

Primary Care Resilience WebEx series

Connect, rebuild and move forward together



Aims of the WebEx Series

1. Reflect on what we have learnt from the response to COVID-19
2. Explore what changes we have made and what we need as we move forward
3. Connect and learn from each other

TODAY - Medicines in Primary Care

- 1. New Pharmacy First Service**
- 2. Pharmacotherapy**

You said...



Jill Gillies

Primary Care Improvement Portfolio Lead
Healthcare Improvement Scotland

You said...

Summary of Primary Care Resilience WebEx #2

Friday 26 June 2020, 1-2pm.

Themes from the chatbox

Technology / IT enabled

"A psychiatrist in the Highlands used video consultations to work with dementia patients in care homes with a lot of success."
"I have remote access to vision on my laptop which I access using the care home internet connection during visits. GPs need the IT to support this."

Sharing data

"The ACP/KIS is a 'live' document - so CHs need access online to the live document not an outdated printed copy held in the patient record."
"We have access to one of our care homes systems so can see BP weight/ stool charts etc. by logging on which is very helpful."

System issues and engagement

"I have found communication issues with care homes due to lack of staff, support and technology. Some areas don't have access to emails and don't have the staffing levels to allow integration into Enhanced Community Support teams. It could be very valuable having their input and support at these weekly meetings and would allow us to keep in touch with patients who live in a care setting."

The phrase "overwhelmed system is so accurate - too many demands on a stressed workforce for often same data and information - lack of consistency across country is shameful and NHSFV have led the field in modelling partnership working and mutuality of respect"

Building relationships

"We have spent many years working with our Care Homes - developing excellent relationships - again amazing dedicated nursing and care staff who we know - great relationships and team working has led to joint meetings / QIP in ACP working etc."

"Good to hear the pharmacy profession being recognised by Donald."

"We need to build on the secondary geriatrician experience into the community as we have done in some of mental health approaches - but all this needs a properly resourced working"

"Community respiratory Team to help manage O2 and COPD in care homes was extremely helpful and much quicker than usual way of accessing O2. "

"Supporting the GP as the expert medical generalist working in partnership with our secondary care colleagues and care networks in the community should be the legacy of COVID."

Equality

"Care Homes are the homes of the residents and care home residents should have exactly the same health care as others in the population".

Remobilising primary care

"One of the difficulties we have is trying to move forward into a new normal whilst being ready to move quickly again if a second wave."

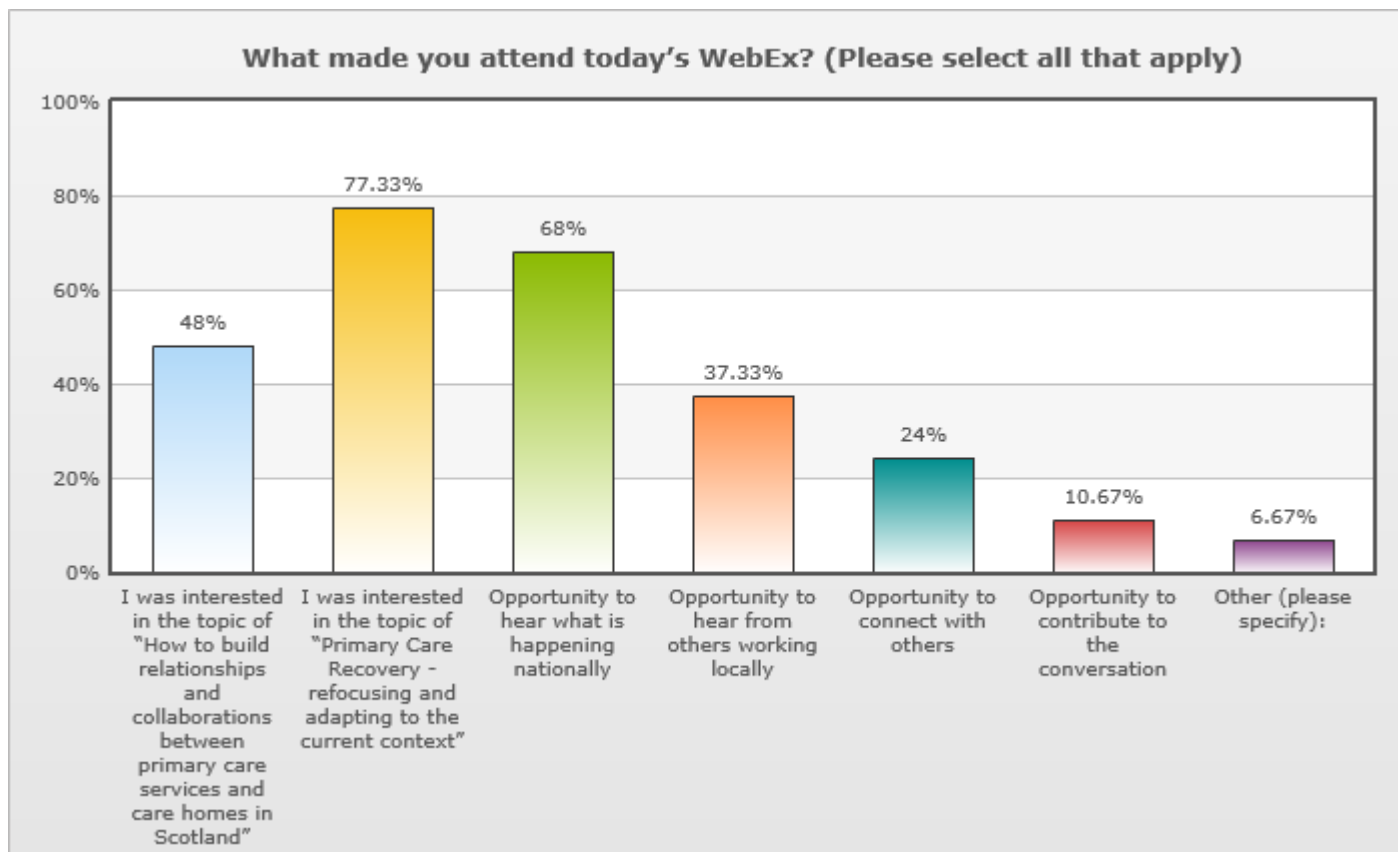
"Edinburgh HSCP has developed amazingly ambitious 'new ways of working' for vaccinating 80-90000 patients for Flu - drive through in shopping malls / football stadiums - COVID has created a paradigm shift opportunity for all services in Primary Care "

"Re-mobilisation is the golden opportunity to re-shape pathways and embed realistic medicine but this needs time and pump priming resource. We also need time to engage with secondary care colleagues to improve pathways. Without national support and public messaging this opportunity will be lost."

"Absolutely everything - consults, phlebotomy, phone calls, video - everything takes twice as long. I cannot see how we will manage at scale"

