



REPORT TO: MORAY INTEGRATION JOINT BOARD 27 JANUARY 2022

SUBJECT: MORAY PHARMACOTHERAPY SERVICE REPORT

BY: LEAD PHARMACIST, HEALTH AND SOCIAL CARE MORAY

1. REASON FOR REPORT

- 1.1. To inform the Board of the build and enhancement of service within Moray Pharmacotherapy. A separate report on the Prescribing Finance will be submitted to the Board in March 2022.

2. RECOMMENDATION

- 2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the progress made within Health and Social Care Moray (HSCM) Pharmacotherapy Service regarding the technical and prescribing support and improvement to HSCM.**

3. BACKGROUND

- 3.1 Moray Pharmacotherapy service development has been very successful in bringing considerable benefit to the patient community during 2021. Pharmacotherapy is a technical task involving prescribing medicines service provided by pharmacists and technicians within GP practices. Our uplift in service has supported the GP practices regarding medicines aspects and complements strategies such as "Home First" and "Realistic Medicine". This report will now provide an updated position on how Pharmacotherapy is addressing demand.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 GP practices continue to experience considerable pressures of prescribing workload alongside reduced GP staffing. Patient changed behaviours persists as patients continue to over-order and patients continue to require increased medicines review and support. Pharmacotherapy staff deployed in all Moray GP practices are providing this support.
- 4.2 Following successful recruitment and ongoing training and upskilling, Moray Pharmacotherapy is on track providing medicines support to all GP practices in Moray. Service provision is aligned according to practice size and maximises the use of appropriate skills to achieve good practice model in line with SP3A

(Scottish Pharmacy Practice and Prescribing Advisors Association) Implementation Strategy. Moray GPs are enabled to refocus their role as a result of Pharmacotherapy services releasing their time.

Staffing

4.3 Full time staff originally employed by Moray Pharmacy were seconded to pharmacotherapy work. Following successful recruitment, we have brought our staffing level to 33 persons (20.2 WTE) comprising:

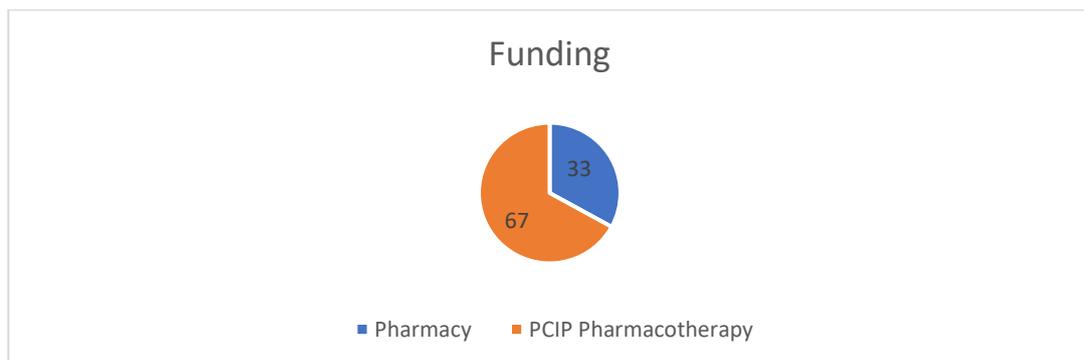
- 11.1 WTE Pharmacists (6.4 WTE band 7 and 4.7 WTE band 8a)
- 7 WTE Technicians (all band 5).
- 0.5 WTE band 7 Pharmacist within GMED.
- 1.6 WTE band 3 pharmacy assistants within FE Covid Vaccination Centre.
- 8/14 pharmacists hold Independent Prescribing Qualification

Model

4.4 We are following NHS Grampian Pharmacotherapy 2018 suggested model in line with the skill mix endorsed by SP3A of 0.6 WTE Pharmacist plus 0.4 WTE Technician input per 5000 patients for the essential phase of work. Staff are established within cluster formation supplying equitable delivery of service to each GP practice.

Finance

4.5 Source of funding to deliver Pharmacotherapy Service in Moray comes from 33% Moray Pharmacy and 67% PCIP Pharmacotherapy.



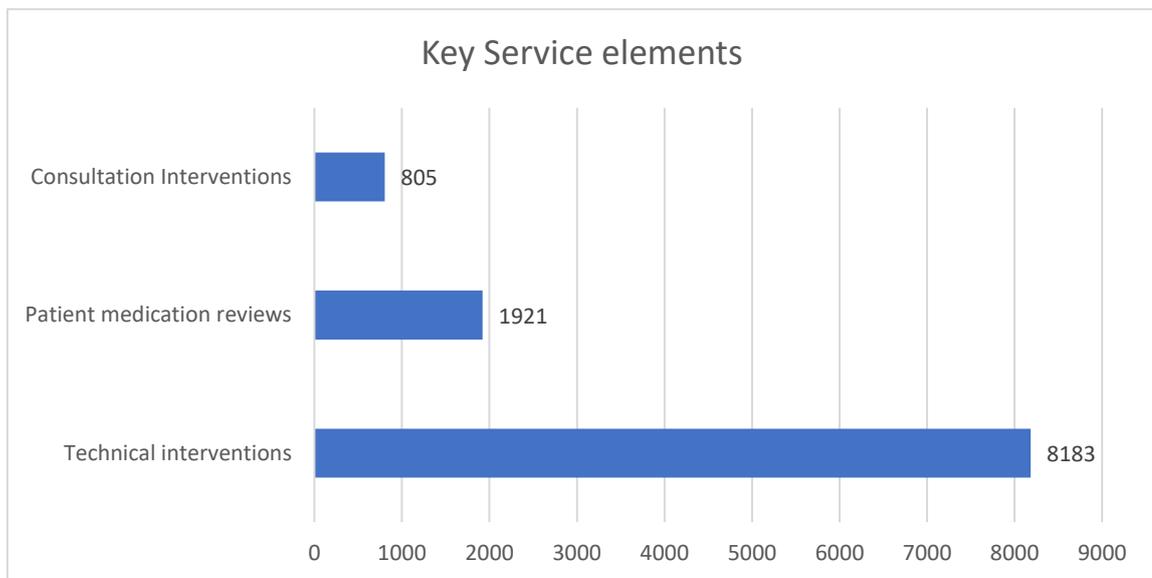
4.6 To ensure sustainable service for each GP practice during planned and unplanned staffing absence/annual leave there is further recruitment in progress, aspiring to a 22% increase in essential staffing level (taking total to 23 WTEs).

