

Supporting improvements in Primary Care Acute Prescribing

The ihub plans to support improvements in acute prescribing in primary care services by learning what works from areas already managing this process well. We will rapidly share the learning by developing a toolkit and learning system. We are engaging with a wide range of stakeholders and this one-pager details our thinking around this work.

Aim

- By Summer 2022 the Primary Care Improvement Portfolio (PCIP) will support improvements in primary care acute prescribing by:
1. Developing a toolkit based on learning from areas managing acute prescribing well.
 2. Establishing a learning system to support spread and implementation of improvement in acute prescribing.

Expected benefits of this work

- The following benefits are expected:
- Process improvement in the management of acute prescriptions leading to an enhanced experience for patients. E.g. Moving appropriate patients from an acute to a repeat prescription
 - Embedding a safety culture in prescribing by embedding principles of Essentials of Safe Care into acute prescribing process and increased multidisciplinary working.
 - Supporting delivery of commitments outlined in MOU2.

Proposed Methodology

- The ihub Primary Care Improvement Portfolio (PCIP) will:
1. Develop a network of those with interest in improving acute prescribing.
 2. Identify, explore and understand what good acute prescribing looks like in practice. Based on this learning, develop guidance and resources.
 3. Test these resources and create a toolkit to improve acute prescribing.
 4. Using the network, create a learning system to support spread of improvement.

Suggested support for this work

Recognising that there is significant pressure in primary care services at the present time, the PCIP is proposing to provide additional financial resources in 2021-22 financial year to support backfill and staffing for GP Practices and HSCP staff to participate in this work. We intend to be as flexible as possible in how this resource will be used as long as the required outcomes of this work are delivered.

Why are we doing this work?

- The GMS Contract (2018) outlined a commitment of the development of HSCP led pharmacotherapy services to support GP workload. MOU2 (2021) affirmed this commitment.
- Scottish Pharmacy Practice and Prescribing Advisors Association (SP3AA) have led the development of a pharmacotherapy framework. Work has already been undertaken by the ihub to support medicines reconciliation and serial prescribing. Acute prescribing is the next priority.
- Recognising the immense ongoing pressure that health and social care services are under we intend to provide solutions to support rapid sustainable improvement.

Indicative timelines

- Consultation of proposal with key stakeholders- *October 2021*
- Identification of teams- *November 2021* and allocation of resources- *December 2021*.
- Planning workshop- *end November 2021*
- Start working- *December 2021/ January 2022 (TBC)*
- Toolkit publication- *timelines to be agreed with input from stakeholders*
- Spread- *timelines to be agreed with input from stakeholders*

Next Steps

We are sharing these plans with a range of stakeholders. We want to start identifying teams we will work with by early November 2021 and we will hold a planning workshop with key stakeholders at end of November 2021 (via MS teams). If you are interested in discussing this work in more detail then please contact: his.pcpteam@nhs.scot