Scottish Borders
Health and Social Care
PARTNERSHIP

Pharmacy service to support Social Care service users

Business Case

Version 3.1

May 2022

Version Control

Version	Date	Author	Reason for changes
Draft 0.1	28/01/22	Adrian Mackenzie	Initial Draft
Draft 0.2	01/02/22	Adrian Mackenzie	Update formatting, typographical errors
Draft 0.3	02/02/22	Adrian Mackenzie	Incorporating feedback from Alison Wilson
Draft 0.4	08/02/22	Adrian Mackenzie	Incorporating feedback from Chris Myers, Mairi Struthers and Rachel Mollart.
Version 1.0	10/02/22	Adrian Mackenzie	Formatting changes, incorporating further feedback form Alison Wilson
Version 2.0	25/04/22	Adrian Mackenzie	Update following feedback from Stephen Fotheringham and discussions with stakeholders
Version 2.1	12/05/22	Adrian Mackenzie	Updated following feedback from members of the H&SCP SMT meeting
Version 3	17/05/22	Adrian Mackenzie / Chris Myers	Update following feedback from Chris Myers and discussion with Meriel Carter.
Version 3.1	27/05/22	Adrian Mackenzie	Feedback on Version 3.0 from stakeholders incorporated.

Executive Summary

The Scottish Borders Health and Social Care Integration Joint Board (IJB) Strategic Implementation Plan for 2018-23 identified the need to provide polypharmacy support to social care service users to prevent medication-related admissions and improve the quality of disease management. Upto this financial year there has been no funding identified to mainstream this work and support integration.

An IJB funded project ran from Nov 2017 to April 2019 working with social care teams. Through this joint working and the development of joint training and guidelines it was demonstrated that many of the issues for carers are around medicines. The project demonstrated that advice from a member of pharmacy staff who understands the issues related to care providers is necessary to reduce risk to patients and staff administering medicines.

It has been recognised over the last few years that there is a need to provide strategic and operational input by a pharmacist and pharmacy technician into service users requiring health and social care partnership (H&SCP) assistance with their medicines.

The pressure on H&SCP services is also felt by Pharmacy; the increasingly elderly population on multiple medications results in more patients who require assistance to take their medicines and support reablement, promote independence and self-care. Many patients receive social care visits to assist them with their medicines. Currently there is no review of patient's medicines which may lead to a reduction in the number and/or need for visits and the length of visits due to the number of medicines.

The team would work primarily with Care at Home patients however they would also work with Care Homes patients on appropriate pieces of work.

The key aims of this team are presented below:

Primary Aims	**Outcomes (National Health and Wellbeing Outcome indicators)**	**Measure**	**Financial Impact**
Improved outcomes for individuals receiving Social Care input by undertaking risk assessment to avoid medication issues and increased safety by reducing the risk of harm to them from their medicines and the resultant admissions to hospital care.	People are able to look after and improve their own health and wellbeing and live in good health for longer	Reduction in estimated risk of harm to patients from their medicines using NPSA matrix.	It is estimated by the University of Dundee that approx 4.5% of hospital admissions are due to preventable hospital admissions, this translates to cost avoidance of £136K per year
	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.		
	People who use health and social care services are safe from harm		
Reduce the need for carer visits - With a proper assessment and review of patients the burden on health and social care can be reduced.	Resources are used effectively and efficiently in the provision of health and social care services	Number of carer visits that have been avoided	It is estimated that 38% of patients can have their care package reduced following a comprehensive review, this translates to over 150,000 carer visits per year and a cost avoidance of almost £98K per year.
Work with other H&SCP staff to deliver integrated care. This team would support workstreams for example 'Home First', 'Reducing delayed discharges', maximising capacity of care at home staff and contribute to the management of what were once considered winter pressures however now seem to be all year round.			

Where capacity permits with the agreement of the IJB, the team may also be able to support the following outcomes.