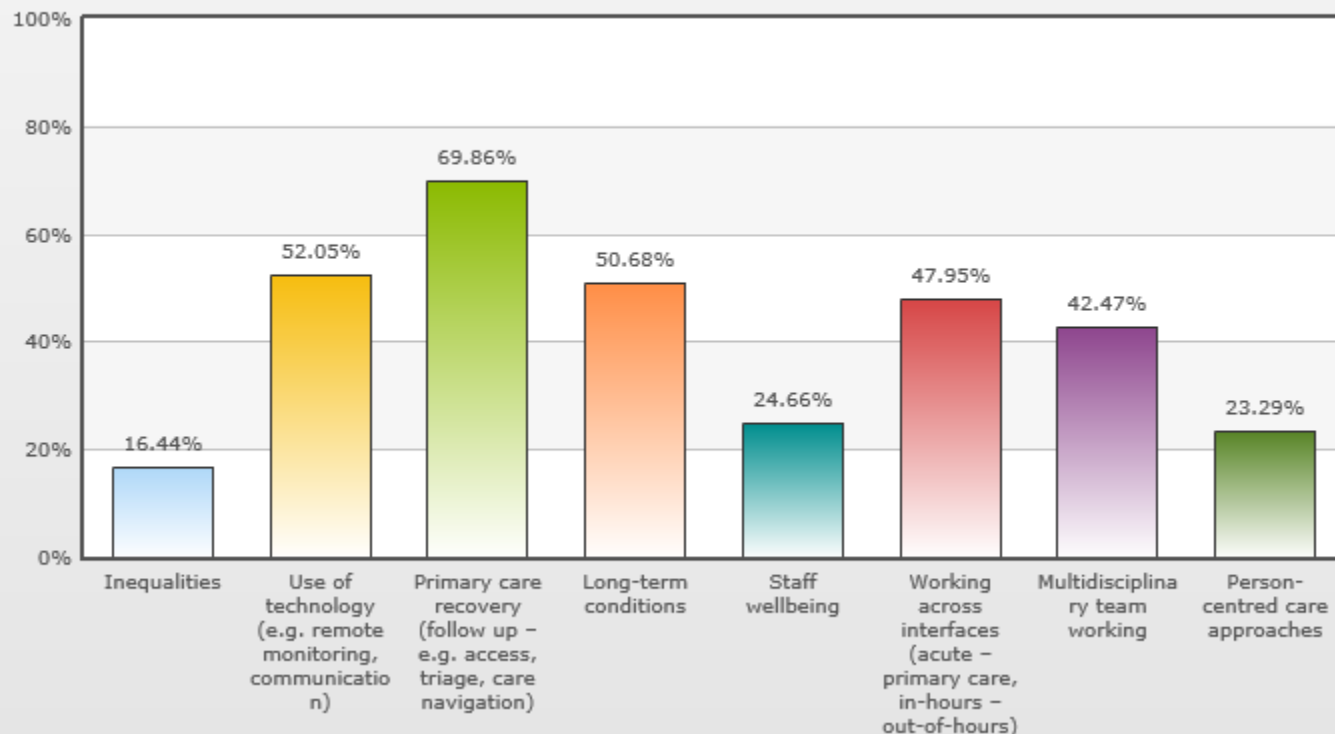
"We had good support from infection control virtual walkthrough of premises, to inform investment in the future. "

You said...



You said...

Please select the 3 topics you would be most interested in exploring in future WebExes. Your responses will inform the 2nd topic chosen for July's WebEx.



Future Primary Care Resilience Webexes

- Topics from the evaluation survey
- Availability of speakers



Primary Care Resilience WebEx
September 2020

Primary Care Resilience WebEx
November 2020

Scene setting – Pharmacy in Scotland

Alison Strath

Principal Pharmaceutical Officer
Scottish Government

The pharmacy response to COVID-19

Alison Strath

Principal Pharmaceutical Officer

Scottish Government

Community pharmacy

- Remained open and continued to provide pharmaceutical services and advice
- Offered an extended Minor Ailment Service
- Provided access to medicines to assist out of hours services
- Supported shielded patients
- Adapted some services to align with physical distancing rules



Pharmacotherapy/Primary Care

- Provided a virtual model of pharmacotherapy service delivery
- Adapted some services to support immediate priorities
- Accelerated the use of serial prescriptions
- Developed a Palliative Care Toolkit



Secondary care

- Increased ICU capacity
- Managed a range of medicine shortages
- Supported discharge processes
- Redesigned patient pathways
- Supported sub-groups of shielded patients
- Delivered clinical trials for potential COVID-19 treatments



What's coming next

- Securing supplies of critical care and supportive medicines and treatments for future waves
- Extension of NHS Near Me to community pharmacy
- Roll out of NHS Pharmacy First Scotland
- Community Pharmacy Career Pathway including Independent Prescribing
- Provision of a wider Sexual Health Service linking with the Woman's Health Plan
- Piloting a range of digital initiatives including hospital discharge
- Wider opportunities through the remobilisation agenda



NHS Pharmacy First



Dr Michelle Watts

Medical Adviser

Primary Medical Services

Directorate for community health and social care

Scottish Government

Primary Care recovery refocusing and adapting to the current context

Michelle.watts@gov.scot

@michellewatts68



Primary care recovery and reform

14,000 contributions identified
11 building blocks for change:



Inspiring & supportive leadership



Collaborative working



Flexibility & adaptability



Smart use of resources



Autonomy & trust



Challenging the status quo



A call to action



Fostering an open culture



Nurturing our people



Long term thinking



Thought diversity

Pharmacy first

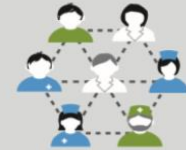
- Pharmacists are allied health professionals who practice in pharmacy, the field of health science, focusing on safe and effective medication use
- The role of the pharmacist has shifted from the classical "lick, stick, and pour" dispensary role to being an integrated member of the health care team directly involved in patient care.



**ADVICE ON YOUR
SYMPTOMS**



**TREATMENT IF
RECOMMENDED**



**REFERRAL TO
OTHER SERVICES**

Working in extended teams

RESILIENCE

"THE ABILITY TO WITHSTAND
AND REBOUND FROM
ADVERSITY"
F. Walsh

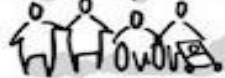
INDIVIDUAL
RESILIENCE

RELATIONAL
RESILIENCE

OUR OWN
STRENGTH



STRENGTH FROM
RELATIONSHIPS



STRESS + CRISES CHALLENGE US,
BUT THEY DON'T NECESSARILY
DAMAGE US.

HOW TO KEEP ON, KEEPING ON...

BE FLEXIBLE. ABLE TO CHANGE, REORGANISE
+ FIT CHALLENGES OVER TIME

RESPECT INDIVIDUAL (+ YOUR OWN) NEEDS,
DIFFERENCES + BOUNDARIES. PAY ATTENTION

KEEP CONNECTED. MUTUAL SUPPORT +
COLLABORATION

KEEP IN TOUCH WITH YOUR VALUES + WHAT
IS IMPORTANT TO YOU

DON'T FORGET THERE IS A WHOLE WORLD
OUT THERE - AND YOU ARE PART OF IT

COMMUNICATE. TALK TO PEOPLE

REST. DO SOMETHING COMPLETELY
DIFFERENT

SEEK HELP IF YOU NEED IT



The strategic vision for NHS Pharmacy First Scotland



Amanda Rae

Head of Policy & Development (Executive Team Member)
Community Pharmacy Scotland

NHS Pharmacy First Scotland (NHS PFS)



Who are we?

- Membership organisation representing community pharmacy owners and their teams
- Act as the single voice of these vital healthcare professionals as they deliver pharmaceutical care services to the people of Scotland on behalf of the NHS
- Responsible for securing and continually developing a contractual framework with Scottish Government to deliver these services in line with national and local priorities.



What do we want to achieve?

- Change how people can access and navigate care in Scotland
- CP further integrated into NHS as “first port of call” for minor illness and pharmaceutical care of long-term conditions
- Experience of MAS gets us part of the way there for minor illness
 - Same clinical outcomes for patients vs. other settings, more cost-effective
 - Patient view of service is overwhelmingly positive



Why replace the Minor Ailment Service?

- MAS has been hugely successful when measured against the policy aims it was trying to achieve
- However, areas for improvement:
 - Inequitable vs. other services
 - Impact on demand for other services is significant but could be greater
 - Perception has drifted to “free medicines service”
 - Patient and professional knowledge and expectations of service highly variable
 - Unwarranted local variation – confusing for patients



Key points – NHS PFS

- This is a new, free NHS consultation service
- Advice will **always** be given
- NHS treatment **may** be supplied if absolutely necessary
- Referral to another healthcare professional **may** be the most appropriate course of action.
- Colleague from SG will expand further



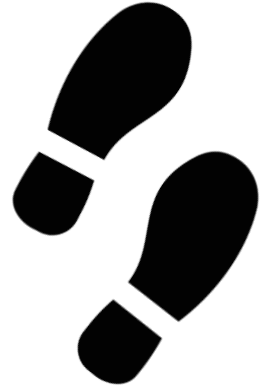
What does the future hold?

- Although a significant advance in NHS service availability and accessibility for the people of Scotland at launch, this is just the first building block
- The service will evolve over time, initially with the use of additional national PGDs to cover more conditions
- A parallel strategy for independent prescribing will see a gradual development of practitioners able to respond to an even broader range of presentations and support patients and other services in a range of ways – this will require closer MDT working



What next?

- SG colleague will go into a little more detail
- We would suggest you read the GP team guidance, and use this to engage with local pharmacies – closer partnership working will need to become the norm
- Would encourage early support of Independent Prescribing strategy – this will further support the appropriate shift in balance of care across the health system.



Q&A Session

Over to you!



