

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Pharmacy and Prescribing		Direction to: <i>NHSS</i>		Overall Budget allocated by IJB for Direction: £7,581,286	
Reference Number: 2.10		Relevant Function(s): <i>Pharmacy and Prescribing</i>		Review Date: <i>September 2022</i>	
IJB Report(s) Reference Number: <i>CC-07-22-F</i>					
Date Direction issued/authorised by IJB: 9 th March 2022		Date Direction takes effect: 1 st April 2022		This Direction supersedes existing Direction: <i>CC13-20</i>	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1 to 5	IJB Key Priorities: 1-10, 16,17	National Health and Wellbeing Outcomes: 7,8,9	National Planning and Delivery Principles: 1 to 12	

Purpose of Direction

To provide pharmaceutical services within the hospital including procurement, storage, supply and dispensing of medicines.

To support and apply governance around prescribing both in the hospital and primary care, considering cost, effectiveness, training, safety and clinical input.

To ensure safe and appropriate contractual arrangements are in place for the delivery of community pharmacy. To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy

To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland. To ensure support training and governance in medicine use and administration in community care and care at home settings.

To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy service.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>The pharmacy service will work as a single team across traditional boundaries of Regional, Primary Secondary and Community Care to support the seamless and safe transfer of patients and their medicines between settings.</p>	<p>The overarching outcome is to contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy, active lives that maintain independence and allow people to contribute to society in a positive way through Our Plan 2016-2020, Shetland's Corporate Plan; the Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes. KPI's which will assist in performance monitoring are:</p> <ul style="list-style-type: none"> ▪ Number of patients dispensed medicines out of hours by wards staff on Ward 1&3 ▪ Number of medicines dispensed by ward staff out of hours ▪ Percentage of discharge prescriptions completed within 1 hour ▪ Percentage of Outpatient prescriptions where the patient is waiting completed within 15 minutes.
<p>Building on "Achieving Excellence in Pharmaceutical Care" by developing a workforce plan to describe how a modern pharmacy service can be developed which incorporates the clinical specialisms and technical services and meets the increasing need for pharmacotherapy services.</p>	<p>The pharmacy workforce plan will ensure provision of a balanced workforce able to provide both clinical and technical expertise in medicines and their management and be reactive to the need for specific specialisms as part of the multidisciplinary plan.</p> <p>This year's (2020) planning will form part of a wider Future for Pharmacy document prepared by the Director of Pharmacy.</p>
<p>In carrying out the services covered by this Direction, the Pharmacy Service is required to provide safety and clinical checks on medicines prescribed within the hospital environment and will</p>	<p>Objectives:</p> <ul style="list-style-type: none"> - Regular attendance on secondary care ward rounds and interaction with the wider multidisciplinary team will provide

<p>provide clinical as well as technical support to GP practices in Shetland.</p>	<p>assurance of safe and appropriate prescribing of medicines within acute care.</p> <ul style="list-style-type: none"> - The service will demonstrate an increase multidisciplinary working particularly in GP practices and care settings as outlined in “Achieving Excellence”. - The provision of pharmacist and technician input into each GP practice and Care Home. - Further development of specialist pharmacists roles, across all sectors of pharmacy practice as part of the multidisciplinary team <p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland <input type="checkbox"/> Number of polypharmacy reviews completed
<p>In carrying out the services covered by this Direction, systems and processes need to be fit for purpose. There is a requirement to reduce waste, improve efficiency and demonstrate value for money. Savings will be anticipated by delivering the priority cost savings projects: Biologicals/Biosimilars; Diabetes prescribing; respiratory prescribing waste reduction and polypharmacy reviews.</p>	<p>On an annual basis we recognise and undertake savings projects in areas of prescribing where savings can be identified. This is under continual review. Patients often have a quantity of medicines at home which they are not using as a result of changes to medication or the medicine no longer being required. This poses a risk of medicines misadventure particularly in an older population and so we plan regular medicines amnesties to help to highlight the risk and collect unwanted medicines safely and securely.</p> <p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cost per patient in Shetland as a percentage of Scottish cost per patient <input type="checkbox"/> Cost per patient in Shetland as a percentage of Scottish cost per patient <input type="checkbox"/> Number of polypharmacy reviews completed