Secondary Aims	Outcomes (National Health and Wellbeing Outcome indicators)	Measure	Financial Impact
Reduce the use of compliance aids – to allow reablement, promote self-care, and reduce the burden on both health and social care services. As well as releasing community pharmacy time	People are able to look after and improve their own health and wellbeing and live in good health for longer 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..	% of patients with a package of care that includes medicines who have a compliance aid.	No assigned financial saving, contributes to reducing burden on health and social care.
Actions around promoting independence and reablement through the use of assistive technology to enable patients to take their medicines and reduce the burden on both health and social care services.	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.. Resources are used effectively and efficiently in the provision of health and social care services.	% of patients assessed as to whether assistive technology would support them to safely take their medicines.	No assigned financial saving, captured under reduction in care visits
Work with other stakeholders to ensure consistency of training and education to staff across all Care at home and Care Home providers in relation to medicines related policies and procedures.	People who use health and social care services are safe from harm. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	All care providers to be made aware of the support available in relation to the development of policies and procedures.	No assigned financial saving, reduction in harm captured under reduced admissions.
Link with Realistic Medicines work within Borders H&SCP to deliver quality improvement approaches to patient care.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	% of patients who receive social care assistance with their medicines who have also received a realistic medicines review.	It is estimated that reviewing 150 patients in year 1 will deliver £18K in drug savings per year.

Summary

The meeting is asked to support the proposal that a pharmacy based team be employed to work across all localities within the Scottish Borders H&SCP at a cost of £150K comprising of Pharmacy Technicians and a Pharmacist to deliver on the objectives identified above with an indicative likely benefit opportunity when applied across the Borders of £102K of net savings.

Integration Planning and Delivery Principles

Integration Planning and Delivery Principle	**How the service will ensure that these are met:**
Make the service more integrated from the point of view of service users	Integrated assessments of needs and sharing of information.
Take into account the needs of different service users	Holistic review processes to ensure 'what matters to me' is given prominence.
Take into account service user needs in different parts of the area in which the service is being provided	Working in locality areas will enable responses to be much better targeted at a local level.
Take into account particular characteristics and circumstances of service users	Provide tailored interventions based on an individual level of need and circumstances.
Respect the rights of service users	Ensure all assessments and interventions are underpinned by a human right based approach
Take into account the dignity of service users	Ensure that vulnerable service users have their rights and wishes respected
Take into account participation of service users in the community they live	Provide advice on medicines administration that supports service users to be active within their communities.
Protect and improve the safety of service users	Undertake medicines reviews that work to reduce the risk of harm from taking medicines and ensure all staff administering medicines are well trained
Improves the quality of service	Service will work closely to review any medicines related incidents to identify learnings and support actions to reduce recurrence.
Is planned and led locally in a way that is engaged with the community (service users, carers and those providing services)	Support a learning culture within all health and social care services to ensure continual service improvement
Best anticipates needs and prevents them arising	Provide advice and solutions that are flexible to changes in service users conditions.
Makes the best use of available facilities, people and resources	Will ensure effective use of health and social care resources to deliver care.

1. Introduction

The Scottish Borders Health and Social Care IJB Strategic Implementation Plan for 2018-23 identified the need to provide polypharmacy support to social care service users to prevent medication-related admissions and improve the quality of disease management. Upto this financial year there has been no funding identified to mainstream this work and support integration.

It has been recognised over the last few years that there is a need to provide strategic and operational input by a pharmacist and pharmacy technician into patients requiring health and social care partnership (H&SCP) assistance with their medicines. This team would support workstreams for example 'Home First', 'Reducing delayed discharges', maximising capacity of care at home staff and contribute to the management of what were once considered winter pressures however now seem to be all year round.

The team would work primarily with Care at Home patients however they would also work with Care Homes patients on appropriate pieces of work.

2. Background

An IJB funded project which ran from Nov 2017 to April 2019 enabled a Pharmacy Technician (1FTE) and a Social Care Manager (0.4FTE) to work with social care teams. The project had aimed to recruit a pharmacist in place of the Social Care Manager however recruitment to this post was unsuccessful. Through this joint working and the development of joint training and guidelines it was demonstrated that advice from a member of pharmacy staff who understood the issues related to care providers is required to reduce risk to patients and staff administering medicines. The full report is included in Appendix 1.