Practical overview of NHS Pharmacy First



Catherine Aglen

Pharmacy and Medicines Division
Scottish Government

NHS Pharmacy First Scotland



The leaflet is titled 'NHS PHARMACY FIRST SCOTLAND' in bold blue letters, with the subtitle 'ADVICE | TREATMENT | REFERRAL' in a lighter blue. It features three icons in rounded grey boxes: a pharmacist and patient for 'ADVICE ON YOUR SYMPTOMS', a medicine bottle and pills for 'TREATMENT IF RECOMMENDED', and a group of people for 'REFERRAL TO OTHER SERVICES'. The text 'Information for patients' is centered below the icons. The NHS Scotland logo is in the top right, and the Healthier Scotland Scottish Government logo is in the bottom right.

NHS
SCOTLAND

**NHS PHARMACY
FIRST SCOTLAND**
ADVICE | TREATMENT | REFERRAL

ADVICE ON YOUR SYMPTOMS

TREATMENT IF RECOMMENDED

REFERRAL TO OTHER SERVICES

Information for patients

**Healthier
Scotland**
Scottish
Government

NHS Pharmacy First Scotland

- Consultation service to encourage public to visit their community pharmacy as the first port of call for minor illnesses and common clinical conditions
- Any pharmacy in Scotland
- Integration of:
 - Minor Ailments Service (MAS)
 - National Patient Group Direction (PGD)
 - UTI for women between 16 and 65 years
 - Impetigo in over 2 years

NHS Pharmacy First Scotland

Consultation



Who is eligible? (at launch in July 2020)

- At the time of NHS Pharmacy First Scotland consultation:
 - A person who is registered with a GP practice in Scotland or the Defence Medical Services
 - A person who lives in Scotland
- Visitors are excluded

Approved List

- Developed by Area Drugs and Therapeutics Committee Collaborative (ADTCC) and Health Boards have agreed content
- Skin products (emollients, bath/shower products) and UTI treatments – differences between Health Boards

Promotion of the service

- Patient leaflet
 - Explains service
 - Sent to community pharmacies and GP practices in March
- Social media
- Press release
- Signposting guidance for GP practice staff

This resource may be made available, in full or summary form, in alternative formats and community languages.
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how
we can best meet your requirements.



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Community pharmacy perspective on NHS Pharmacy First



Jonathan Burton MBE
Chair, RPS Scotland
Community Pharmacist

Pharmacy First

Professional Perspectives

Jonathan Burton

Chair, RPS Scotland

Community Pharmacist



How does the profession view the service?

- 'Walk-in' services in community pharmacies have evolved over several years
- Pharmacists & pharmacy teams are used to managing symptom presentations, including via the NHS Minor Ailments Service
- The original 'Pharmacy First' services in individual Health Boards were designed with a more consultation centred model, rather than transactional
- The new Pharmacy First service brings these aspects of Scottish pharmacy practice together and further focuses on a consultation & record keeping model of practice
- The move to a predominantly national formulary (approved list) is welcome
- Challenges to meet and overcome regarding how to manage medicines sales and walk-in NHS consultation services side by side (both are important for self-care)
- Looking towards a future with pharmacist independent prescribers working from all community pharmacies managing a wider range of common clinical conditions (this transformation has already begun)

RPS resources and support

- Professional guides on key reclassified (POM to P) medicines on the approved list
- Access to e-library & e-books (includes several symptom assessment texts, drugs during pregnancy & lactation, clinical pharmacy)
- New website hub for remote consultations advice , video & telephone
- Bringing pharmacists together: mentoring scheme, RPS Local
- Covid-19 guidance for pharmacy teams
- RPS publishes BNF and Medicines Complete (available online for all Scottish community pharmacies)



Discussion



Pop in the chat box if you have
questions or comments



Pharmacotherapy



Scott Jamieson

Executive Officer (Quality Improvement)
RCGP Scotland

Delivering pharmacotherapy – a traditional approach

Dr Scott Jamieson RCGP Scotland Executive Officer (Quality Improvement)

“By April 2021 every practice will benefit from the PTS delivering the core elements... The level of additional services...will depend on workforce availability”

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	Pharmacy Technicians
Level one (core)	<ul style="list-style-type: none"> • Authorising/actioning¹⁵ all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review <p>Acute and repeat prescribing requests includes/authorising/actioning:</p> <ul style="list-style-type: none"> • hospital outpatient requests • non-medicine prescriptions • installment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests 	<ul style="list-style-type: none"> • Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	<ul style="list-style-type: none"> • Medication review (more than 5 medicines) • Resolving high risk medicine problems 	<ul style="list-style-type: none"> • Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	<ul style="list-style-type: none"> • Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure) 	<ul style="list-style-type: none"> • Medicines reconciliation • Telephone triage