<p>The Pharmacy Service will provide information and support to patients and prescribers around medicine use as required.</p>	<p>Patient information leaflets are supplied with every dispensed medicine. Verbal information may also be given as appropriate by pharmacists and pharmacy technicians when discussing medicines usage with patients. Where appropriate further written or on-line information will also be supplied.</p>
<p>Carrying out the services covered by this Direction will involve working with North of Scotland Health Boards to maximise the effect of this Direction, avoiding duplication of effort and conflicting strategies.</p> <p>Participate in regional working across the North of Scotland in the areas of –</p> <ul style="list-style-type: none"> • Hospital Electronic Prescribing and Medicines Administration (HEPMA) • Pharmacy staff education and development • Production of Patient Group Directions(PGD) • Quality and Efficiency projects 	<ul style="list-style-type: none"> • NHS Shetland is committed to the implementation of HEPMA within Gilbert Bain Hospital (GBH) and is working together with the relevant stakeholders both at regional and local level to effect this in the early months of 2021. • We have a regional commitment working as part of the Highland Pharmacy Education and Research Centre to promote both under and postgraduate training to be undertaken across the Highlands and Islands. In providing these opportunities it enables us to develop a robust and island centric workforce which will stabilise our workforce enabling people to live and work locally while still being able to access all educational opportunities. It encourages people from outside the area to see the islands as a realistic and exciting place to live and work. • By working as part of a North of Scotland group producing and authorising PGD's it reduces duplication and workload across the region. It allows us to use expertise which we may not always have in the islands and streamlines the process for all. It provides assurance for us that we are meeting appropriate legislative requirements. • Recent work started between the island boards shows promise of reducing work through pooling of ideas and expertise to produce savings projects appropriate to remote and rural areas.
<p>The Pharmacy Service will lead on governance for medicines prescribed by all clinicians in Shetland including those provided directly to patients by “Homecare” companies</p>	<p>Work closely with NHS Grampian to ensure that a regional approach is applied to medicine governance and policy. NHS Shetland uses the Grampian Formulary.</p> <p>Locally we have the following committees providing governance around use of medicines –</p> <ul style="list-style-type: none"> • Area Drug and Therapeutics Committee • Antimicrobial Management Team

<p>The Pharmacy Service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled drug monitoring.</p>	<p>The Accountable Officer for Shetland is legally responsible for the use of controlled drugs in Shetland but delegates</p> <ul style="list-style-type: none"> • the operational activity within NHS Shetland to the Principal Pharmacist <p>The inspection process and reporting is undertaken by NHS Grampian Controlled Drugs team.</p>
<p>The Pharmacy Service will work with GP practices within Shetland to improve management of repeat prescribing.</p>	<p>Pharmacists and technicians will work with GP practices as appropriate to enable them to improve the efficiency and safety of the repeat prescription process. This involves-</p> <ul style="list-style-type: none"> • Regular review of medicines usage and associated monitoring of blood tests and other measures to ensure effectiveness of the medicines • Increasing the use of the Community Pharmacy Medicines Care and Review service for provision of serial prescriptions. • Regular audit work on appropriate choice of medicines as per local and national guidelines.
<p>Pharmacotherapy development will necessitate the development of systems and leadership in managing medicine reconciliation and provision of support to General Practitioners within Shetland so that safe and effective prescribing can be demonstrated.</p>	<p>Pharmacists staff will work with GP Practices as appropriate to provide</p> <ul style="list-style-type: none"> • Assurance of safe transfer of patients between services by providing a medicines reconciliation service at each transfer and solving medicines related issues. • Polypharmacy and medicines reviews with patients to ensure that patients are maintained on medicines that are appropriate and efficacious. • Specialist clinics as appropriate to the practice in agreement with the wider multidisciplinary team.
<p>Expand the work of technicians to increasingly provide support for people to manage their own medicines in community settings and</p>	<p>Our Community Care Technician will provide assurance of appropriate medicines use across all care settings through advice on medicines</p>

