NHS England

NHS Newark and Sherwood Clinical Commissioning Group

GP Pharmacy Transformation Quarter 4 Report
(January 1st – 31st March 2016)

Executive Summary

Significant progress has been made in developing project pilot sites across Derbyshire and Nottinghamshire, by developing strong relationships between General Practice and Community Pharmacy. Six pilot sites have been identified, with 5 sites live as of 31st March 2016. Over 3,600 patient consultations have been made (by March 31st 2016), with very positive feedback from key stakeholders including patients, GPs, Practice staff and Community Pharmacy. Initial evaluation of patient outcomes and quality improvements show encouraging signs for the potential to adopt this at pace and scale.

The following table summarises the pilot sites and activity:

CCG	Practice	Pharmacy Provider	Start Date	Days p week	Status / Patient Activity
North Derbyshire	Chesterfield Medical Partnership	PCT trading as Peak	July 15	4	1,943 patient contacts
Newark and Sherwood	Abbey Medical Group	HI Weldrick	Sept 15	3	836 Patient contacts
Nottingham North and East	Giltbrook Surgery	WR Evans / Manor	Sept 15	2	347 Patient contacts
Southern Derbyshire	Swadlincote Surgery	KM Brennan	Nov 15	2	440 Patient contacts
Nottingham City	Wellspring Surgery	Jaysons	Feb 16	1	44 Patient contacts
Southern Derbyshire	Lister House Surgery	Nottingham University Hospitals	April 16	3	Training commenced 21st March 2016

Programme Board

A programme board is in place, with the membership from NHS England, CCGs, Local Pharmacy Networks, Programme Team, a Citizen representative, Community Pharmacy and GP. Agreed terms of reference have been established, available on request. Minutes and supporting papers of the Programme board meetings are also available on request. The Meetings are held every 2 months. The board is chaired by Samantha Travis, (Clinical Leadership Adviser / Controlled Drugs Accountable Officer, NHS England, North Midlands.

Project Team

David Ainsworth, Director of Primary Care, Mid Notts CCGs has overall responsibility for the programme. Cathy Quinn is the Programme Clinical Lead, and Gerald Ellis is the Programme Manager. Newark and Sherwood CCG provides programme support.

Activity and KPIs

Pilots report progress monthly to the programme team. Up to 31st March, the pilots have conducted 3,605 patient consultations, Whilst the vast majority of these consultations will

have involved a pro-active medication review, the following summarises the primary reason for the patient consultation:

General Practice based medication reviews	48%
Nursing Home or house Bound medication reviews	2%
Long term condition reviews	31%
(AF reviews, DMARDS, COPD, Asthma reviews, Anticoagulation reviews, Chronic kidney disease)	
Urgent Care	9%
(Ear infections, Ear wax, UTIs, skin conditions, minor ailments)	
Other	10%
(Secondary care discharges to primary care, medication advice and queries, CHD risk, travel queries, smoking cessation, prescription switches)	

Cost per consultation

The cost per consultation has been calculated by adding the Community Pharmacist costs with GP supervision costs and dividing that by the activity. Whilst this is an approximation, it forms a useful indicator. The costs in the initial period also include induction, training and the IPs getting up to speed with practice procedures and developing confidence in dealing with patients and using clinical systems. Over time we could expect these costs to reduce, based upon the above "mix" but we also hope that more complex cases will be undertaken following clinical skills course plus mentorship from the GP supervisor. There is also variation from pilot to pilot based upon the mix of activity being undertaken.

Early results indicate that In terms of cost per consultation, it is averaging out at approximately £20 (including GP supervision), ranging from £18.00 to £38.00.

As this work is innovative, KPIs are being developed throughout the project applicable to the different services being offered at each pilot site. Increased access to primary care capacity can be directly measured from appointments and contacts generated.

The principle areas that we are capturing further data on are:

- Activity (as highlighted in the above areas)
- Access and use of primary care capacity
- Demographics
- Patient experience
- Changes in medications
- Improvements in quality
- Improvements in safety
- Lowering the risk of hospital admission

See Appendix 2 for early results.

Key Findings:

- To date, the patient satisfaction is very high, with excellent feedback, and 100% satisfaction from surveys reported back so far.

- Practices are also reporting high levels of satisfaction by having a medicines expert and having additional capacity for seeing patients.
- In general, patients really appreciate the additional time that is available for them to discuss and improve their understanding of their medications, how they take them and possible side effects.
- In many cases patients comment that this is the first opportunity that they have had to have an in-depth discussion.
- In significant numbers of cases patients report that they are no longer taking medicines prescribed and many medications are being stopped if they report that they are not required.
- The pharmacists are highlighting safety issues (e.g. blood tests that have not been initiated for certain medications), improvements in quality and patient experience through a better understanding.
- There have been no formal patient complaints about the service. However, there have been some patient queries regarding why medication reviews are now taking place through Pharmacists.
- Friends and family tests results in 3 of the sites have shown an improvement in return on percentages of patients that would recommend practices in the period from June 2015 (prior to pilot) to December 31st 2015 (after pilot commenced).