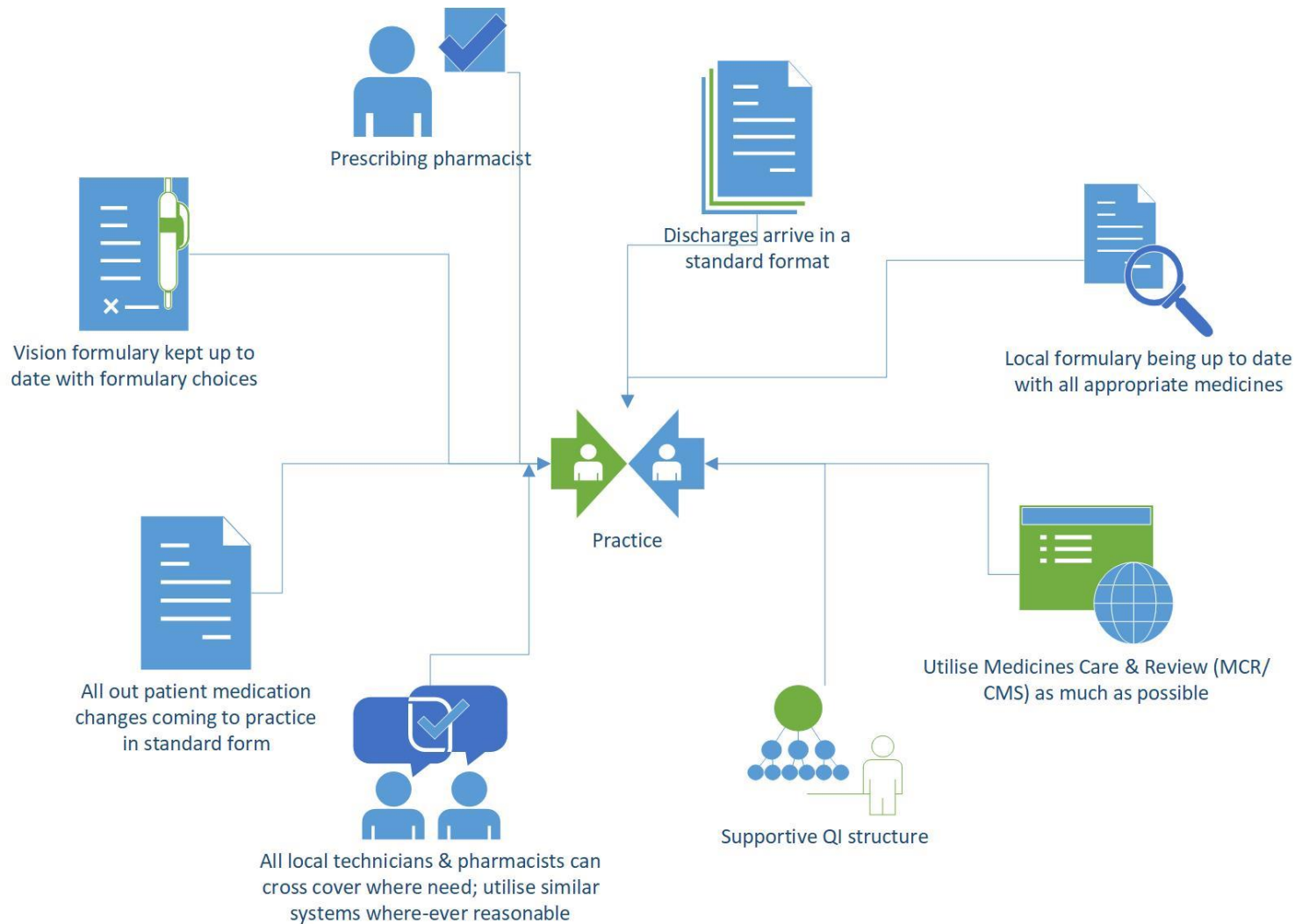
The right
wider
systems

The right
processes

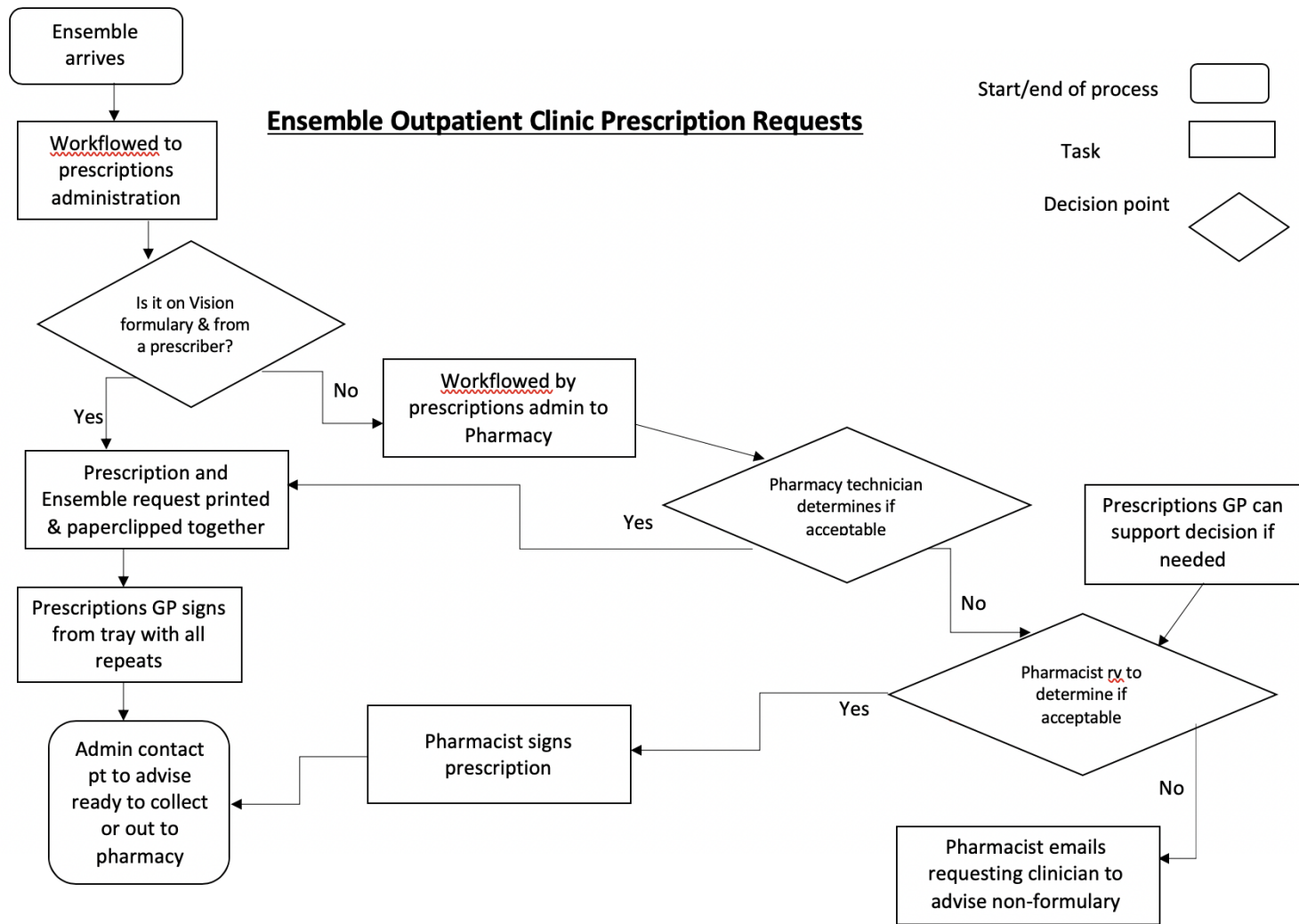
The right
team

Approach

Wider systems



Processes



Medicines reconciliation (new pt)

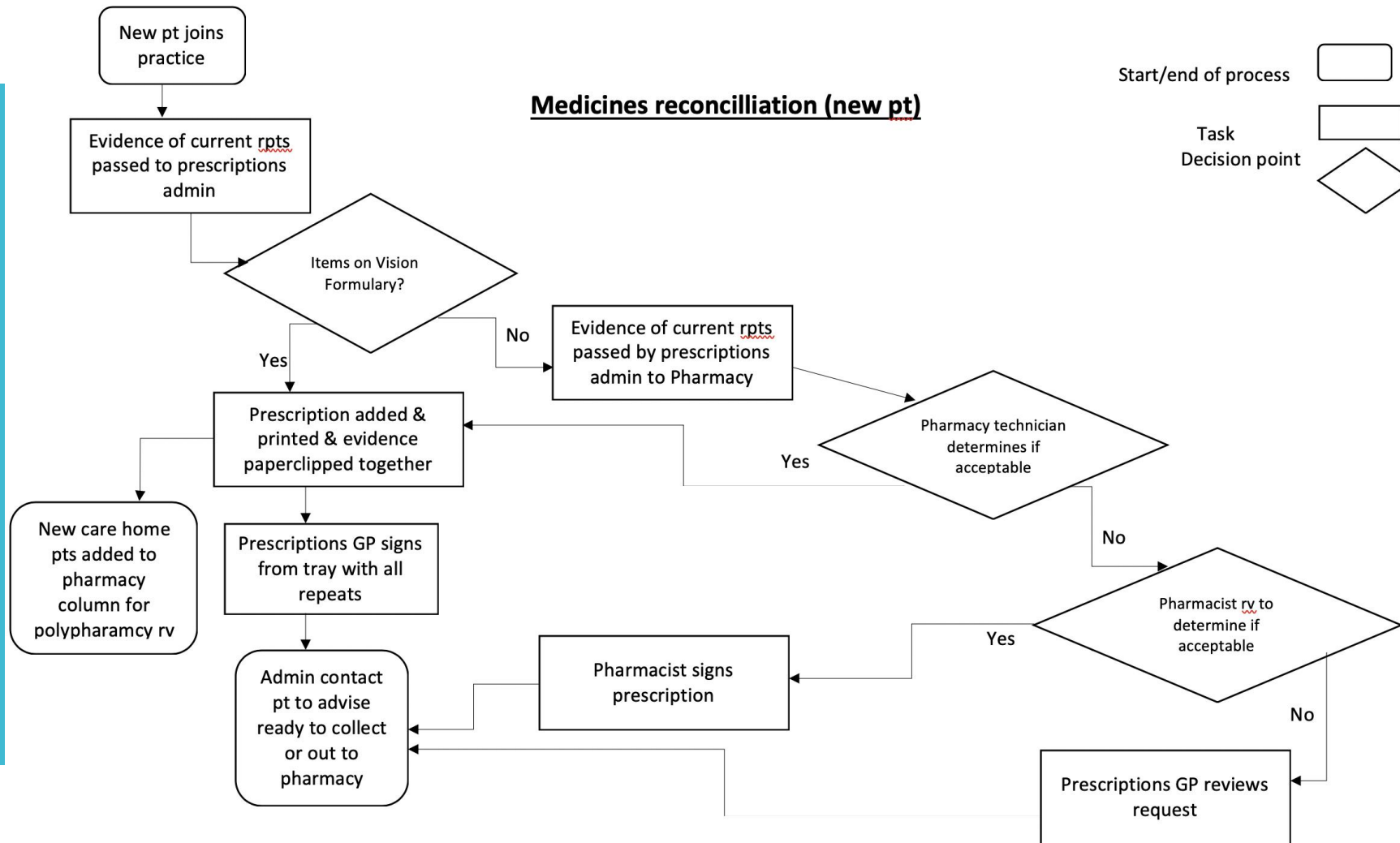
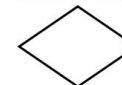
Start/end of process