Across the H&SCP, our frailest patients outside of the Hospital environment are looked after either in their own homes or in Care Homes yet these are locations where patients may not receive regular face to face pharmaceutical care input tailored to them as an individual.

The implementation of the Pharmacotherapy service in the Scottish Borders provided an opportunity to continue elements of the IJB funded project providing Pharmacy input to the H&SCP. This was achieved through 1 WTE band 5 pharmacy technician providing medicines management advice and support to GP practice staff routinely & to social care staff for complex cases. Currently the role acts as a specialist support role to the practice based teams and provides a first point of contact for any medicines management issues that would otherwise be directed to practice based teams or social care some examples are:

- Queries from practice based teams around care packages e.g current level of medicine support, medicine tasks, care provider, visit timings etc
- Queries from care providers & social care around medication administration
- Prompting changes to medication to reduce care visits
- Resolving issues with care packages
- Providing medicines management advice for example:
    - covert administration
    - crushing medicines
    - managing swallowing issues and identifying alternative products or methods of administration
- Responding to medication administration errors

A decision has been made by the PCIP Executive that this post, while important, does not fit directly with Level 1-3 pharmacotherapy tasks in reduction of GP workload in relation to PCIF spend and will cease to fund the role after June 2022. However they recognise the critical importance of the role and are supportive of this bid for funding.

The pressure on H&SCP services is also felt by Pharmacy; the increasing elderly population on multiple medications results in more patients who require assistance to take their medicines and support reablement, promote independence and self-care. A survey undertaken in the Scottish Borders during the Summer of 2020 identified that two-thirds of the 11 out of 29 pharmacies who responded to the survey were at or close to full capacity for production of compliance aids. Many patients receive social care visits to assist them with their medicines and currently there is no planned reviews of patient's medicines, which may lead to a reduction in the number and/or need for visits and the length of visits due to the number of medicines.

Blister packs are widely regarded as a panacea for people living at home who have problems with their medicines. Their use is, however, not evidence based, with practice largely based on the beliefs of professionals and carers, rather than a patient centred approach. Medical and Nursing staff are the most likely to request the use of an aid, which is usually given without an assessment of the individual patient's needs in terms of medicine management.

Such needs depend on the patient's motivation, type of medicine regime, and physical and cognitive ability. Work done in the IJB funded project in 2019 where 202 patients currently receiving compliance aids were re-assessed, identified that for 49 patients out of 202 (24%) a blister pack was not the most appropriate method of support. Reducing the number of aids supplied, through proper assessment, would release pharmacy capacity to ensure that the needs of this vulnerable group of patients are better met.

The availability of compliance aids is a significant issue across the Scottish Borders in that pharmacy contractors in some areas do not have any further capacity to produce blister packs. The production of these aids requires considerably more pharmacy time (approx. 30 min/pt/month) with no additional funding provided. In the last 6 months, challenges have been identified in trying to source a pharmacy to provide a compliance aids in the following areas: Galashiels, Kelso, Duns, Eyemouth and Hawick. The issue is more significant in the Kelso as at the time writing no pharmacy has the capacity to take on additional patients and both pharmacies have a waiting list in place.

There is also a related medicines governance issue in that due to the removal of products from the manufacturer`s protective packaging they are exposed to light and moisture which are common reasons for drug degradation, reduced effectiveness and safety. The first step should always be to try to simplify the medicine regimen by polypharmacy review. If that is not sufficient, then a reminder chart may be tried. If a blister pack is then deemed appropriate, the device chosen should itself match the abilities of the patient - different aids require varying manipulative skills. Such an approach historically has not been common practice. Blister packs remove independence by taking away a key link between the patient and their medicines, which then become just a collection of tablets and capsules. Blister packs also make it difficult for social care and health staff to identify medication that may be discontinued or needs to be taken at certain times.