Evaluation of Key Service Elements ensuring Standardisation of Service.

4.7 100% GP Practices within Moray now have level 1 service in place (excluding leave cover). Level 1 encompasses all technical medication tasks. Pharmacotherapy provide 8183 technical interventions monthly.

4.8 100% GP Practices in Moray now have at least partial level 2 activity in place (excluding leave cover). Level 2 includes patients' medication review. Pharmacotherapy provides 1921 medication review interventions monthly.

- 4.9 50% GP Practices in Moray have level 3 activity in place provided by senior pharmacists with enhanced clinical and prescribing skills. Level 3 includes advanced level complex medication review and disease clinic review. Pharmacotherapy provide 805 Consultation Interventions monthly.



Care Homes Presence

- 4.10 Pharmacy Technician presence within Care Homes has recommenced in order to advise on medication aspects as well as perform efficiency savings. Pharmacotherapy ensures policies and stock are in place to facilitate homely remedy administration including just in case palliative homely remedies for the patients. In addition, pharmacotherapy ensure a policy in place to allow repurposing of palliative medication. These measures are preventing delays in treatment to care home patients.

Costing Review Instigation

- 4.11 Cost effective review of prescribing has been reinstated by the pharmacotherapy team. In addition to quarterly examination of High Value Items Report and Non-Generic Prescribing Report, any pricing bureau errors noted are swiftly reclaimed. This is allowing for better financial monitoring.

Formulary Tools

- 4.12 A Grampian formulary tool devised in Moray has been effective in GP practice prescribing systems to steer quality and cost effective formulary prescribing choices.

Data Analysis

- 4.13 Serial Prescribing-Analysis demonstrates that provision of MCR/CMS (serial prescriptions) to patients in Moray are currently over 20% of registered patients, and this level is the highest in Scotland. This ensures availability of regular prescription medication to the patient. Serial prescription also controls costs as prevents early requesting of medication by the patient and prevents wastage.

National factors

- 4.14 Community “Pharmacy First” and “Pharmacy First Plus Scotland” service development in Moray provides patients with increased access to medicines and promotes self-management. We are closing gaps and strengthening supportive relationships between pharmacy sectors.

5. SUMMARY OF IMPLICATIONS

a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

The work being undertaken by the Pharmacotherapy service is contributing to the delivery of the strategic plan in terms of supporting good control of financial resources and in ensuring people are supported to self-manage their health thereby building resilience in the community.

b) Policy and Legal

There are no policy or legal implications arising from this report.

c) Financial implications

Increased staffing costs to provide increased roll out of Pharmacotherapy service. Staffing costs *are* largely predictable

d) Risk Implications and Mitigation

At present, we do not currently have Pharmacist and Technician cover in place during planned and unplanned absence. We have incomplete absence cover. There are contingency plans in place for emergency service delivery to ensure technical tasks are covered.

e) Staffing Implications

We have been successful in recruitment to increase staffing level significantly but recruitment is becoming more challenging. Maintenance of required staffing level remains essential to further roll out Pharmacotherapy service. Retention is key to this. HSCM have provided excellent support to all new staff and enrolled staff on development frameworks to ensure a very high level of staff satisfaction.

f) Property

There are no property implications in relation to this report.

g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because they are no policy or organisational changes being proposed.

h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:

- David Pflieger, Director of Pharmacy, NHS Grampian
- Chief Financial Officer, MIJB
- Tracey Sutherland, Committee Services Officer, Moray Council
- Sean Coady, Head of Service, HSCM
- Corporate Manager, HSCM

6. CONCLUSION

- 6.1 It is anticipated that an increasingly consistent 3 tier Moray Pharmacotherapy Service providing enhanced access to medicines for the patient while improving prescribing quality and maintaining patient safety. The aim is to allow GPs in all Moray practices to refocus allowing appropriately trained pharmacy staff to continue take on medicines work.**

Author of Report: Christine Thomson, Lead Pharmacist

Background Papers: 1. Achieving excellence in pharmaceutical care: a strategy for Scotland. Scottish Government: Pharmacy and Medicines Division. 2017.

2. The 2018 general medical services contract in Scotland. Scottish Government: Population Health Directorate. 2018.

3. Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement. Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards. 2021.

Ref: