

Primary Care Resilience WebEx

Connect, rebuild and move forward together

WebEx #3 Summary | Tuesday 21 July 2020

Summary of WebEx Topic 1: NHS Pharmacy First

The pharmacy response to COVID-19

- Alison Strath, Principal Pharmaceutical Officer, Scottish Government

- **Community Pharmacy** was the first port of call for many people during COVID-19, remaining open for access to medications, advice and support. The minor ailments service was extended and assistance with other services such as Out of Hours, NHS 24 and COVID hubs increased.
- **Pharmacotherapy in Primary Care** supported early response by moving towards a virtual model and ensuring enough medications were available during lockdown. The use of serial prescribing was accelerated to improve the medication chain, and a national Palliative Care Toolkit was also developed. There is now work underway to find safe ways to generate paperless prescriptions.
- **Secondary Care** support included managing a range of medication shortages, early patient discharges and supporting shielded patients.
- Next steps are to ensure a smooth transition out of the EU including supply chain resilience.



Scene setting – Pharmacy in Scotland

Alison Strath
Principal Pharmaceutical Officer
Scottish Government

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Primary Care recovery refocusing and adapting to the current context

- Michelle Watts, Medical Adviser, Primary Medical Services, Scottish Government

- The King's Fund identified key learning from COVID-19 [slide 16] through a survey of people working across health and care, which chimes with what's been happening across Scotland.
- The next steps: building on the primary, community and secondary interface, including working in extended teams, which requires flexible working and better communication.

"This is a good opportunity to think about how we can do things differently"

The strategic vision for NHS Pharmacy First Scotland

- Amanda Rae, Head of Policy and Development, Community Pharmacy Scotland

What do we want to achieve

- An improved change in how patients can access and navigate care
- Further integration of Community Pharmacy into NHS as first port of call
- Improve and build on the huge success of the Minor Ailment Service.

What does the future hold

This significant advance is the first building block in NHS service availability and accessibility. As it evolves:

- More national Patient Group Directives to cover more conditions
- Gradual development of practitioners able to respond to an even broader range of presentations
- Community Pharmacy Scotland's aim would be to eventually have independent prescribers available in all community pharmacies across Scotland.

Next steps

- GP teams should read the guidance and engage with local pharmacies around partnership working
- Community Pharmacy Scotland encourage early support of the Independent Prescribing strategy to support shift in balance across healthcare, where everyone is working to the top of their license.

"Closer partnership working will need to become the norm"



The strategic vision for NHS Pharmacy First Scotland



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

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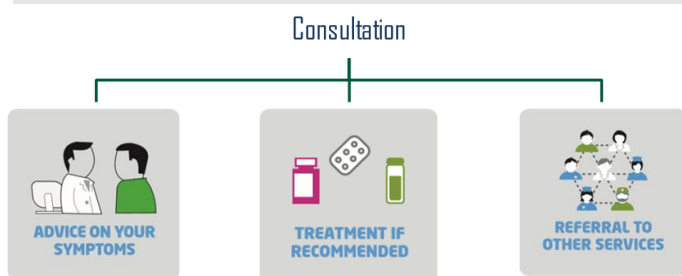
NHS Pharmacy First



Dr Michelle Watts
Medical Adviser
Primary Medical Services
Directorate for community health and social care
Scottish Government

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Practical overview of NHS Pharmacy First - Catherine Aglen, Pharmacy and Medicines Division, Scottish Government



- Pharmacy First is a consultation service to encourage the public to visit their community pharmacy as the first port of call for minor illnesses and common clinical conditions.
- It is an integration of the Minor Ailments Service and Patient Group Directions.
- It is accessible in all pharmacies in Scotland and to all persons registered with a GP practice, or living in Scotland.
- Any treatments offered will only be those on the NHS approved list or with over-the-counter sales.
- Referrals will differ within practices as to the expectation of what should or could be referred.

