital pharmacy** 

#### **ACHIEVING EXCELLENCE IN PHARMACEUTICAL CARE - SUMMARY**

#### **IMPROVING NHS PHARMACEUTICAL** CARE



Minor Ailment Service

**Public Health** Service

Chronic Medication Service Serial

prescribing &

dispensing

Independent prescribing & advanced clinical skills

PHARMACY TEAMS

INTEGRATED INTO GP PRACTICES

**GP Practice** based pharmacy



Transformation requirements

Quality improvement & performance measures

Discharge process

Modern Outpatient Programme



Data measurement & monitoring

> Pharmacy role awareness

Medicines reconcilation

Quality improvement in community pharmacy



Improvement approaches



Recruitment & retention

Availability of technology to support R&R



#### **COMMITMENT 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, in-hours and out-of-hours.

# Pharmacy Now - and in the Future?

## **Community**

- Clinically checking prescriptions for safety, appropriateness and supervising dispensing
- Minor Ailments Service
- Chronic Medication Service for long term conditions
- Public Health Service e.g. Smoking Cessation, Needle Exchange....

## **Community Pharmacy**

#### **Existing roles**

- Minor Ailment Service
- Public Health Service
- Chronic Medication Service
- Access to regular repeat prescriptions out of hours

#### **Further Developments**

- Treatment of a wider range of common conditions using PGDs
- Pharmacist prescribing
- Pharmacists working in different care settings
- GP Practice Pharmacy....





#### **COMMITMENT 2**



Integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.

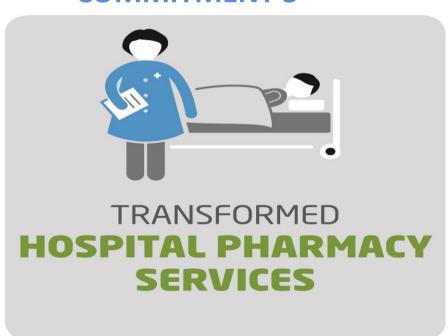
# Pharmacy Now - and in the Future?

## **GP Practice**

- Consulting patients & treating Long Term Conditions
- Undertaking PolyPharmacy Reviews
- Managing the medicines of patients discharged from hospital
- Holding Specialist Clinics e.g. Pain Management
- Working with GP's to improve the quality and safety of prescribing....



#### **COMMITMENT 3**



Creating the conditions to transform hospital pharmacy services to deliver world leading pharmaceutical care.

# Pharmacy Now - and in the Future?

## **Hospital**

- Advise on selection of medicines, and dose and route
- Specialist clinical advise on side-effects and new treatments
- Clinically assess and prepare patients for discharge
- Manufacture medicines when preparations are not available....

# Pharmacy Now - and in the Future?

## All Pharmacy Professionals - PharmaceuticalCare

- Treating all minor ailments and injuries
- Clinically managing patients with LTC's in hospitals/homes and care homes/community
- Leading specialist clinics and Prescribing
- Early health interventions for COPD, Dementia,
   CV disease etc...

## Integrated Pharmaceutical Care

#### **GP** practice-based pharmacy

- Medicines management
- Serial prescribing
- Improvement work
- Releasing GP capacity
- Medication & polypharmacy review
- Specialist clinics

- Serial dispensing
- CMS
- Medication review
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- MAS & PHS

- In-patient care
- Discharge
- Outpatient clinics
- Specialist services
- Teach & Treat

**Community pharmacy** 

**Hospital pharmacy** 

#### **COMMITMENT 4**



Providing the focus, resources and tools to support the safer use of medicines.

## Safer Use of Medicines





AGE 0-4 AMOXICILIN

RITALIN

12-18 APPETITE SUPPRESSANTS

No-Doz

PROZAC VIAGRA

38-65

EVERYTHING ELSE





account for most admissions

NSAIDS

Antiplatelets

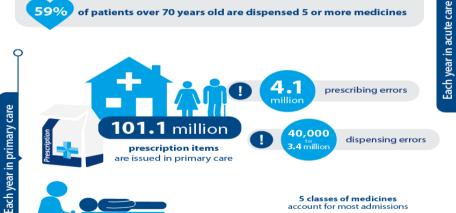
Anticoagulants

Diuretics

Anti-hypertensives

#### **Safer Use** of Medicines



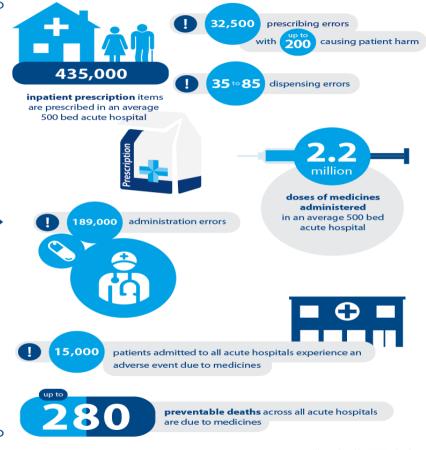


non-elective

are due to

medicines

hospital admissions





"Each capsule contains your medication, plus a treatment for each of its side effects."

