

*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 20 June 2022

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PRIMARY CARE PHARMACOTHERAPY AND PHARMACY SUPPORT FOR PEOPLE RECEIVING SOCIAL CARE UPDATE	
Purpose of Report:	To update the IJB Audit Committee on the current status of the pharmacotherapy service.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: a) Note the update.
Personnel:	As detailed below.
Carers:	Not applicable.
Equalities:	Not applicable for this update paper.
Financial:	As detailed below.
Legal:	The IJB Strategic Implementation Plan 2018-22 notes that 'Pharmacy teams will take on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service.'
Risk Implications:	As detailed below.

IJB Strategic Implementation Plan 2018 -2022 Update SBAR

Situation

The IJB Strategic Implementation Plan 2018-22 notes that 'Pharmacy teams will take on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service (in progress in line with 17). 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.'

As this item has been classed as red (both as pharmacotherapy level 1 services are not being provided, and there is currently no social care polypharmacy service - recognising a paper is going to the IJB on this), an update paper on the following at the IJB Audit Committee on 20 June 2022 is requested:

- Progress to date
- Current status
- Delivery requirements in line with the IJB Strategic Implementation Plan and MoU2
- Risks and mitigations to delivery the IJB Strategic Implementation Plan and MoU2
- Next steps

Background

The Memorandum of Understanding was updated (MoU2) around July 2021 and the focus was to be Level 1 with Level 2 & 3 “in tandem”.

Given the resource to deliver the GP GMS contract is estimated to be 50% of the required amount for full delivery, there was an acceptance locally that without more funding the pharmacotherapy service would not be able to deliver the full service. GP’s were surveyed in March 2022 and the overwhelming response is that practices wished for pharmacotherapy service (GPCP team) to deliver as much Level 1 service as is able within the financial envelope. As such the listed tasks of case management, supporting long term conditions, care homes and polypharmacy reviews are only likely to occur to a level one service within current funding envelope and as per the practice survey result.

Action

Progress to date

General Practice Clinical Pharmacy team (GPCP Team) were working in practices covering level 1 – 3 dependent on practice priorities, which would have included long term disease reviews. The service was not fully delivering any of the levels; however, there was no indication in the original MOU of what ‘full’ delivery was. Since 2018 the GPCP team has been delivering some elements of service Levels 1, 2 and 3 to all practices.

The paper that was submitted to the IJB in June regarding care home and care @home support from pharmacy has been agreed and this will assist in the delivery of this as part of the IJB Strategic Implementation Plan but not within the GPCP Team

Current Status

At the May PCIP Exec meeting it was agreed that the level 1 tasks would be the focus of the GPCP team going forward with a delivery date of April 2023. The agreed list of tasks was:

1. IDL’s
2. Acute scripts
3. Hospital OP requests (emails and letters)
4. Serial prescribing queries
5. MARS sheets/ instalment dispensing
6. Medicine reconciliation
7. Medicine shortages queries

Delivery requirements

In line with the agreement from PCIP Exec, a review of GPCP resource is currently underway and practices will be notified of the resource they will receive in the next week. In order to maximise the available hours, the team are being encouraged to work remotely from hubs to reduce travel time.

The original plan estimated that the resource requirement was 1 wte per 5,000 population. From July, the actual resource is 1wte per 7,600. To be able to deliver against MOU2 the GPCP Team require a review of the skill mix of the team as well as an increase in funding to employ more pharmacists, and pharmacy technicians and add pharmacy support staff to the team. Additional resource will enable the GPCP team to support Practices with long term condition reviews and monitoring, including care homes.

Funding for the social care polypharmacy service has now been approved and recruitment to the posts will commence.

Risks and Mitigation

Focusing on Level 1 only work will mean that the Strategic Implementation Plan and MoU2 delivery will not be fulfilled as Level 2 and 3 work will not be progress by the GPCP team.

As part of the quality and efficiency prescribing programme, 6 wte pharmacy support staff have been employed by the Pharmacy department. These staff are supporting the practice teams to modernise the repeat prescribing process. This work will have a direct benefit for practices and the GPCP team by support achievement of some of the requirements of Level 1.

A Universal Prescribing Policy was approved by the PCIP Exec and all practices are implementing this. The policy will standardise the way all practices manage the repeat prescribing process and will increase the efficiency of the GPCP team

Delivery of a care @ home service and some support to care homes will be progressed with the acceptance of the paper submitted to the IJB as previously mentioned in this SBAR. The project lead will review the options in order to maximise recruitment.

Next Steps

The GPCP team will continue to provide a Level 1 service only to practices with hope of a review of this after the delivery date of April 2023.

A senior pharmacy technician will take up a post in the care @ home team in July.

Recommendation

This action in the Strategic Implementation Plan remains red - 'Pharmacy teams will take on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service (in progress in line with 17). 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.'