Prescription for Delivery

The CPS action plan to deliver pharmaceutical care for patients in Scotland.

Martin Green
Chairman

The Scottish Government published Prescription for Excellence in September 2013 setting the direction of travel for the pharmacy profession over the next 10 years. Community Pharmacy Scotland (CPS) is the organisation which represents Community Pharmacy Contractors in Scotland and negotiates with the Scottish Government on their behalf. CPS also has a direct relationship with pharmacy employees all over Scotland through Associate Membership. The community pharmacy network cares for approximately 600,000 patients every week in Scotland. Across the network of 1250 premises, thousands of dedicated employees provide NHS services for their communities. Often these pharmacies are situated in the heart of deprived areas.

Reluctantly we have had to produce this document as a result of a lack of engagement and clarity from Scottish Government officials. This has led us to produce our own action plan. Community Pharmacy has achieved a huge amount in the last 10 years. CPS in partnership with the Scottish Government has revolutionised the community pharmacy contract to reward patient care in conjunction with the supply of medicines. The contract has delivered for patients and the Scottish Government. Pharmacy contractors have efficiently dispensed rising numbers of prescription while delivering pharmaceutical care. There is much to be proud of but also a willingness to continue to evolve.

The organisation has utilised the community pharmacy expertise of its members to deliver this action plan to achieve the outcomes set in Prescription for Excellence. The Scottish Government's vision is ambitious. CPS believes that only by working together with all stakeholders can the goals of the document be realised. Full engagement from all parties will ensure patients continue to receive pharmaceutical care when it is needed.

CPS invites all stakeholders to consider our action plan. We have taken the outcomes listed in Prescription for Excellence and stated how we believe these can be delivered. This sets clear objectives to enhance pharmaceutical care in Scotland. We look forward to engaging with all those linked to pharmacy to deliver for our patients.

Prescription for Excellence: Delivering the Outcomes

Pharmacists in the NHS would be recognised as clinicians responsible for the provision of NHS pharmaceutical care.

Recognition should be led by delivery of the services offered by the NHS through the current community pharmacy contract.

- The Chronic Medication Service to be fully rolled out to allow full therapeutic partnership between community pharmacist and GP with
  - Serial Prescribing
  - Development of community pharmacist intervention through use of care pathways
  - Fully functioning communication channels across primary and secondary care
  - Addition of NSAIDs to the High Risk Medicines support tool
- The Minor Ailment Service to evolve by
  - Removing out dated exemption criteria
  - Making prescription only medicines available for certain common clinical conditions such as uncomplicated UTIs and superficial skin infections
  - Establishing referral pathways to allow patients to be seen by other healthcare professionals if the pharmacist deems it necessary
- The Public Health Service to evolve by
  - Offering further and longer support to those who wish to quit smoking by offering therapies out with traditional NRT for longer than the current 12 week limit
  - Enabling the pharmacist to initiate long term contraception for those who wish when accessing sexual health services
  - Commissioning by the NHS of flu vaccination through community pharmacy to improve access and vaccination uptake
  - Offering Alcohol Brief Interventions
- The Acute Medication Service
  - To remain and support rapid access by patients to medicines when required.
  - Continue to deliver efficiencies for the Scottish Government through increased automation of prescription processing
  - Support patient safety initiatives by upgrading PMR software to allow the scanning of medicines during dispensing. This will aid the accuracy of the dispensing process and verify the authenticity of the medicine in line with the EU falsified medicines directive

With enhancements to the current contract as detailed above community pharmacies would not only be recognised as clinicians responsible for pharmaceutical care but also the first port of call to access the NHS.

Releasing capacity of pharmacists to deliver pharmaceutical care would be facilitated by full utilisation of pharmacy technicians, support staff and increased use of robotics in dispensing to improve safety and efficiency.

Community pharmacy contractors and their staff have delivered pharmaceutical care in conjunction with an increasing dispensing workload. Dispensing episodes have increased 61% in the last 10 years and contractors have adapted their business practice to deliver for the NHS. Many pharmacy staff have undergone training to become technicians and accuracy checking technicians. A small number of contractors have utilised robotics.

Any attempt made to re-design the dispensing process must start with full roll-out of serial prescribing. A managed and predictable workflow will allow innovative approaches to the dispensing of medicines to be considered. Operational issues with serial dispensing should be considered and addressed giving all stakeholders the flexibility to meet patient need.

Resource should be provided through NHS Education for Scotland (NES) to fund training for technicians and accuracy checking technician courses plus the other pharmacy healthcare support workers. The role of the pharmacy technician and the value they bring should be recognised through their professional leadership body. NES should also deliver training for dispensary and counter assistants to ensure all levels of support staff have access to GPhC approved training materials.

Robotics may be viable in some high volume pharmacies but if their use was cost effective the innovative nature of the community pharmacy network would already have led to a widespread roll-out of their use rather than the very limited adoption we have seen. The ability of robots to release pharmacist time has yet to be demonstrated. Robot manufacturers site the main benefit of robotics as a reduction in staff costs as the systems perform tasks normally carried out by dispensary staff.