### **COMMITMENT 5**



Improving the pharmaceutical care of residents in care homes and people being cared for in their own homes.

## Pharmaceutical care of people in care homes

- Care homes residents have particularly high levels of comorbidity and polypharmacy; seven out of ten residents receive some form of medication error each day (mostly a result of factors outside the control of the home).
- While many errors are of little or no clinical consequence this high prevalence results in adverse events and emergency admissions to hospital.

Review of NHS Pharmaceutical Care of Patients in the Community in Scotland (Wilson and Barbour 2013)

### **COMMITMENT 6**



Enhancing access to pharmaceutical care in remote and rural communities.

## Pharmaceutical care in remote & rural communities.

 Cross-sectional survey of the access of older people in the Scottish Highlands to general medical practices, community pharmacies and prescription medicines

Need for further review of the pharmaceutical care of those of older age with poorer health, living alone in the more remote and rural areas and taking five or more prescribed medicines.

Rushworth G, Cunningham S, Pfleger S, Hall J, Stewart D. January 2017

Postgraduate career framework Pharmacy technician development

Workforce planning



ePharmacy support for all primary care prescribers

**HEPMA** 

**Future** 

hospital

requirements

Health information access

Technology enabled care solutions

Clinical decision support tools

Automation

IMPROVED SERVICE
DELIVERY THROUGH
DIGITAL INFORMATION
AND TECHNOLOGIES

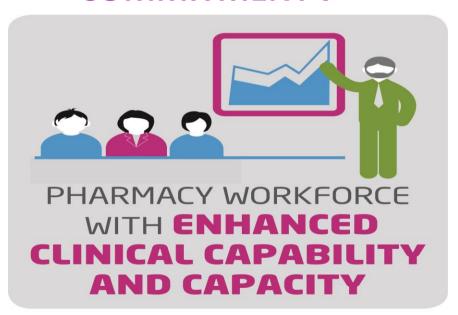
Contracting & funding arrangements

**Planning** 



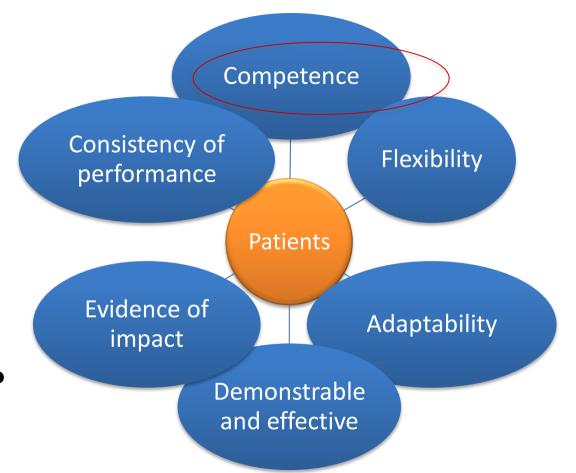
# ENABLING NHS PHARMACEUTICAL CARE TRANSFORMATION

#### **COMMITMENT 7**

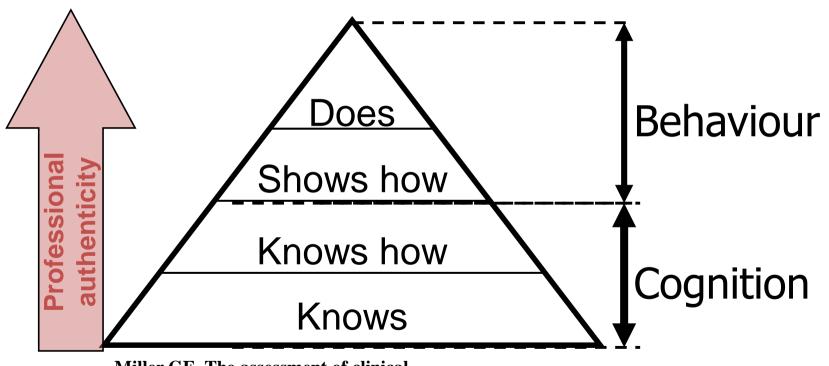


Building the clinical capacity and capability of the pharmacy workforce.

What do patients and the public need from health professionals?



## Miller's simple model of clinical competence



Miller GE. The assessment of clinical skills/competence/performance. Academic Medicine (Suppl) 1990; 65: S63-S67.