"I strongly encourage GP practices to get in touch with local pharmacies to discuss how Pharmacy First will work locally"



Practical overview of NHS Pharmacy First



Catherine Aglen
Pharmacy and Medicines Division
Scottish Government

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Community pharmacy perspective on NHS Pharmacy First - Jonathan Burton MBE, Chair, RPS Scotland, Community Pharmacist

- Bringing existing services together, it focuses on a consultation-centred and record keeping model.
- Although the community pharmacy service has evolved over the years, there are still many challenges, such as managing medicines sales and walk-in NHS consultation services side by side.
- The Royal Pharmaceutical Society is continuing to lobby for access to patient records – for writing as well as reading – to avoid the need for paper and emails and to improve communication.
- Royal Pharmaceutical Society offer a range of resources and support for pharmacists [slide 39].

"...with regards to comments around independent pharmacy prescribers working in community pharmacies... it is important that we support that process"



Community pharmacy perspective on NHS Pharmacy First



Jonathan Burton MBE
Chair, RPS Scotland
Community Pharmacist

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Summary of WebEx Topic 2: Pharmacotherapy

Pharmacotherapy - Scott Jamieson, Executive Office (Quality Improvement) RCGP Scotland

- For Pharmacotherapy Level 1-3 to be delivered, it is more than just the workforce availability; it is also about having the right wider systems, right processes and the right teams.
- The first Quality Improvement approach is to not just look at what is happening in the practices but at everything else that is going on around you in the wider system, for example, IT [slide 45].
- Use process maps [slides 46–53] for all your tasks to show the most appropriate person for each stage and with minimal GP input until the final stage (if required).

"...delivering a QI approach... more likely to deliver Pharmacotherapy...."



Pharmacotherapy



Scott Jamieson
Executive Officer (Quality Improvement)
RCGP Scotland

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YouTube.

"That's our traditional approach to pharmacotherapy... within a practice. Not to say that it's right... there is no right way.... I look forward to hearing from Amy who's going to give us another approach."

Pharmacy hubs in Wigtownshire Locality
- Amy Robinson, Locality Prescribing Adviser,
Wigtownshire Locality

As a small team over a wide geographical location, Wigtownshire developed a ‘hub’ model to support pharmacotherapy. They delivered support from two GP health care sites at either side of the locality with remote access for the other practices.

Success so far

- Ability to support all practices, 5 days a week
- Reducing GP workload
- Increased clinical pharmacy time for patient facing
- Acting as point of contact, facilitating inter-professional working relationships (for example, with nurses, midwives, social workers)
- Introduction of a Prescribing Support Worker who has played a key role in triaging work across the teams and facilitating their success so far.

Since COVID -19

- Increase in remote consultations, including NHS Near Me.
- Supporting community pharmacy
- Training staff. For example, training practice staff using MS Teams, to help identify patients to switch over to Chronic Medication Service.

“For COVID-19 we managed to work at quite a decent capacity and we’ve learned a lot of lessons along the way”

**Pharmacy hubs in
Wigtownshire Locality**

Amy Robinson
Locality Prescribing Adviser
Wigtownshire Locality



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Pharmacotherapy – possible next steps
- Alison Strath, Principal Pharmaceutical Officer,
Scottish Government

Key messages

- There is no one size fits all
- Skill mix – having everyone working to the top of their license
- Technology has a massive part to play in developing skills - how do we use it to ensure people are doing the things they are best placed to do
- Understanding the processes via mapping and who is best placed to do the task.
- We need a collaborative approach – whether at individual practice cluster or individual region.
- Healthcare Improvement Scotland’s Primary Care team have a Pharmacotherapy Collaborative which should provide interesting learning to feed into the discussions around the ‘where next’ for pharmacotherapy.

“As we approach 20/21 we need to think about things we can learn and things we can get a resource behind to underpin us doing things better and smarter... using all healthcare professionals... and skill mix in practices to the best of their potential”



**Next steps in
pharmacotherapy**

Alison Strath
Principal Pharmaceutical Officer
Scottish Government



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Resources and Questions raised during the WebEx

- [Pharmacy First Guidance Document](#)
- [Pharmacy First Info Hub on Community Pharmacy Scotland](#)
- [WebEx #3 Slides](#)
- [Questions and Answers Summary](#) – document produced post-WebEx to respond to the questions posted on the chatbox.



Themes from the chatbox

Electronic prescribing

- “Not having electronic prescribing/signatures is a huge barrier.”
- “GP/Admin/Pharmacy time would be significantly saved if we moved to Electronic Prescribing. Safer too!”
- “GP time saved if we didn't have to sign all paper prescriptions would be significant”
- “COVID is surely a perfect time to push electronic prescribing, reduces number of contacts needed, reduced trips to GP practice etc.”
- “This absolutely is a priority for us but it has to be done safely - and whilst there are operating models in other parts of the UK using Advanced Electronic Signatures this requires each prescriber having to use a smart card. Technology has advanced and we now have the opportunity to use a more integrated approach”

Electronic records

- “We can access the Emergency Care Summary now, but access to the Key Information Summary and Health Board care portals will be a necessity”
- “Ideally that is why we need to move towards a single shared record to avoid long handed processes of sharing interventions which are inefficient to sustain”
- “Absolutely they must be able to access Emergency Care and your Director of Pharmacy should facilitate this”

Skill mix

- “Skill mix is greatly important for delivering the services but one of the biggest issues seems to be funding and recruitment to get more pharmacists, support workers and technicians in post”
- “Our pharmacist and technician are key parts to the multidisciplinary team enhanced community support model where they will support and input to our most complex patients”

Staff training

- “Much of the learning for pharmacist prescribers can be done by clinicians other than the mentor. Pharmacists can support pharmacists until the regulations change about who can do the final sign off”
- “Community Pharmacists becoming independent prescribers should be supported ... but whoever is going to be their designated mentor needs recognition/support as this takes time. We as local GPs have been asked to do this often but with no financial recompense to allow us to get locums for backfill”
- “I totally agree about the high value of Pharmacy Technicians. Are there really only 2 training courses in UK?”

Pharmacy First

- “Pharmacy First already in place and same standard of clinical care does not always apply as those too young or not fitting specific criteria are re-directed back to GP so delays progress to clinical intervention”
- “Local discussion should hopefully prevent patients be bounced around. Pharmacists are encouraged to approach local practices for that discussion”