Efficiencies could be delivered by the development of an electronic pharmacist prescribing solution which would remove the need to handwrite prescriptions for smoking cessation, sexual health, gluten free and urgent supply services. This would greatly reduce the workload of these services for the pharmacy team. An electronic solution would allow National Service Scotland to automate the payment of the prescriptions generating significant efficiencies. As pharmacist prescribing continues to grow the need for an electronic solution will intensify. The work to deliver this enhancement should be started quickly as development times for IT projects of this nature can be several years.

As innovative solutions develop the value of retaining pharmaceutical care linked to supply must be recognised. The point of supply offers a unique opportunity to engage with patients. Regulatory changes will be required to allow the pharmacist more freedom to deliver pharmaceutical care in different settings. To allow a patient's regular community pharmacist to provide pharmaceutical care away from the pharmacy, funding for backfill should be provided by the NHS Board to the pharmacy contractor. This represents a safe and cost effective way and guarantees continuity of care.

All patients would have access to NHS pharmaceutical care by NHS accredited clinical pharmacist independent prescribers in all settings.

CPS supports access to pharmacist independent prescribers for all patients when it is required. In the majority of cases a generalist community pharmacist will be able to manage most patients for the majority of time without the need for independent prescribing.

Polypharmacy clinics delivered by community pharmacy contractors to ensure all pharmaceutical therapies are appropriate, evidence based and not causing harm. All patients should have access to a polypharmacy review if necessary. The only way to achieve this is to make polypharmacy clinics part of the national contract to ensure the service is available across the pharmacy network. To share the results of the review it is crucial that the community pharmacy, general practice and secondary care have integrated IT systems. The need for a pharmacist to be a prescriber to deliver polypharmacy clinics is unclear and potentially problematic. With the current IT systems and levels of integration there is concern that GPs and community pharmacists may not be able to easily work in collaboration when both are prescribing for the same patient. The majority of polypharmacy reviews are unlikely to result in the need for immediate alteration to a patient's medication.

In order to support the aspiration that all pharmacists will have the opportunity to be independent prescribers funding would be required for NHS Education for Scotland to support training *[or to the Universities to develop training within the undergraduate course].* Efficiencies should also be made to the training process to allow for a greater number of pharmacists to become prescribers within the timescales set out in Prescription for Excellence. Pharmacist prescribing is still dependent on mentor by a General Practitioner which limits training capacity and increases training time.

Patients have a close relationship with an individual pharmacist, ensuring greater continuity and consistency of care for patients - introducing the concept of the named pharmacist and patient registration with NHS Board listed pharmacists which will underpin the professional relationship with patients and local clinical governance systems.

Many patients have already a close relationship with an individual pharmacist and other members of the community pharmacy team. These relationships have often been built up over many years. With the access and opening hours offered by community pharmacy it is impossible for an individual to provide continuity and this has to be provided by a team.

The named pharmacist concept can be delivered with the regular community pharmacist overseeing patient care. The profile of the named pharmacist should be raised by the clear labelling of medication and patient materials. In order to ensure continuity patient registration should be with the pharmacy so that pharmaceutical care can be delivered at all times the pharmacy is open.

NHS Boards should develop and maintain a performers list of pharmacists working in their area and the services they are trained to provide.

Local clinical governance will function effectively alongside the governance provided by the pharmacy regulator.

NHS Boards to have a direct relationship with individual pharmacists providing services in their areas regardless of setting.

Pharmacists providing NHS services in a board area should be known to the Board and held on a performers list. Contractors will support Boards to achieve this goal.

Pharmacists in secondary care and in primary care work together in an integrated way which would be supported by a common clinical pharmacy career structure.

The Pharmacy Care Record (PCR) system has already been piloted in some areas as a means of sharing information between primary and secondary care. Community Pharmacy contractors and their employees will continue to engage in these pilots providing patient consent is given.

To improve patient safety, discharge medicine should be dispensed by the community pharmacy with formal communication coming from the hospital pharmacy team. This would improve communication between primary and secondary care. The hospital clinicians would also have more freedom to discharge the patient without relying on the dispensing of discharge medication from the hospital pharmacy. The community pharmacy contractor would ensure prompt supply of medicines to the patient.

Primary and Secondary care should collaborate on the delivery of Homecare products. Homecare products should be sourced by the community pharmacy to give a full record of the patient's dispensing history and expertise sought from hospital pharmacy to ensure safe and effective care.

Career structures should be developed with particular support for the foundation years just after registration. An initial common career structure would support pharmacists to become independent prescribers. Thereafter the career structure could diversify to accommodate specialism in a particular area. This would include those who wish to become generalists and practice within the community pharmacy network.

Pharmacists work in groups to deliver NHS pharmaceutical care to patients in all care settings, especially for those with complex or long term conditions with allocation of caseloads.

Community pharmacists are generalists who will be able to support pharmaceutical care for the majority of patients in most circumstances. In the event the patient requires additional care the community pharmacist shall identify and allocate case loads of patients to pharmacists with special clinical interests who may come from community, hospital or the Health Board. Care would be delivered in settings appropriate to the patient's need and that setting in many instances will be the local pharmacy.