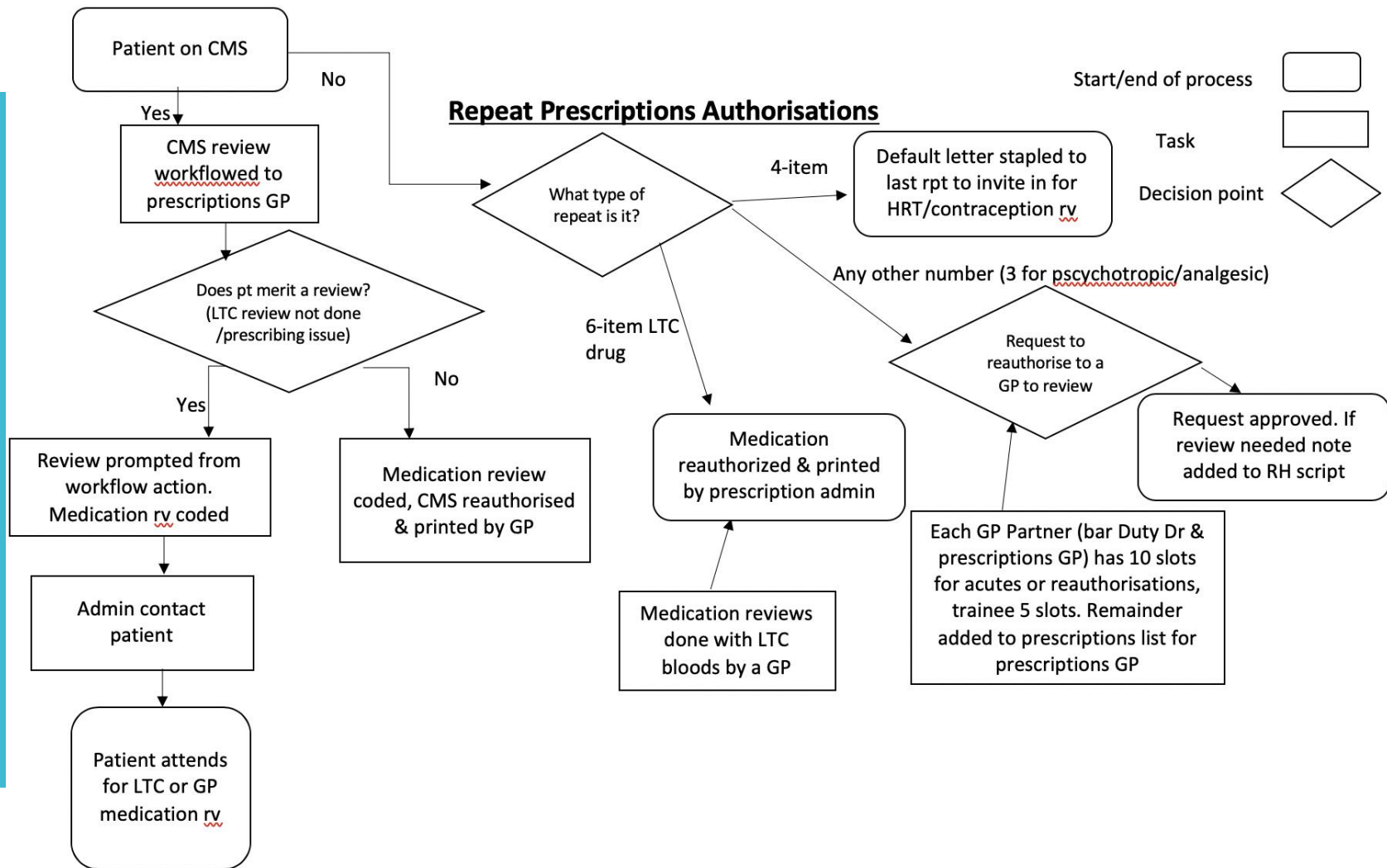


Task

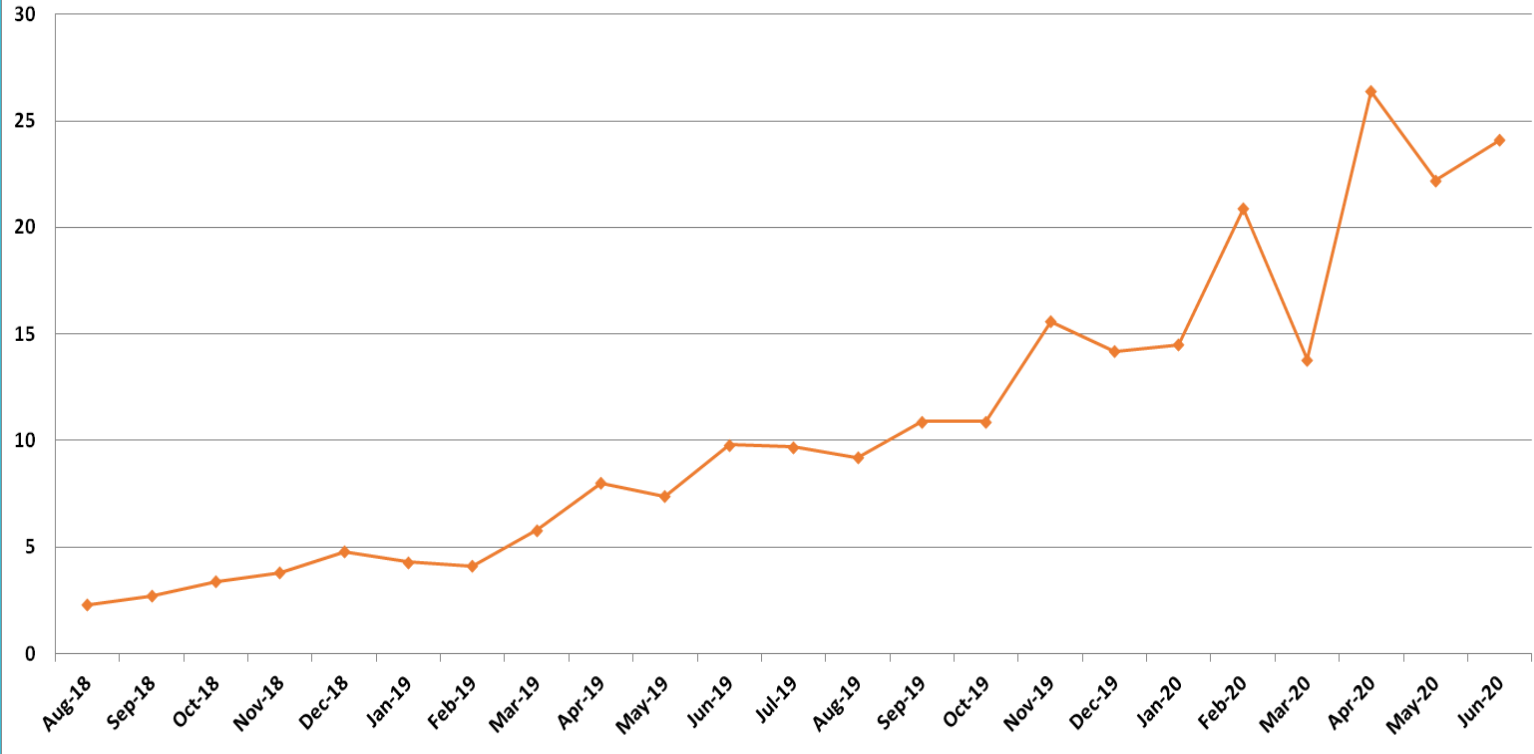


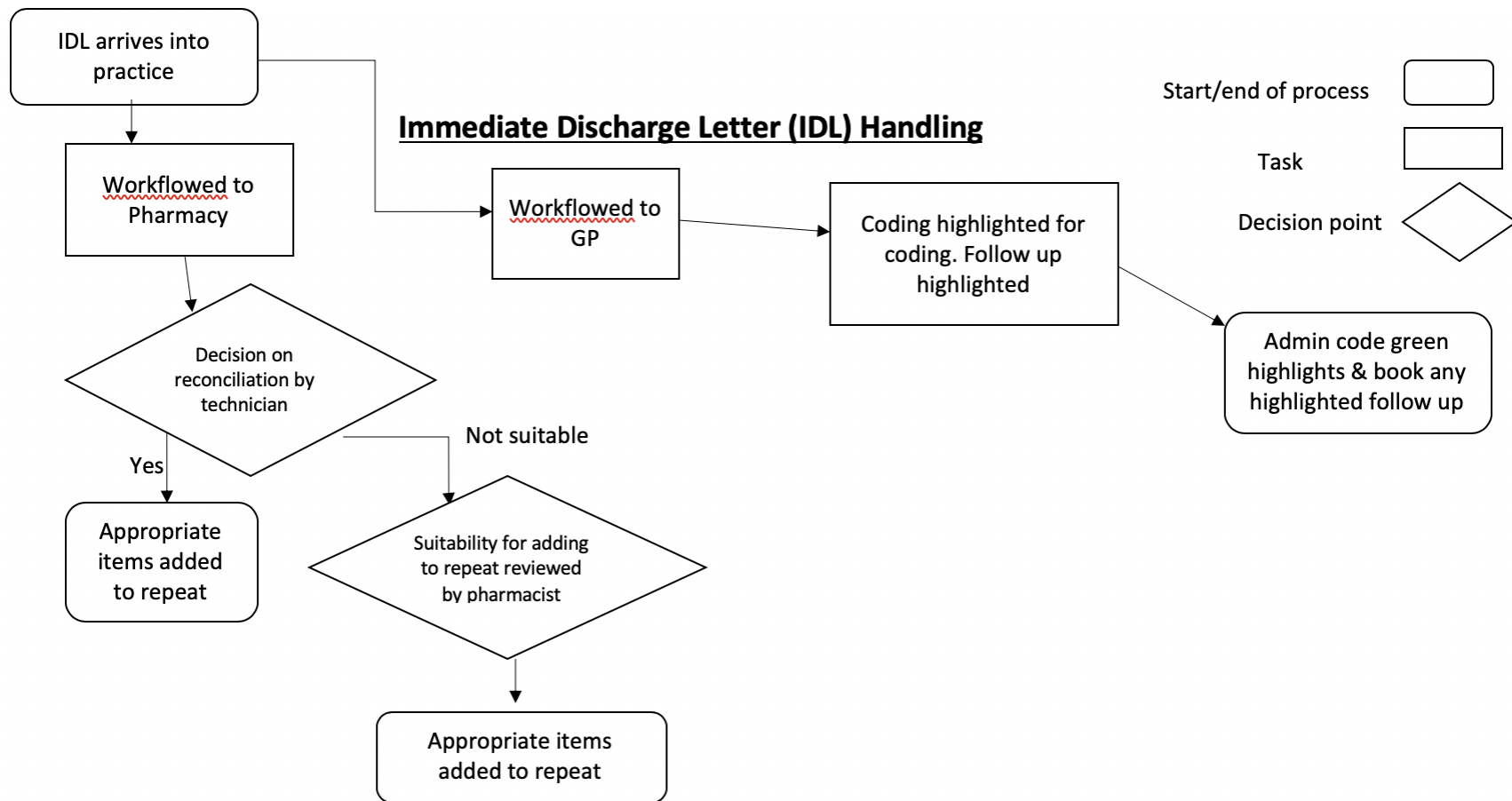
Decision point

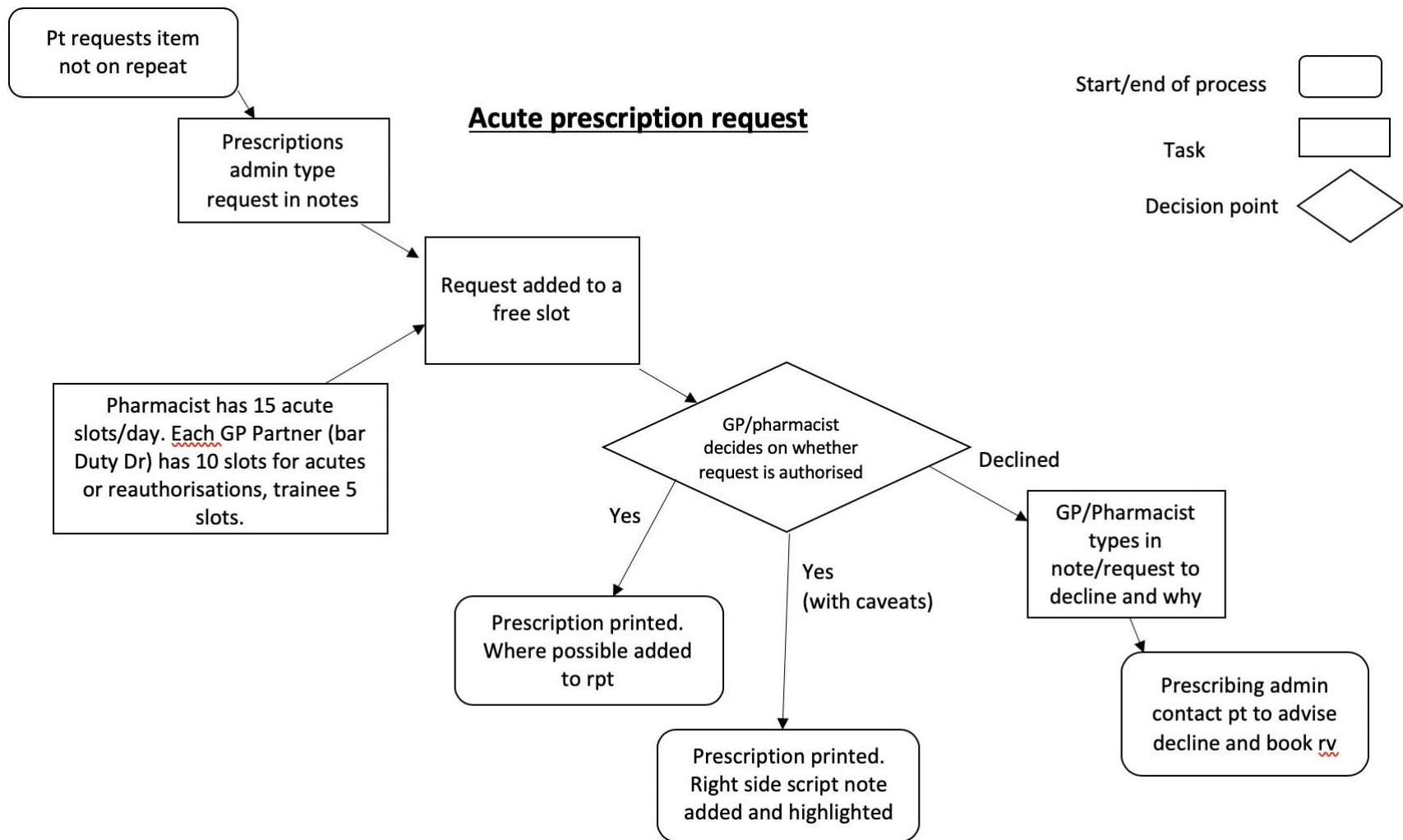




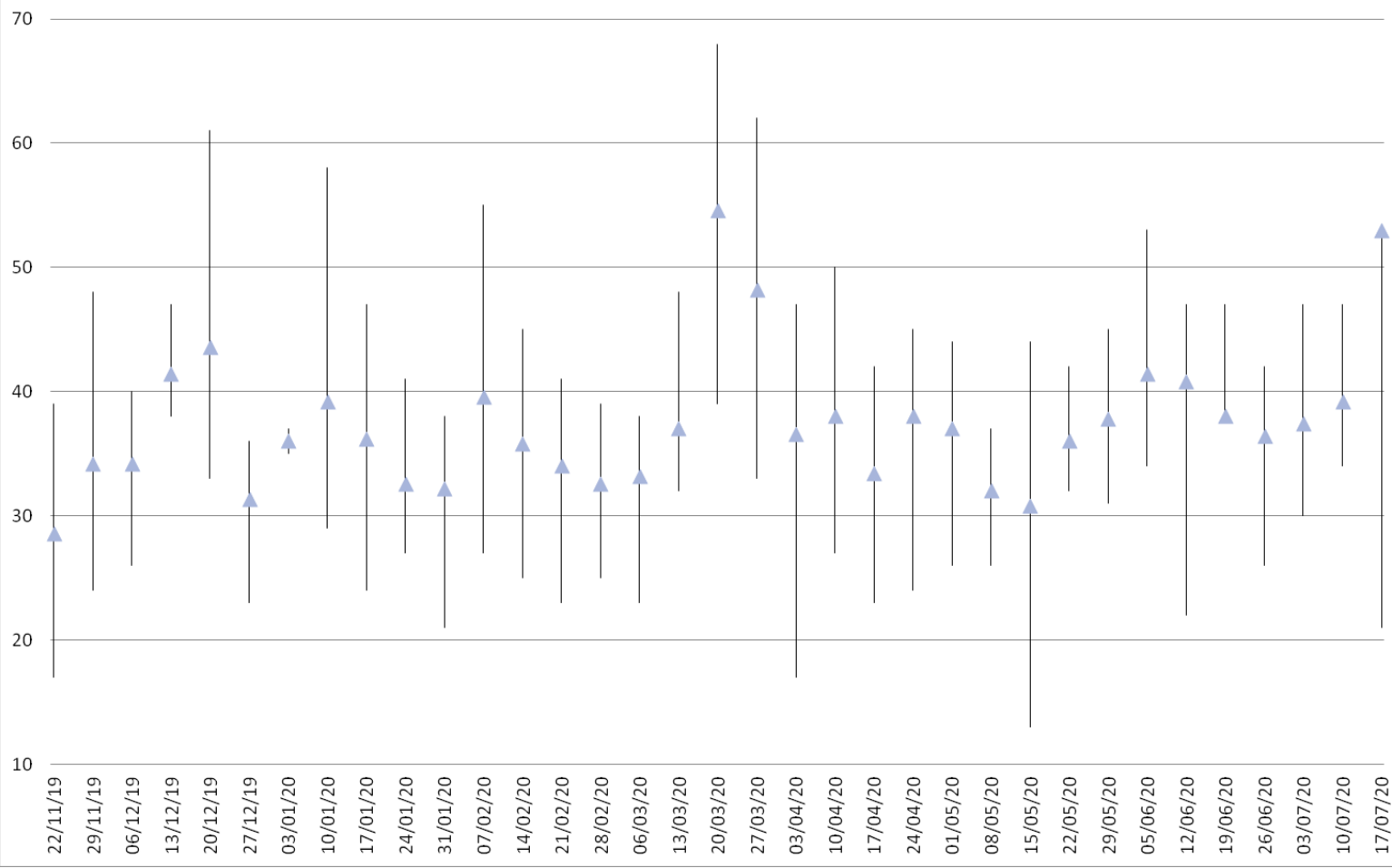
Percentage of repeats on MCR/CMS/Serial Prescribing





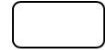


Average daily acute requests

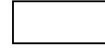


Medication Queries

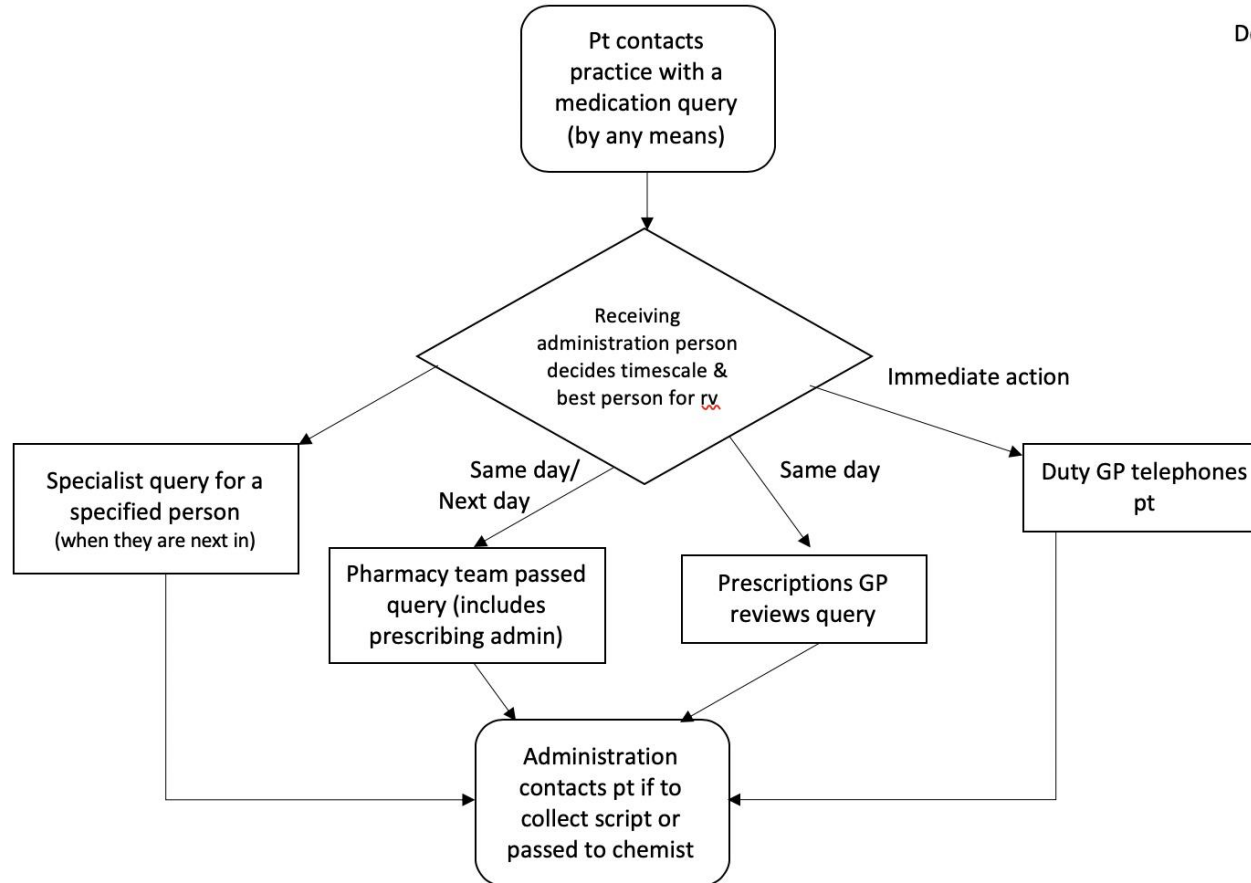
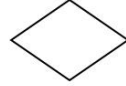
Start/end of process



Task



Decision point



Medicines Process Review

(Items in Green are included in a process map)

Current Provision Kirriemuir**Pharmacist (7 sessions/wk)**

Medicines safety issues/recalls

Non-formulary Ensemble O/P requests beyond technician

Supporting technician if required with IDL