Examples of patients benefiting from seeing the pharmacist

- During a BP review the pharmacist managed the step down of treatment for a patient previously diagnosed with hypertension. He had recently lost a considerable amount of weight so it was possible that he was no longer hypertensive. His BP was at target so his BP medications were stopped and BP reviewed at a later date where his BP was still at target. It was agreed with the patient that he no longer needed medication which he was very pleased about and regular monitoring will continue
- A patient reported that she was worried about going deaf, and the pharmacist established that there was a substantial build-up of earwax
- A patient attended ENT hospital and was prescribed medicines for their condition from hospital. The pharmacist conducted a review and found that the dose was not high enough to be effective, and the medicines were also not being taken regularly. The Pharmacist explained how the medicines worked and why they were important. The patient now understands their medicines better and is able to take them as required and is getting the benefit intended from the medication.
- A patient was non-compliant with antihypertensive medication, but by providing an in-depth discussion on the importance of managing BP and consequences, the patient is now much more motivated to take medication and BP is now well controlled

Several of the sites have undergone recent CQC inspections, and this programme of transformation work has been highlighted as innovative work. In one case this programme has contributed towards an assessment of “outstanding”.

Clinical supervision processes are regularly reviewed between sites and the project team.

During the next quarter the focus will be on clinical and personal development with the implementation of clinical skills training and leadership development and coaching. Increased outcome and service data measures will be carried out.

Clinical Commissioning Groups

Each CCG with a pilot practice has been asked to confirm a project lead contact and a governing body sponsor. Regular communication on progress with all Derbyshire and Nottinghamshire CCGs is planned as part of the communications strategy. A programme update has been sent featuring Chesterfield MP and update number 2 is being compiled featuring Giltbrook Surgery.

Community Pharmacy

The local multiple pharmacies have expressed a great deal of enthusiasm and tangible support for the pilot, and agreement has been reached to commission CPIP time from them to deliver services in order to support the project. This helps to establish a positive, collaborative relationship and avoids the lengthy process and potential of a higher risk of direct recruitment. The local multiples involved are Peak, Manor, HI Weldrick and KM Brennan, and a local independent pharmacy, Jayson's. In the Lister House pilot the Pharmacist has been seconded from Nottingham University Hospitals.

Stakeholder Group Events

Stakeholder Group events are held quarterly in order that pilots can share progress and experiences with each other and discuss forthcoming priorities. The first events were held in October and February with positive feedback.

The events promote wider stakeholder involvement and communications including from Patients and the Citizen Representative, the Local Professional Networks for Pharmacy, Nottinghamshire LPC, University of Nottingham (evaluation partner), IT support, CCGs, NHS England Finance, Contracting and Communications, and other interested stakeholder groups such as the CQC, CPPE, RPS, Pharmacy Voice and PSNC.

Contracting Arrangements

A service specification has been approved by the Programme Board. A contract variation has been developed for General Practices (for clinical supervision) with their respective CCG, an NHS contract has been developed between Newark and Sherwood CCG and the Community Pharmacy providers, and an Honorary Contract developed between the Pharmacist and the general practice in which they are providing services.

Evaluation

An evaluation of the project is being conducted by the University of Nottingham, School of Pharmacy. This includes a quantitative and qualitative analysis. Initial visits have taken place at 3 of the pilot sites and the evaluation has included observations of Pharmacist led consultations with patients, and interviews with practice staff, and programme board team. All sites will have initial evaluation visits completed by mid-May with follow up visits in August/September. The University of Nottingham has started a programme specific patient survey, early results from patients are very positive. The University will be providing interim reports on their findings and are supporting the development of outcome measures and routine service data collection. In addition the project team is capturing data on increased

capacity and improved patient outcomes.

Competency Frameworks, Training and Development

Due to the nature and length of the pilot, it is not envisaged that any further formal qualifications will be able to be obtained by the CPIPs. However specific skills and competencies will be developed with the Centre for Pharmacy Postgraduate Education (CPPE) Clinical Pharmacist in GP Practice competency framework. The CPIPs attended a 2 day diagnostic course, delivered by CNCS in October 2015. Further clinical skills training is being delivered by the DREEAM team at NUH (6 days training during March, April and May 16). The aim of this training is to help to develop the clinical and diagnostic skills of CPIPs.

Due to the innovative nature of this development, individual leadership and mentoring is being provided for each CPIP through East Midlands Leadership Academy (EMLA). This will include Action Learning Sets.