3. Management Case

The key aims of this team will be to deliver on the outcomes below:

Primary Outcomes

Primary Aim 1	
Improved outcomes for individuals receiving Social Care input by undertaking risk assessment to avoid medication issues and increased safety by reducing the risk of harm to them from their medicines and the resultant admissions to hospital care. This translates to cost avoidance of £131K per year.	
Outcomes (National Health and Wellbeing Outcome indicators)	People are able to look after and improve their own health and wellbeing and live in good health for longer
	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
	People who use health and social care services are safe from harm
Measure	Reduction in estimated risk of harm to patients from their medicines using NPSA matrix. Example in Appendix 2

Commentary:

Work done by University of Dundee estimated that approx 6.5% of all hospital admissions were medicines related, and that two-thirds (4.5%) of medicines related hospital admissions were preventable. This represents a significant impact on older patients spending time in hospital rather than their preferred care environment or own home. For example if care at home staff or patients were better aware through care plans of the need to stop water tablets (diuretics) when patients have diarrhoea and or vomiting this would significantly reduce the risk of an admission due to kidney failure.

A 25% reduction in the estimated 4.5% of BGH emergency admissions hospital admissions for patients aged over 75 years due to preventable medicines related hospital admissions translates to £136K
(*Based on a reduction of 25% in 4.5% of 4237 emergency admissions being avoidable medicines related admissions for over 75s in Borders in 2019/20 at £2852 per admission. Data taken from PHS Statistical release for 2018/19 and agreed with NHS Borders Planning & Performance Team).* https://www.isdscotland.org/Health-Topics/Finance/Publications/2019-11-19/Costs_R300s_2019.xlsx

Risk assessment and appropriate risk management could reduce issues and errors and lead to increased safety if undertaken during the initial social care assessment/review. Work done in 2019 within Waverley Transitional Care reduced medication errors from 37 in a year to 8.

The admission savings are based on reduced care required as a result of medicines related harm e.g. falls, adverse events from medication like bleeds, confusion, and overdose. The impact of this reduction in workload cannot be

underestimated as we look to reduce pressure on health and social care resources as part of the recovery from the impact of COVID, for example on waiting time lists and missed preventative screening. Work done in NHS Borders on 2014 supports the frequency of this level of outcome; an evaluation done following a polypharmacy review showed that the risk of harm to patients from their medicines can be reduced significantly. Further details can be found in Appendix 2.

Primary Aim 2

Reduce the need for carer visits - With a proper assessment and review of patients the burden on health and social care can be reduced this translates to over 150,000 carer visits per year and a cost avoidance of almost £98K per year.

Outcomes (National Health and Wellbeing Outcome indicators)	Resources are used effectively and efficiently in the provision of health and social care services
Measure	Number of carer visits that have been avoided.

Commentary:

It is estimated that 38% of patients can have their care package reduced following a comprehensive review, this translates to over 150,000 carer visits per year and a cost avoidance of almost £98K.
(38% of the 150 patients reviewed can have 1 visit less per day at £5 per visit).

With a proper assessment and review of patients the burden on health and social care can be reduced. For example, a patient receiving 4 visits a day to administer medicines, there is the potential that if the medicines are reviewed that they could be changed so that the patient requires fewer visits a day either by reducing the medicines they take or changing the medicines given. Pilot work done in 2019 identified that over a third of patients (38%) following a medication assessment could have a reduction in medication tasks by carers. This would release carer capacity to care for more individuals or to provide a greater scope of care to existing patients.

Information gathered by SBCares for w/c 9th May 2022 shows the challenges facing social care providers in providing care.

Patient Group	Patients Impacted	Hours of care
Hospital Waiting	34	472
Community Package unmet	125	902
Home First package unmet	16	76
Awaiting Increase in package	36	122
Total	**211**	**1,572**

Primary Aim 3

Work with other H&SCP staff to deliver integrated care. This team would support workstreams for example 'Home First', 'Reducing delayed discharges', maximising capacity of care at home staff and contribute to the management of what were once considered winter pressures however now seem to be all year round.

Outcomes (National Health and Wellbeing Outcome indicators)	Resources are used effectively and efficiently in the provision of health and social care services
Measure:	Number of people awaiting changes to their packages of care or new packages of care.

