

PHARMACOTHERAPY: STRENGTHENING SERVICE THROUGH INNOVATION AND CHANGE

Written by Jemma Bowman, Project Manager, Pharmacy Services, NHS Dumfries and Galloway

22nd February 2019

Background

Dumfries and Galloway Health and Social Care Partnership (HSCP) is based in South-West Scotland and serves a population of approximately 150,000, spread over a large rural geographical area of around 2,400 square miles.

There are three main towns in the region with a combined population of 50,700. The remaining 23 settlements have a population of 4,500 or less.

The work of the HSCP is delivered through four Health and Social Care Localities across the region in Wigtownshire, Stewartry, Dumfries and Nithsdale, and Annandale and Eskdale.

Acute secondary care for the region is provided by Dumfries and Galloway Royal Infirmary, supported by a Community and a small number of Cottage Hospitals.

There are **32** General Practitioner (GP) Practices and **34** Community Pharmacies within the board area.

(Dumfries-and-galloway.co.uk, 2018)

Situation

The 2018 Scottish General Medical Services (GMS) Contract refocuses the role of GPs as expert medical generalists by distributing certain tasks currently carried out by GPs to a wider multi-disciplinary team, where safe and appropriate to do so. This shift in workload will allow GPs to build on core strengths and provide patients with better care.

Prior to the contracts approval NHS Dumfries & Galloway had a team of pharmacists and pharmacy technicians working across the region in GP practices, providing support to GP surgeries with prescription requests, medicines reconciliation, polypharmacy reviews, minor ailment clinics and chronic disease management.

As a result of the contract, there is a requirement to increase and strengthen the pharmacy workforce to fulfil a sustainable pharmacotherapy service or a number of issues would arise.

Challenge

If the current service was left unchanged, this would result in the inability to provide a continuous pharmacotherapy service, resulting in the following issues:

The majority of workload around prescribing being re-distributed back to GPs

Limited opportunities to assist people to manage their medications as safely and effectively as possible;

Reduced capability to provide additional pharmacotherapy services in areas of greater socioeconomic need

Inability to embed a reliable and resilient service capable of covering a 5 day working week

Productivity lost through time taken up travelling between surgeries; and some GP practices receive no pharmacotherapy input.

Objectives

The objectives are that by April 2021, to:

Have identified pharmacy resource gaps within each Locality across D&G HSCP, and have recruited to these gaps.

Be delivering a resilient and sustainable pharmacotherapy service by focusing on increasing workforce at entry level, and ensuring strong leadership for development.

Have improved equity by delivering a pharmacotherapy service over four localities, which is fair and accessible to all.

Be making better use of community pharmacies to manage common clinical conditions.

To have reduced GP time spent on key activities outlined in the GP contract as part of the core pharmacotherapy service (discharge letters, outpatient requests, acute special requests and pharmaceutical issues) by 40%.

Have invested in student technicians and foundation clinical pharmacists to increase the future availability of pharmacy staff within the region

Our Vision

By April 2021, every GP Practice will benefit from a viable, well supported pharmacy workforce that are able to flourish and deliver a service that helps to sustain GP practices and improves quality care for patients.

Dumfries & Galloway

GP PRACTICES



Source: General Practice Sustainability Survey 2017; Dumfries & Galloway

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Key Risks

Recruitment challenges due to rural area and timescales;

Current service unable to cope with developing and retaining a vastly expanding pharmacy workforce;

Timescales for implementation;

Lack of planning prior to GP contract approval;

Destabilisation of Acute or Community hospital;

Retention of existing workforce due to competition from neighbouring Boards;

No Director of Pharmacy for 6 months, due to vacant post.

Resistance to change from existing pharmacy workforce;

Apprehension from GPs in changes to practice;

Lack of triage and signposting process;

Communication;

Synergy of work streams feeding in to Programme Board;

Restricted funding.

Our Solutions

Develop a recruitment plan to fulfil identified posts;

Develop new innovative roles, such as student technicians and split posts with acute and community pharmacies;

Agree a memorandum of understanding for pharmacy teams working in GP practices and criteria for their work plans;

Develop a meeting group focused on the implementation of pharmacotherapy, consisting of key stakeholders across the HSCP;

Develop, improve and maintain relationships with GP Locality Cluster Groups, GP's and practice managers;

Create an overarching action plan, along with individual locality cluster group action plans co-productively with locality pharmacists and GPs;

Strong Communication and engagement plan;

Ongoing risk assessments;

Continuous monitoring, controlling and evaluating of systems, processes and procedures;

Induction packs for new starts to ensure consistency across localities;

Target recruitment to areas that are not currently implementing the GP Contract, such as North of England and Northern Ireland

Establish and build strong relationships with Schools, Colleges, Universities, and Pharmacy Schools to ensure links available for upcoming pharmacy workforce

Network with contacts in other Health Boards to share best practice, learning, and strategies.

Keep a wide vision and develop milestones

Make best use of social media platforms for recruitment, and raising awareness of Dumfries and Galloway

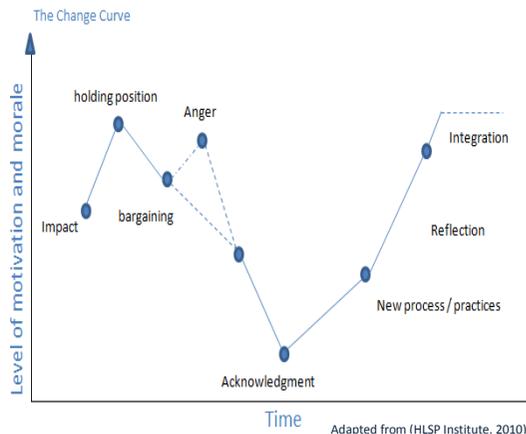
Adapting to Change

Implementing a new service will take time and will involve change. Groundwork had already be done prior to the pharmacotherapy plan being approved as a small number of General Practice Clinical Pharmacists (GPCPs) were in place in GP practices across the region, therefore it was possible to focus on delivering more of what was known to work, and appreciated by GPs and service users.

The first six months of implementation was focussed on recruiting the identified workforce as strategically as possible, to begin to build a sustainable service.

It is important to recognise the transitional changes to emotional change as identified in the change curve diagram below so that it can be predicted how implementation of change can affect performance, challenge progress and will assist in developing communication strategies.

NHS D&G are nearing the acknowledgement stage in regards to the implementation journey and acceptance has started to form. There is an atmosphere of curiosity and excitement that new possibilities and opportunities are available and being developed.



Key Successes to Date

80% of the initial 25WTE newly identified vacancies successfully recruited to without destabilising community of hospital pharmacy, with the remaining 6WTE posts to be recruited early in year two of implementation;

70 applications for the post of Student Technician, demonstrating interest and demand for training in the local area for pharmacy roles;

Established initial links with Queens University Belfast, and hosted 4 experiential learning students from Robert Gordon University and 2 from Strathclyde University;

Successful recruitment events held in Carlisle and Belfast, resulting in appointments being made;

The Student Technician model, won a Scottish Pharmacy Award for Innovation and a poster on the model won a highly commended award at the national SP3AA conference in 2018.

Positive working relationships and engagement with GP Clusters and Localities.



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