## Competency is a complex construct

skills

knowledge

values

behaviours

experiences

competency

## **Competence and Capability**

<u>Professional Education vs. Professional Practice</u>

Demands of Professional Practice with its:

- Uncertainty,
- instability,
- uniqueness and
- value conflicts

(Schon 1987)

## Integrated Initial E & T Review

"The Cabinet Secretary for Health has approved the Five Year Integrated Initial Education Programme for Pharmacists in Scotland.

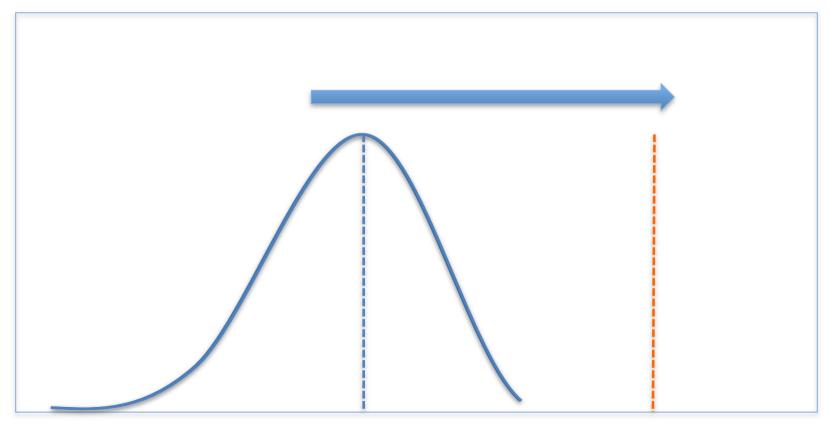
It will be implemented by 2020-2021 with an enhanced "four plus one" model providing a transitional programme structure."

# Professional development frameworks and recognition



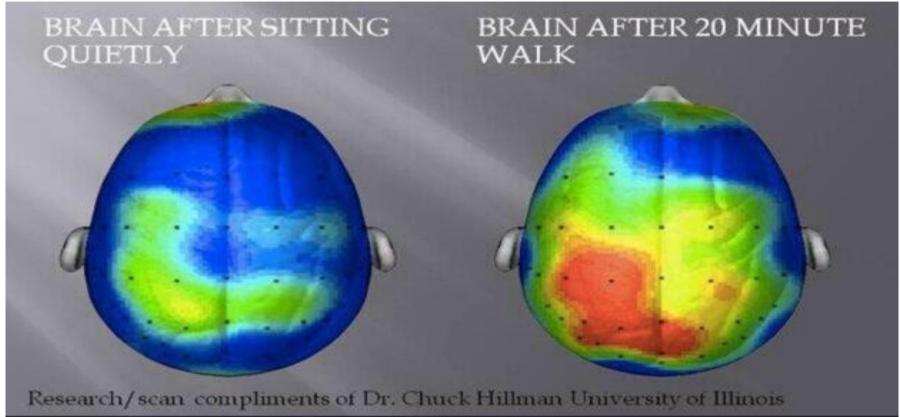
Level of knowledge, skills, experience (Competence)

## Shifting the workforce as a whole...



Workforce capability distribution

## **LET'S STAND UP!**



#### **COMMITMENT 8**



Optimising the use of digital information, data and technologies for improved service delivery.

## NHS Highland Technology Enabled Support

- The delivery of sustainable Pharmaceutical Care close to the person's own home, presents challenges in remote and rural communities.
- NHS Highland has established a remote, primary care, clinical pharmacy service to GP practices in Lochaber using a technology enabled care solution.
- The pharmacy service involves: remote medication review clinics to care home residents; videoconference attendance at multidisciplinary team meetings and virtual wards; remote clinical pharmacy support to GP practices, the integrated care team, and the wider health and social care team; and collaborative videoconferencing clinics with other healthcare groups.