Supporting technician if required with Non-formulary new pt medicines reconciliation

Prescribing queries (added to Frontdesk Pharmacy column)

Ad hoc polypharmacy review

Ad hoc-support to P-DQIP triggers (added to Frontdesk Pharmacy column)

Suitable queries

Authorising acute requests from pts

Technician (0.85WTE/wk)

Non-formulary Ensemble O/P requests

Non-formulary new pt medicines reconciliation

Authorising/actioning hospital IDLs

Ad hoc repeat housekeeping (when in notes)

Medicines shortages (added by Prescribing admin to Frontdesk Pharmacy column)

Pharmaceutical queries (on Frontdesk Pharmacy column)

Medicines compliance/usage reviews/visits (via ECS or added on Frontdesk Pharmacy column)

Ad hoc-support to P-DQIP triggers (added to Frontdesk Pharmacy column)

Prescribing Administration (1 WTE/wk)

Formulary Ensemble requests

Authorising/actioning LTC repeat prescribing

Adding existing patients to CMS

Medicines reconciliation (new pt)

Managing DMARD Recall

Repeat housekeeping (prescribing champion work)

Suitable queries

GP (44 sessions/wk)

Remaining acute requests from pts

Authorising CMS with medication/LTC review

Monitoring DMARD bloods

Support P-DQIP/STU/CPRD trigger monitoring

Suitable queries

HCA (5 sessions/wk)

Supporting DMARD recall

Pending improvements

Systematic polypharmacy reviews (L3)

Specialist clinics by pharmacists/GPs (L3)

Key messages

Pharmacotherapy is deliverable L1-3, but workforce is only a small part

HIS Pharmacotherapy Collaborative approach is to be commended

Delivery will need QI approach in each HSCP to deliver working collaboratively with practices