Commentary:

A support team focused on supporting the wider H&SCP teams rather than the more focused scope of the pharmacotherapy funded role in supporting GP practices. This would deliver a service wide approach to tackling the multifactorial issues around the provision of patient centred care involving Social Care providers, 3rd Sector and Healthcare staff

Local and National evidence suggests that this approach is an efficient use of resources, maximising the impact of interventions and minimising the use of resources. The key drivers are to improve the independence of individuals within a framework of an ageing population and financial controls, minimise medicines burden and maximise benefit Between 1998 and 2020 According to National registrar of Scotland data the Scottish Borders the 65 to 74 age group saw a 51.2% increase (versus 31.6% for Scotland) and the 75+ age group saw a 39.6% increase (versus 35.4 for Scotland).

Secondary Outcomes

Where capacity permits with the agreement of the IJB, the team may also be able to support the following outcomes.

Secondary Aim 4	
Reduce the use of compliance aids – to allow reablement, promote self-care, and reduce the burden on both health and social care services. As well as releasing community pharmacy time.	
Outcomes (National Health and Wellbeing Outcome indicators)	People are able to look after and improve their own health and wellbeing and live in good health for longer
	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..
Measure	% of patients with a package of care that includes medicines who have a compliance aid.
Commentary: It is estimated that for 24% of patients a blister pack was not the most appropriate method of support. As many pharmacies have over 100 blister pack patients this could eliminate waiting lists where the support is required and assessed as appropriate. Compliance aids are viewed by many as a panacea to assist patients, when other ways of supporting them will better assist reablement, promote self-care, and reduce the burden on both health and social care services. The use of compliance aids also makes it very difficult for carers to identify medication if some items are not to be administered. It is proposed that this project would support healthcare and social care staff to ensure they better understand the options available and give them the skills to make an assessment and choose the most appropriate method of medicines support. The benefit for patients of this approach to improvement assessment for patients will be supporting independence, reablement and reducing deskilling of activities of daily living e.g. managing their own medicines ordering, collection and administration. For example a patient with low vision could have a colour dot applied to the medicines pack to allow them to differentiate between different medicines.	

Secondary Aim 5	
Actions around promoting independence and reablement through the use of assistive technology to enable patients to take their medicines and reduce the burden on both health and social care services.	
Outcomes (National Health and Wellbeing Outcome indicators)	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..
	Resources are used effectively and efficiently in the provision of health and social care services.
Measure	% of patients assessed as to whether assistive technology would support them to safely take their medicines.
Commentary: Assistive technology is a much more cost-effective way of supporting suitable patients for example the monthly cost of an Ethel device to support medicines administration is £30/month compared with a medication prompt visit of £5 per visit.	

Secondary Aim 6	
Work with other stakeholders to ensure consistency of training and education to staff across all Care at home and Care Home providers in relation to medicines related policies and procedures.	
Outcomes (National Health and Wellbeing Outcome indicators)	People who use health and social care services are safe from harm.
	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Measure	All care providers to be made aware of the support available in relation to the development of policies and procedures.
Commentary:	

Work with other stakeholders to ensure consistency of training and education to staff across all Care at home and Care Home providers in relation to medicines related policies and procedures. It is not anticipated that the team would deliver routine training to staff as this would be their employer's responsibility.

Develop links with Social Care and Care homes to ensure consistency of training and education, supporting early discharge and self-care. Consideration should be given as to how to best support training to all care at home providers which focuses on outcome of screenings/assessments, definitions of prompt, assist and administer and levels of need. This will ensure consistency of approach with medicines management across Borders H&SCP. Given the challenges due to COVID and the wide geographical dissemination of staff, exploration of the efficacy of various training delivery approaches are needed from in person live events, through to live interactive remote learning using TEAMS through to non interactive online learning with complete flexibility around access and timing of training

Secondary Aim 7	
Link with Realistic Medicines work within Borders H&SCP to deliver quality improvement approaches to patient care.	
Outcomes (National Health and Wellbeing Outcome indicators)	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Measure	% of patients who receive social care assistance with their medicines who have also received a realistic medicines review. It is estimated that reviewing 150 patients in year 1 will deliver £18K in drug savings.