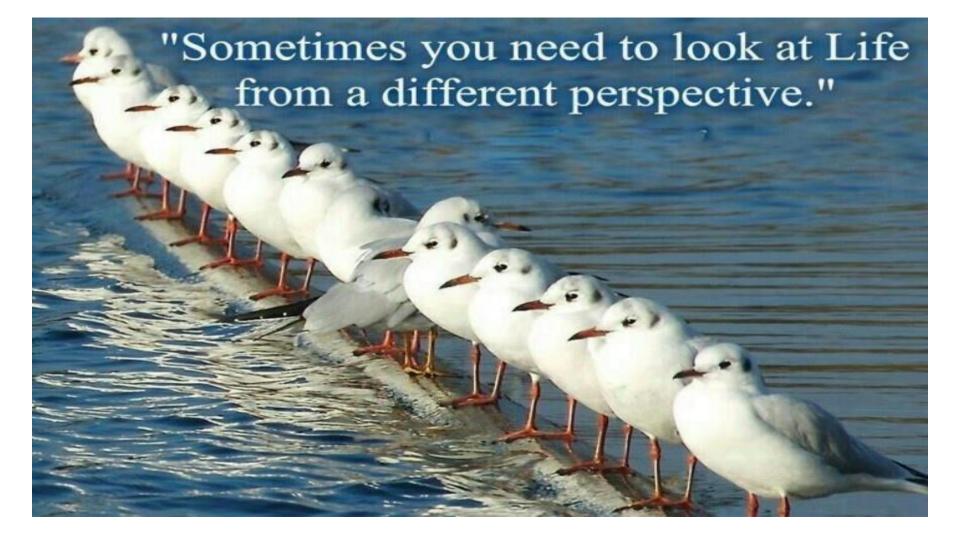
## Automation in hospital pharmacy

- NHS GG&C Health Board has the largest hospital pharmacy robotic installation in the world
- The Pharmacy Distribution Centre distributes 9 million packs of medicines to 4000 destination points from the eastern boundary of Glasgow to Argyll in the West Highlands.
- Hospitals within NHS GG&C also have dispensing robots which dispense medicines for individual people. The use of this technology has enabled pharmacy staff working to be available at the bedside to assist people to achieve the best outcomes from their treatment with medicines.

#### **COMMITMENT 9**



Improving the planning and delivery of pharmaceutical care.



# Quality improvement- and how can it transform healthcare...

"Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it."

## **Community Pharmacy**

Announcement of a **Quality Improvement** Methodology pool for quality improvement activities undertaken in Community **Pharmacy** 

July 2016

NHS Circular PCA (P) (2016) 11

Healthcare Quality and Strategy Directorate Pharmacy and Medicines Division



Dear Colleague

PHARMACEUTICAL SERVICES: AMENDMENTS TO DRUG TARIFF IN RESPECT OF REMUNERATION ARRANGEMENTS FROM 1 APRIL 2016

#### Summary

1. This circular advises community pharmacy contractors and NHS Boards on the outcome of the envelope for 2016-17.

#### Background

2. Circular PCA (P) (2016) 7, published 11 May 2016, advised of the key and headline elements of the community pharmacy funding settlement for 2016-17.

#### Details

- 3. This circular now advises of further changes in respect of payments from July 2016 dispensings as follow:
- The annual pool for dispensing pool payments is increased by £2.063m, providing an annualised pool of £74.063m with effect from July 2016 dispensings
- A Quality Improvement Methodology pool of £2m for 2016-17, for quality improvement activities undertaken in the financial year 2016-17.
- A Closer Partnership Working Payment pool of £1.129m, for initiatives of fostering closer working with General Practices.

St Andrew's House, Regent Road, Edinburgh EH1 3DG www.gov.scot

#### 18 July 2016

#### Addresses

#### For action

Chief Executives, NHS Boards

#### For information

Chief Executive, NHS NSS Director of Practitioner Services, NHS NSS NHS Directors of Finance NHS Directors of Pharmacy

#### Enquiries to:

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## **Next Steps**

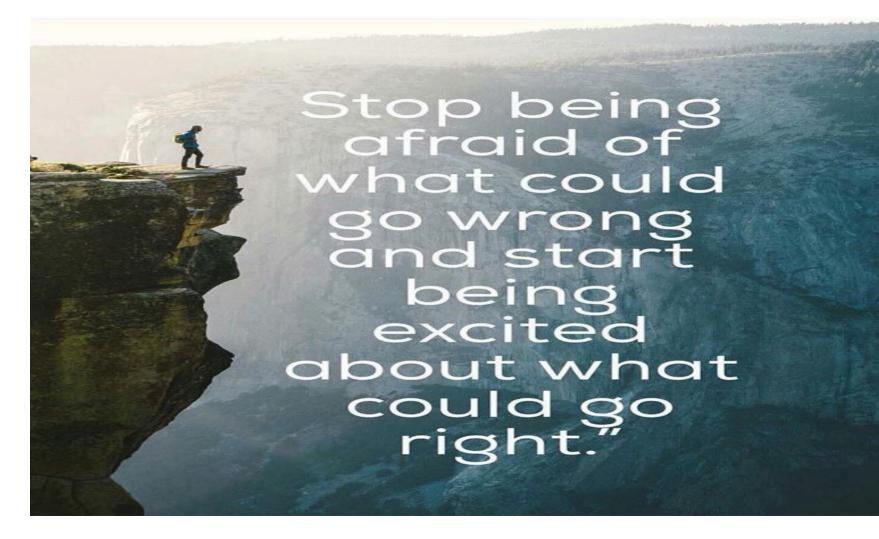
- Communication and Engagement
- Research evaluation and monitoring
- Consultation

Harness the expertise and enthusiasm of pharmacists to build capacity and delivery of Pharmaceutical Care for people in Scotland.

# Walk on Air Against Your Better Judgement

Seamus Heaney 1939-2013

Irish poet and Nobel Prize in Literature.



## Thank You



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