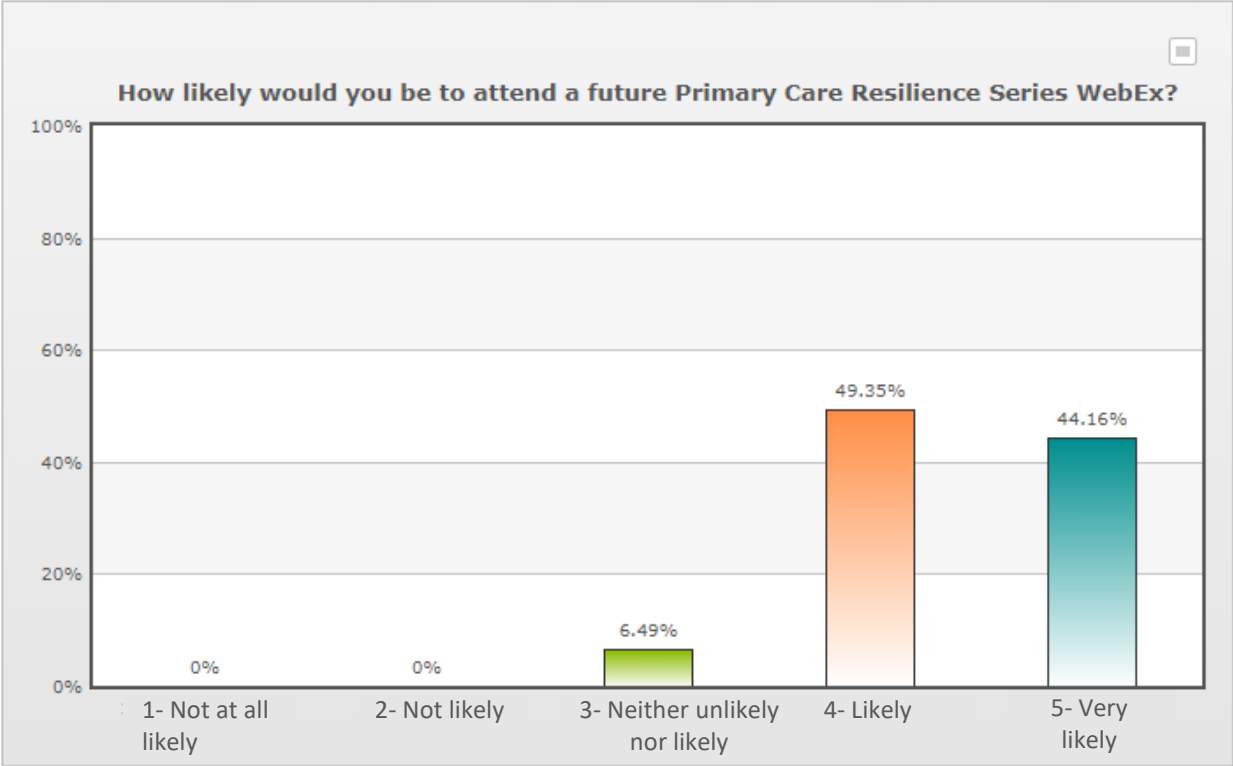
Hub model

- “Great to hear the local solutions which meet the needs of rural communities”
- “It is encouraging to see a model of pharmacists and doctors working together to improve the models in practice, we are all on the same team”
- “This is a really interesting model - it was driven by geography in Wigtownshire but why couldn't it work in city centre? We know now that some tasks can be delivered remotely and will allow cross-cover to a group of practices”

Evaluation Feedback

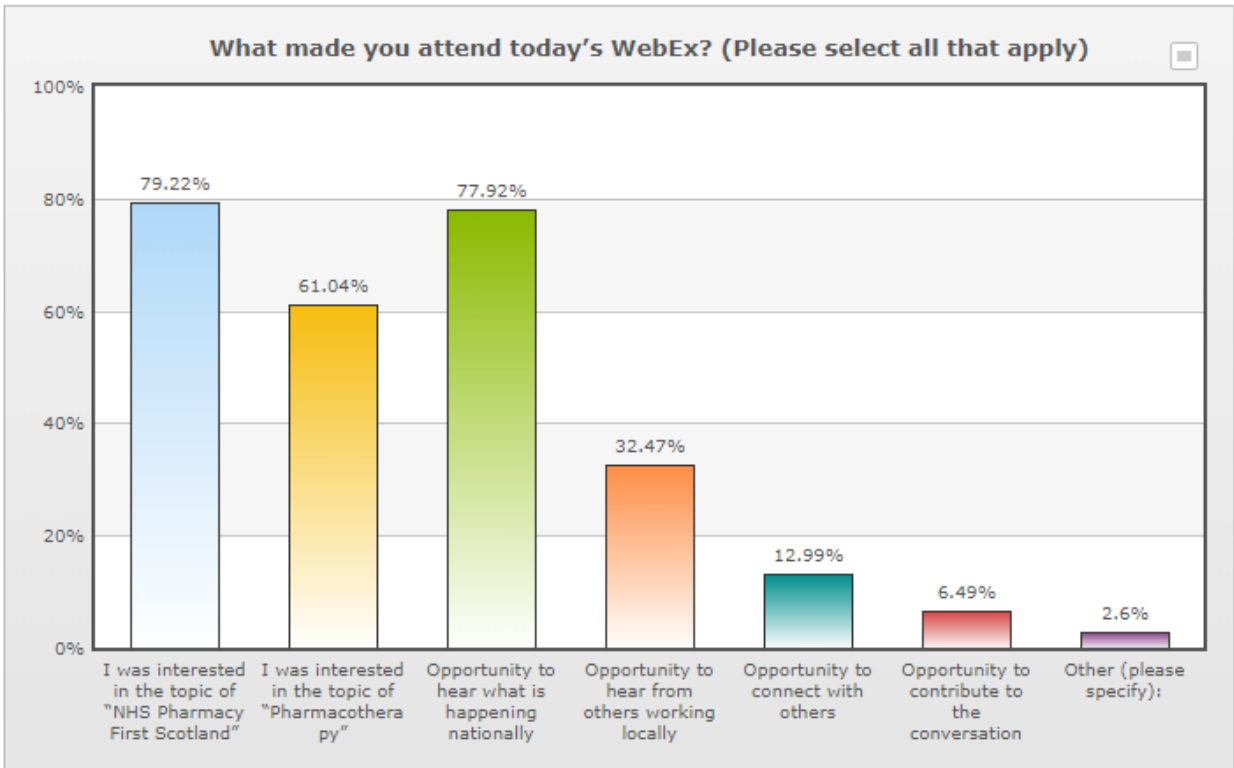
How likely would you be to attend a future Primary Care Resilience Series WebEx?