Communications

A communications strategy has been drafted in collaboration with NHS England communications team, approved by the Programme Board. Part of the communications strategy is an interactive project update, featuring each pilot in turn. The first programme update was issued in February 2016 featuring Chesterfield MP. The project team is encouraging all pilots to capture good patient stories and develop case studies. This includes video interviews with patients accessing the service.

Risks and Issues

A risk that has been mitigated for this year, but may not be possible to mitigate in the second year is professional indemnity. As the number of pharmacists carrying out these roles is likely to increase significantly, the exposure of insurers to risk from advanced practice will rise. The indemnity providers are currently discussing the situation with NHSE as the impact is likely to be widespread. Lack of appropriate or affordable indemnity may limit the CPIP role, especially the aspect relating to diagnosis.

Scarcity of pharmacist independent prescribers with the capacity to work in GP practice has been a risk and caused delays in particular, to the Southern Derbyshire Lister House pilot.

Shared Learning

Learning from the project is being captured by the project team so that important issues can be communicated and shared with others both locally and nationally. In addition links have been made with areas that are operating similar initiatives such as EPIC (Brighton), Sheffield CCG and Barrow in Furness.

The initial learning is captured in a learning log which is updated regularly. The highlights of the learning to date include:

- There is a scarcity of available Independent prescribing pharmacist,
- Provision of clinical supervision is a challenge due to pressures in practices
- There is significant interest from practices and pharmacists in developing these pilots

- Robust processes are needed to appropriately check for quality/performance
- Appropriate service data capture is needed to inform of the true benefits of the interventions

A poster has been developed that captures the key learning topics and this has been used as a showcase at the RPS annual conference in September and to inform the national team of learning to date to help inform the national pilot. Programme progress was presented to the Royal Pharmaceutical Society (RPS) innovators forum in January.

An update of programme progress has been submitted to the Pharmacy Congress, and an abstract approved for presentation at the congress in April 16.

The programme is also being presented at the Public Health and Primary Care event at the NEC Birmingham (May 19/20th 2016).

The project team has made two submissions to Chemist and Druggist National 2016 awards in categories clinical service of the year and GP partnership of the year, award winners will be notified in June 2016. The programme has been shortlisted in both categories.

The project team has been invited to share learning and progress at the Pharmacy Workforce Forum (CPPE/HEE, June 21st Ruddington).

Innovative Pharmacy services will be showcased at the Pharmacy Show in September, and the team is planning to submit information for presentation at that event.

Future Commissioning

As the team is working across 5 CCGs, future commissioning models, options and intentions will be explored in the next quarter.

National Pilot

A national pilot to employ pharmacists in GP practices has recently been announced. Throughout the region there are 8 successful fund applications. The project team continues to provide support to practices and organisations involved in the pilot.

Further Updates

Future updates are planned to be issued quarterly to the Direct Commissioning Performance Group and Primary Care Strategic Advisory Group.

Should you require further information about the project or for queries arise please contact:

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Appendix 1

Introduction to the programme

The project is a locally funded (NHS England, North Midlands) GP Pharmacy transformation project designed to maximise patients' health and wellbeing by making efficient use of the skills of both General Practitioners and Community Pharmacists. This programme of work is separate to the NHS England national pilot for Pharmacists being employed in General Practice, announced in September 2015.

The programme aims to develop and evaluate new models of care to test whether the quality of patient care can be improved by utilising community pharmacy independent prescribers (CPIP) in both a GP practice and/or a community pharmacy setting.

By improving quality of care we expect to see changes in the following areas:

- Patient experience
- Freed up GP time
- Improved access to Primary Care
- Increasing value
- Improved Safety
- Reductions in unnecessary prescribed medicines
- Reductions in the likelihood of secondary care referrals

CPIPs will be part of the wider General Practice team and co-manage patients with long term conditions and urgent care needs. In one pilot site, care for patients in nursing homes is also being tested. The project is hosted by Newark and Sherwood CCG, and is planned to run from July 2015-December 2016.

APPENDIX 2

Initial Service Data Capture from 1 site only

NB these are some initial findings and subject to further scrutiny and explanation.

Patients assessed	41
Demographics	28 Female 13 Male
Age ranges	25 aged 65 or over 11 aged 50-65 4 were aged 25-40 1 under age of 25
Contact type	37 consultations by phone average time 27 minutes 4 consultations face to face averaging 15 minutes
Patient experience	37 patients were judged to view the review as more positive than previous
Medications	13 patients reported not taking medications prescribed and it was agreed to stop prescribing 5 patients had medications stopped as they were no longer required 12 patients has medications amended to improve effectiveness
Patient understanding	40 patients understood medications better following the consultation
Improved Quality of life	in 29 patients an improvement in quality of life is expected
Improved patient safety	6 patients had follow up tests initiated 30 patients received advice which should improve safety
Lowering the risk of hospital admissions	27 patients there was low or no considered risk 13 patients there was a medium risk 1 patient was considered at high risk