Pharmacists work closely with GPs, primary care, community teams and secondary care sharing information for the benefit of the patient. These pharmacists would be known as the general practice pharmacists.

The sharing of relevant patient information is essential for the safe delivery of patient care. Each professional generates patient information, which adds to the package of care. The community pharmacy records information relating to patient's care issues about their medicines and uniquely the medicines actually dispensed to the patient. Patient ownership of their own medical records with the ability to consent to which health care professionals see the information would facilitate better access to important information for all patients.

NHS Board Pharmaceutical Care Services Plans with needs assessments to enhance local healthcare planning which would include equitable access to services in deprived areas as well as specific public health needs driving a new contractual framework for premises and pharmaceutical care, removing any perverse incentives.

The introduction of a pharmaceutical needs payment in the national community pharmacy remuneration package will aid pharmacy contractors in deprived areas to offer services required by patients.

Contractors will continue to develop and deliver a new contractual framework for the benefit of all stakeholders. Considerable work has already taken place to move away from elements perceived to be perverse incentives. The lack of recognition in some quarters is disappointing.

The Scottish Government will work with patients, dispensing doctors and appropriate stakeholders to explore how rural communities can be further supported in terms of pharmaceutical care.

It is important that all patients in Scotland have access to pharmaceutical care when they require it.

In order to ensure that patients in remote and rural areas receive a service no less adequate than those in other areas of Scotland it is important that the pharmaceutical care they require is sourced from the community pharmacy network.

Most pharmaceutical care is provided on a planned basis and therefore the pharmacy network can often be accessed physically. Utilising telehealth services will also aid patients in accessing pharmaceutical care when they require

Pharmaceutical care for specific patient groups is provided under a national frame work and to nationally determined NHS standards. A national framework and NHS standards for the pharmaceutical care of residents of care homes and people receiving care and support at home would be prioritised.

Several clinical areas have been identified in Prescription for Excellence for the development of national service specifications.

- Cardiovascular health
- Older People – in care homes and in their own home
- Alcohol and Substance Misuse
- Mental Health
- Sexual health
- Children

Representatives of community pharmacy contractors will participate in the development of national frameworks and all will support their implementation. Making these services available through the community pharmacy network will ensure they are accessible for all patients.

Community pharmacy contractors and their employees should be resourced to visit care homes ensuring continuity of care linked to the supply of medicines.

Pharmaceutical care at home should be provided by the pharmacist responsible for supplying the patient's medication. This will help to ensure patient safety and continuity of care. It will be cost efficient for the NHS to source this pharmaceutical care from within the community pharmacy network.

Pharmacists undertake an enhanced role in preventing ill-health, co-production and minimising health inequalities.

Audit Scotland has already recognised that community pharmacies are more likely to be in areas of deprivation and poverty than other primary care services. In order to minimise health inequalities all pharmacy services should be universal with minimal barriers to patient access.

Vaccination programmes should be delivered by pharmacy contractors on behalf of the NHS in order to complement services offered in General Practice.

Linking in with Curriculum for Excellence pharmacy contractors will support resourcing of pharmacist visits to schools to promote good health. The Community Pharmacy Teams should be utilised further as champions of health and wellbeing within the neighbourhood they serve. Contractors and their teams will work with patients to empower and enable them to secure maximum benefit from medicines.

Pharmacists and the wider pharmacy workforce are trained appropriately to their enhanced role, both pre and post qualification.

Both Schools of Pharmacy in Scotland are recognised as leaders in education and their undergraduate degrees are accredited by the GPhC. The undergraduate course should supply students with the knowledge to play a full role in pharmacy practice including prescribing (CPS and other believe the course already does this). The students will graduate with the knowledge to be prescribers but will need the period of practice known as foundation years. Regulatory changes by the GPhC would be required to achieve this.

The Scottish NES pre-registration programme is also recognised as delivering a significantly higher pass mark for the entrance exam for the rest of the United Kingdom. NES must be adequately resourced in order to deliver support and training for all members of the pharmacy team. Pharmacist educational needs should be subject to continuous review.

The content of training courses for pharmacy technicians should be amended and the scope of their role more clearly identified.

Measures are put in place to monitor workforce requirements and availability of training places.

NHS boards would provide professional and clinical leadership for all pharmacists providing NHS pharmaceutical care services

Community Pharmacy contractors and their employees look forward to working with the NHS Boards to provide clinical leadership for all pharmacists. Pharmacy champions have already proved successful in many Health Boards.

Short Term Goals

- Serial prescribing becomes the normal route by which patients receive their medication helping to
    - Optimise patients medicines
    - Reduce Medicines Waste
    - Strengthen therapeutic partnerships between pharmacists and GPs
    - Free pharmacist time to provide more pharmaceutical care
- Removal of MAS exemption criteria to improve access to the service hence
    - Reducing A+E and GP appointments for minor ailments
    - Tackle Health Inequalities by making the service universal
    - Improve access to the NHS for all patients
- Upgrade PMR software to facilitate the scanning of medication during the dispensing process to
    - Aid the accuracy checking of dispensed products
    - Verify authenticity of medicines dispensed in line with the EU falsified medicines directive