Pharmacy hubs in Wigtownshire Locality

Amy Robinson

Locality Prescribing Advisor
Wigtownshire Locality



DUMFRIES AND GALLOWAY
Health and Social Care

Pharmacotherapy Hubs in Wigtownshire

Amy Robinson

Wigtownshire Locality

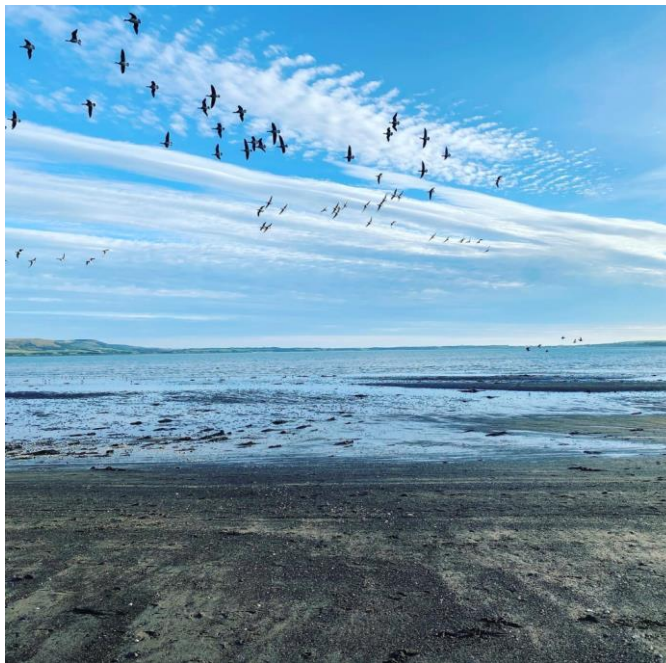
- ▶ Small rural locality in South West Scotland
- ▶ Population of 28,500
- ▶ 9 GP practices, 3 full dispensing, 3 part dispensing and 3 non-dispensing
- ▶ 75 miles between the two furthest practices
- ▶ 76 miles from Stranraer to Dumfries and Galloway Royal Infirmary



Wigtownshire Pharmacy Team

Why need a new system?

- ▶ Small team stretched over 9 practices
- ▶ Excess time travelling
- ▶ Limited availability of workspace in surgeries
- ▶ Recruitment issues + 2x2C practices
- ▶ Lone working, lack of peer support
- ▶ Large remit: Pharmacotherapy, CRES, LES, prescribing support and drug information services to name a few!
- ▶ Need for blue sky thinking!



Pharmacotherapy Hub

Hub objectives:

- ▶ Deliver pharmacy services from two offices in GP health centre sites (5 practices) at either side of locality – remote access to other 4 sites
- ▶ Utilise varied team skill mix, up skill and develop roles (support workers, technicians and pharmacists)
- ▶ Triage of work over the team (SOPs, protocols, close working with practices and secondary care teams)
- ▶ Increase GPCP time for patient facing clinics
- ▶ Provide peer support and supervised training
- ▶ Reduce travelling
- ▶ Reduce GP practice workload



Pre covid outputs

Level one services snapshot audit Feb 2020 – 5 days data from 7 out of 9 practices

(Figures have increased since with addition of remote access to one more practice to the hub remotely)

- ▶ 81% immediate discharge letters and 65% out-patient letters medicines reconciliation
- ▶ 60% new patient medicine reconciliation
- ▶ 40% acute prescriptions actioned
- ▶ 42% team time spent on pharmacotherapy
- ▶ 15% team time spent on cost efficiency work
- ▶ 15% total staff time seeing patients (=45% of clinical pharmacist time)
- ▶ 3% total staff time spent travelling – identified saving of 20 hours per week from previous way of working.



Workload and benefits

- ▶ 5 day service to all practices in the 'hub'
- ▶ Approx 5% of medicines queried go back to GP.
- ▶ Med Rec – we phone nearly every patient
- ▶ Weekly rota for staff - sessions in the hub - sessions in practices
- ▶ Pharmacist supervision to oversee clinical elements
- ▶ Carefully increasing capacity
- ▶ Lots of project work going on behind the scenes
- ▶ Point of contact for many HSCI colleagues - close inter-professional working relationships
- ▶ No extra staff for holiday or sickness cover but hub model can support this.
- ▶ Able to combine CRES, LES and pharmacotherapy into one model



Covid service

- ▶ Rooms suitable for distancing - service continued as space for staff at work + remote + teams
- ▶ Increased telephone consultations and now near me for chronic disease medicines review
- ▶ Training for staff on using different ways to communicate
- ▶ Supporting community pharmacies
- ▶ Team training - roles have developed – level 1 increasingly technician led
- ▶ Push on medicines care and review – increased our numbers significantly
- ▶ Arranged patient medicines deliveries through the hubs



- 
- ▶ That's a whistle-stop tour of Bonnie Galloway's Pharmacy Hubs
 - ▶ For more information please email amy.robinson@nhs.net or leannedrummond@nhs.net

Next steps in pharmacotherapy

Alison Strath

Principal Pharmaceutical Officer
Scottish Government

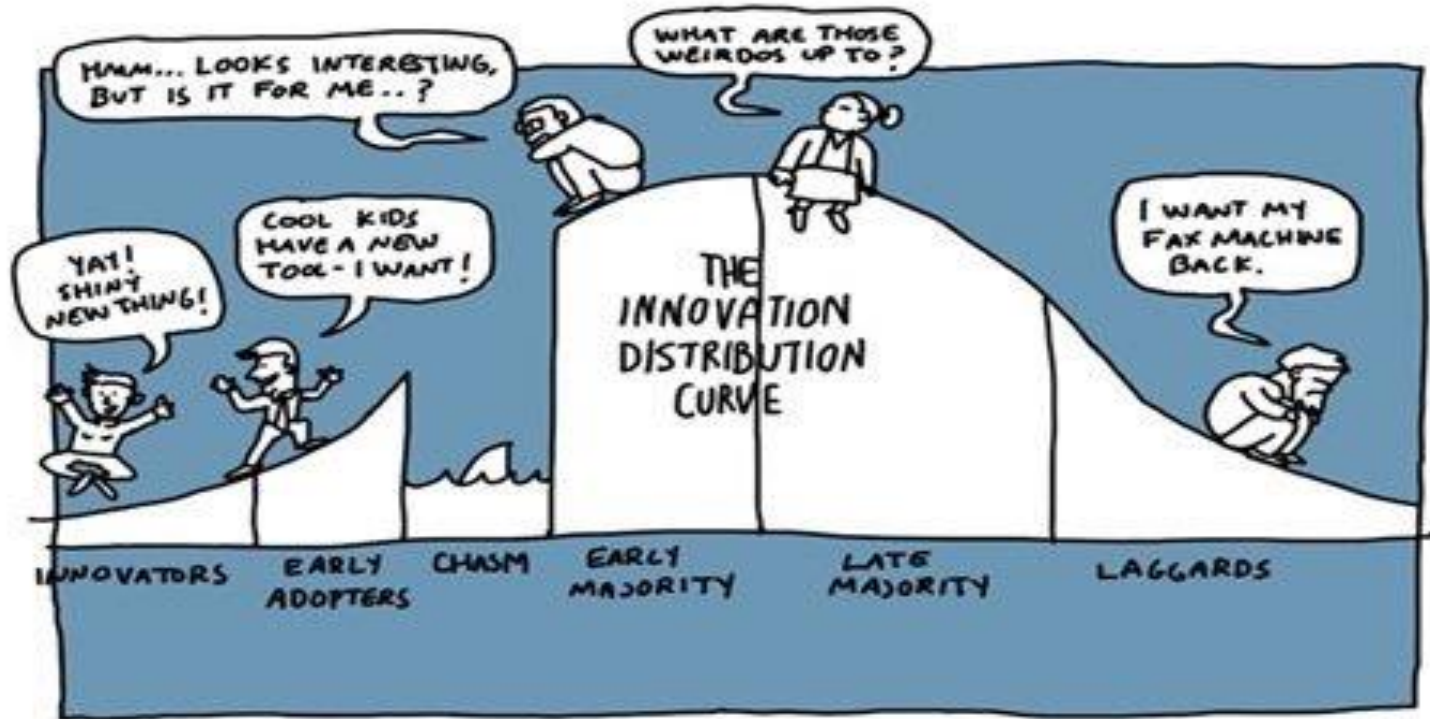
Pharmacotherapy – possible next steps

Alison Strath

Principal Pharmaceutical Officer

Scottish Government

Next steps in the pharmacotherapy service



Discussion



Pop in the chat box if you have
questions or comments



Next steps



Jill Gillies

Primary Care Improvement Portfolio Lead
Healthcare Improvement Scotland

Next steps

- Evaluation survey → **link on the chat box**
- Follow up email including the recording, slides, discussion summary
- Next WebEx in September

Keep in touch

Twitter: @SPSP_PC #PCImprove

Email: hcis.pcpteam@nhs.net

Thank
you