Commentary:

There is strong evidence in pharmacy literature that as the number of medicines increases the risk of the patient being harmed by their medicines also increases. By undertaking a medicines review this risk can be managed or reduced. Work done by University of Dundee in the 2016 EFIPPS trial showed that the number of vulnerable patients with high risk prescribing can be reduced from 6.2% to 4.6% through feedback and awareness raising with prescribers. The reduction is medicines prescribed in other similar work has not been significant in terms of drug costs, the benefits are around the reduction in the use of medicines that may lead to drug related reasons for admission.

The team could support the administration of OPAT (Outpatient Parenteral Antibiotic Therapy) to patients receiving care at home and reduce the need for an admission or support earlier discharge. Based on prescribing data for the year to Feb 2022 a third of our care home residents received at least one treatment for a UTI, this team could make sure that such treatments were clinically appropriate in line with local antimicrobial guidance. This work would also support delivery of Standard 5 "Antimicrobial Use" in the HIS Infection Prevention and Control Standards for Health and Social Care settings.

Evidence in the project supports benefits to patients following a joint Health & Social Care approach to the assessment of patient's needs in relation to medicines management focusing on independence and self care. The role of a pharmacy technician in the project was critical to achieving best outcomes for individuals. To continue with this role across Borders, would require the employment of 2 FTE of technicians to ensure patients are screened/assessed in a timely manner.

It is proposed that the team would sit under the existing H&SCP structure for Care Management so that the team are fully embedded and can maximise the outcomes. Recruitment would take place by the Lead Pharmacist supported by Senior NHS Pharmacy staff and other H&SCP Colleagues. The aim would be to secure permanent funding for the posts as experience with recruitment has highlighted that success in recruiting to fixed term posts even through secondment has been very challenging.

Initial thoughts for the division of the technician staff would be one based in each of the following, with the hours worked based on the anticipated workload South (Based around Hawick and Jedburgh), East (Based around Berwickshire and Kelso) and West (based around Galashiels and Peebles). The pharmacist would work across all areas.

4. Financial Case

The cost of the provision would be offset by 3 factors:

1. Improved outcomes from Social Care interventions,
    a. Reduction in patients awaiting new packages of care or changes to packages of care.
    b. Increased efficiency around staff resource
2. Reduction in medicines related harm and associated admissions/ additional care needs.
3. Reduction in Medicines spend.

A evaluation of a similar intervention in East Devon in 2014 demonstrated savings of £255K for an investment of £156K, delivering net savings of £100K across a population of 145,000. With the exception of the Medication costs the savings would release capacity that could be used elsewhere. In the East Devon study 57% of patients referred to the pharmacy service we aged 80 years or over this compares to 67% of patients who are receiving input from SBCares in April 2022 who are aged over 80 this may mean that greater savings could be made.

https://pharmaceutical-journal.com/article/research/pharmacy-at-home-service-for-frail-older-patients-demonstrates-medicines-risk-reduction-and-admission-avoidance

Whilst it is difficult to compare savings due to differences in factors like population size, economies of scale, location and demographics. The Devon project provides support to the Scottish Borders estimates as detailed below:

Factor	Value	Cost Avoidance / Saving
Use of Social Care resources	£ 98K	Cost Avoidance
Reduced Admission from Medicines Harm	£ 136K	Cost Avoidance
Medicines Spend	£ 18K	Saving
Total	**£ 252K**	**Mainly cost avoidance**

This would deliver net savings of £102K, based on £252 savings/cost avoidance for a staffing investment of £150K.

5. Options

Option 1

Description
Do nothing – Maintenance of the Status Quo
Cost
£ Nil
Advantages
• No additional costs incurred
Disadvantages
• Maintaining the Status Quo is not possible since the existing model with support provided by a specialist pharmacy technician will end on 30th June 2022. • Queries from practice based teams around care packages would be directed to social care • Queries from care providers / social care regarding medication administration will be directed to practice based teams. • No advantage in terms of reduced care visits due to prompting changes to medication. • Issues raised regarding care packages will be directed to practice based teams placing more pressure on resources. • Medicines managewment advice e.g. covert administration, crushing medicines and managing swallowing issues and identifying alternative products or methods of administration etc. will be directed to practice based teams placing more pressures on existing resources. • Responding to medication administration errors will be directed to practice based teams again increasing pressure on existing resources.