- 77 attendees have completed the Evaluation Survey. Nearly 94% of respondents said it was very likely/likely they would attend a future Primary Care Resilience Series WebEx.



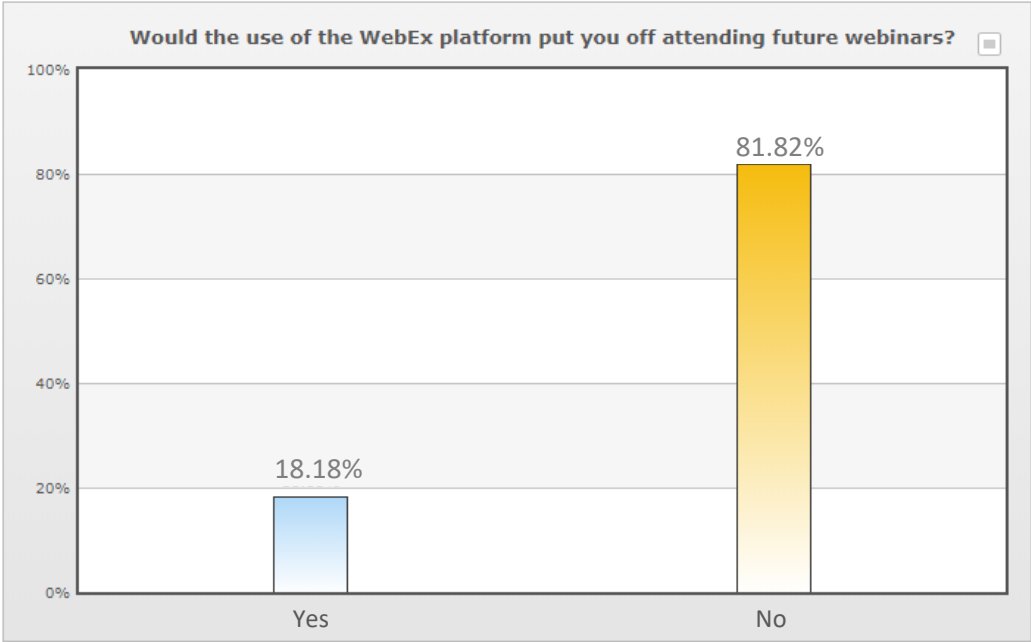
Top Reasons for Attending

- Respondents main reasons for attending the Webinar were either an interest in the specific topics such NHS Pharmacy First Scotland and hearing what is happening at a national level.



Would the use of the WebEx platform put you off attending future webinars?

- 63 out of 77 respondents said using the WebEx platform would not put them off attending future webinars
- There were some negative comments from 11 respondents about the inconvenience of needing to join the WebEx on more than one device to be able to hear the Webinar and see the presentations. One person commented that although irritating, it was understandable given the large numbers involved.
- There were suggestions of using alternative platforms (e.g. Zoom, MS Teams, GoToWebinar).



Summary of further comments received

Very interesting and useful

- “Great presentations and some very useful and hopefully be able to apply in practice.”
- “I am finding the WebEx's very helpful and provide good information on what is happening around Scotland. Good to share.”
- “Really interesting topics and a lot covered in a very short space of time!”
- “Very useful concept and stimulating discussion - I was encouraged to dig out and read thro both WebEx 1 & 2!”

Mix of presenters

- “It was good to have a mix of levels and disciplines involved”
- “It was a good web Ex, but did not really provide any new information! I am a GP and was already aware of work done towards Pharmacy First, and push towards CMS prescribing. It also was a very "pharmacy heavy" WebEx - not enough input from the "users" (GPs/ ANPs).”

Too much information, rushed

- “Very interesting contributions, but maybe too much in an hour!”
- “It was very quick paces and difficult to retain all info given”
- “There was a lot of content in this webinar and it felt rushed. It felt a little unfair to the presenters.”

More time to answer questions

- “Would be better if the speakers could address some of the pertinent questions / themes from the chat box during the WebEx.”
- “I found today very useful if not a little rushed - maybe one less speaker would have allowed a response to some of the questions ?”
- “The updates and FAQs post-WebEx/webinars are great as it’s difficult to keep up with the comments during the session whilst focusing on what the speaker is saying.”