

DIRECTIONS FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD

Directions issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

Reference number	SBIJB-150622-3 Pharmacy Support
Direction title	Pharmacy Support to Social Care service users
Direction to	NHS Borders and Scottish Borders Council
IJB Approval date	TBC – Direction to be considered by Integration Joint Board on 15 June 2022
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	Pharmacy services, adult home care and residential care services
Full text of the Direction	<p>To work in partnership to develop an integrated polypharmacy support service for all adult social care service users, provided by all providers.</p> <p>It is expected that an integrated impact assessment will be undertaken prior to commencing work on this initiative, to inform the development of the programme.</p> <p>It is expected that any associated savings as a result of this commission are identified and flagged to the Integration Joint Board Chief Financial Officer. The Integration Joint Board will determine at a later stage how the productivity gains from this development should be used, and whether they be recycled and used to increase capacity in the system, or used to contribute to a further reduction in the delegated services budget. Decisions about the recurrence of this initiative will be made following 2 reviews of the initiative by the Integration Joint Board Audit Committee and a review by the Integration Joint Board.</p>
Timeframes	To commence as soon as possible
Links to relevant SBIJB report(s)	<p>The Health & Social Care Integration Joint Board Strategic Plan 2018 – 2023 indicated that in order to reduce admission to hospital, improve health and wellbeing and reduce demand for statutory services:</p> <ul style="list-style-type: none"> • “Pharmacy teams are taking on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service. This includes case management, supporting long term conditions (particularly respiratory disease and diabetes), care homes and polypharmacy reviews. The work should help prevent medication-related admissions and improve the quality of disease management.” • “A project (using a project manager and pharmacy technician) is testing pharmacy input to patients receiving care packages” <p>As the national parameters and scope of the Primary Care Improvement Plan have changed, it is recognised that the intended benefits and outcomes for social care service users can not been met by following the original plan. As a result, due to the expected benefits of this initiative, this Direction has been developed on a 2 year non-recurrent basis, as a test of change to ensure that the outcomes intended can be appropriately realised.</p>
Budget / finances allocated to carry out the detail	2 year non-recurrent revenue to NHS Borders: £150,000 per annum
Outcomes / Performance Measures	It is expected that detailed information will be collected collaboratively by NHS Borders and the Scottish Borders Council to evidence improvements against the national health and wellbeing outcomes listed below, the integration planning and delivery principles, along with the measures and secondary aims:

Secondary Aims	Outcomes (National Health and Wellbeing Outcome indicators)	Measure
Reduce the use of compliance aids – to allow <u>reablement</u> , 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	% of patients with a package of care that includes medicines who have a compliance aid.
	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..	
Actions around promoting independence and <u>reablement</u> 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..	% of patients assessed as to whether assistive technology would support them to safely take their medicines.
	Resources are used effectively and efficiently in the provision of health and social care services.	
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.	All care providers to be made aware of the support available in relation to the development of policies and procedures.
	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.	
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 also expected that evidence will also be captured on the quantum provided in the following areas. As part of this it is essential that the baseline is captured:

Factor	Type of gain
Use of Social Care resources	Outcomes / Productivity gain
Reduced admission from medicines Harm	Outcomes / Productivity gain
Medicines Spend	Saving

Date Direction will be reviewed March 2023 Integration Joint Board Audit Committee, followed by further review at the Integration Joint Board Audit Committee in March 2024