Options 2 and 3 are based on the Pharmacist acting as the lead for the team; this role could also be undertaken by a B6 pharmacy technician. The time needed for his role is estimated at 0.2 FTE. If this were to happen then the team

workforce would be 1 FTE B6 Pharmacy Technician, 1.2 FTE B5 Pharmacy Technician, and 0.8 FTE Band 7/8A Pharmacist. The financial impact of this would be to increase costs by £4-6K

Option 2

Description
Creation of an HSCP Pharmacy Team with a Band 7 Pharmacist and 3 Band 5 Pharmacy Technicians totalling 2 FTE
Cost
Based on 2021 Payscales this would cost £137K per year excluding travel costs, increasing to £143K if Band 6 technician was the lead.
Advantages
• All of the additional pressures listed as disadvantages for Option 1 above being directed to practice based teams will be AVOIDED with those activities being directed to the new HSCP Pharmacy Team. • Existing examples of similar teams show that the costs of resourcing such a team are significantly outweighed by savings to Health and Care services from the avoidance of additional hospital admissions, health interventions and care visits. • Patient Safety will be significantly improved via proactive review of individual patient medication reviews. • Cost savings to both Health and care Services are unlikely to be cashable but WILL release capacity and resources to be used elsewhere.
Disadvantages
• The cost of establishing the recommended additional roles. • Establishing a role for a Band 7 rather than a Band 8 Pharmacist will mean that person is not as experienced and will not be able to act with the same level of autonomy. That in turn will mean this individual will have to seek advice, support and authorisation for some activities from existing services in Health and Care which are likely to already be under significant resource pressures.

Option 3

Description
Creation of an HSCP Pharmacy Team with a Band 8 Pharmacist and 3 Band 5 Pharmacy Technicians totally 2 FTE
Cost
Based on 2021-22 Payscales this would cost £146K per year excluding travel costs, increasing to £150K if Band 6 technician was the lead
Advantages
• All of the additional pressures listed as disadvantages for Option 1 above being directed to practice based teams will be AVOIDED with those activities being directed to the new HSCP Pharmacy Team. • Existing examples of similar teams show that the costs of resourcing such a team are significantly outweighed by savings to Health and Care services from the avoidance of additional hospital admissions, health interventions and care visits. • Patient Safety will be significantly improved via proactive review of individual patient medication reviews. • Cost savings to both Health and care Services are unlikely to be cashable but WILL release capacity and resources to be used elsewhere. • This Option is best placed to maximise the improved outcomes associated with the proactive review and administration of often complex patient medication regimes.
Disadvantages
• This is a more expensive option.

6. Recommendation

The meeting is recommended to approve the following:

Option 3 is the recommendation of this paper. The initial investment to establish the team is not insignificant BUT the benefits to be realised in terms of patient safety, better patient outcomes outweighs those costs. The avoidance of significant costs in terms of reduced hospital admission, reduced requirement for health interventions and reduced requirement for care visits should significantly exceed the upfront investment costs. . These cost avoidance outcomes are unlikely to take the form of cashable savings but WILL release significant capacity and resource which can then be used more effectively elsewhere.

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Health and Social Care Partnership Senior Management Team

Appendix 1 – Final Project Report IJB Funded Pharmacy Project.

Final Project Outcome Report.pdf

Appendix 2 – NPSA Risk Matrix

The chart below demonstrates the effect based on the National Patient Safety risk matrix. Data is based on a review of 82 patients that gave a representative sample of the Borders GP practice populations.

The top line shows the risk of harm prior to medication review
The middle line shows the theoretical minimum risk post review
The bottom line shows the actual risk post medication review

Key
Red - very high risk of harm/admission
Amber- moderate risk,
Yellow – medium risk
Green – low risk)