provide services within care homes to ensure residents are receiving medicines safely and that waste is avoided	use, staff training in medicines storage and administration, and assessment and advice on medicines management needs of individual clients.
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Improvement Plan								
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates	Update on progress at Jan 22
Improved patient care	Increase the pharmacist input into Pre-assessment and Rheumatology in GBH by placing of a Pharmacist Independent Prescriber within these specialist clinics	This will increase the safe use of medicines and provide appropriate advice particularly for complex patients coming in for surgery. This is likely to streamline admission to surgical ward.	Impact seen across these specialities	Because of small team need to build sustainability. Other members of team need to maintain their ability to input into these services during periods of staff shortage		Funding agreed as part of HEPMA/On-call pharmacy provision.	Dec 20	<p>CARRY FORWARD</p> <p>Limited impacts made due to staff absence and maternity leave. Difficulty in recruiting backfill for maternity leave. Ongoing recruitment in progress.</p> <p>Early discussion rheumatology – improvement work identified and will be undertaken during 22/23, with development of on island specialist services during 22/23 and scoping of</p>

								pharmacist within MDT. To discuss opportunities of funding within remobilisation allocation.
Provision of medicines reconciliation and one stop dispensing by technicians	Development of the pharmacy technician role within secondary care to provide a clinical role	This is likely to improve the admission and discharge process by streamlining the medicines process	Staff in place but delay in completion of training has held this development back at the moment.	Small team so need to build resilience into service to try to reduce risk of failure. There will be the need for the clinical pharmacists to provide back up for this service.		Small savings possible through more efficient medicines supply	Dec 20	CARRY FORWARD Delayed due to turnover of staff and new priorities (COVID vaccine). Challenge to achieve within 22/23, significant staff training during 22/23 with new workforce prioritised (newly recruited workforce will look to achieve this once training completed).
Maternity cover	Recruit to 6 month Secondary Care Maternity cover post	This will enable us to cover clinical work within GBH while maintaining the traction on the HEPMA project	HEPMA and other clinical pharmacy post	Risk that if we do not recruit we will be unable to progress the HEPMA project due to lack of pharmacist time to take responsibility for this project		From Maternity pay and other savings work within pharmacy	Dec 20	CARRY FORWARD Successful part recruitment for maternity cover during 21, but further need for maternity cover during 22/23 - look to start potential candidate in April 22/23.

Expanded primary care pharmacy team	Recruit to Primary Care Pharmacy technician post	Increases the availability of pharmaceutical skill and introduces skill mix to Primary Care Pharmacy. This will enable the pharmacy service to more appropriately carry out the pharmacotherapy work required as part of the GMS contract and free up time for the pharmacists to concentrate on patient facing activities.	Impacts on Primary Care	Risk of being unable to recruit to this post due to national shortage of pharmacy technicians. Possibility of having to train a new pharmacy technician to undertake this work. 2 years in house training.		PCIF funding	Mar 2021	<p>Team successfully recruited to as of Jan 22.</p> <p>Senior technician (lead role) and 2 new technicians (1.8WTE).</p> <p>Further opportunities exist with SG funded preregistration trainee pharmacy technicians (PTPT).</p> <p>Review future requirements during implementaion of board wide pharmacotherap y</p>
Electronic prescribing and medicines administration in acute care	Implementation of HEPMA within GBH	Improve patient safety and quality of care as a result of improved management of prescribing and medicines administration	This will impact on the discharge process and improve safety of medicines in primary care. We are dependent on eHealth systems being in place and work with the wider multidisciplinary team involving all prescribers and nursing staff.	Risk that we fail to implement due to shortage of appropriate personnel. Also risks around the change management process introducing previously unidentified risks. Risk of lack of staff engagement		Funding provided by SG and local funding for staffing agreed	Mar 21	<p>CARRY FORWARD</p> <p>Pharmacy stock control complete and successfully implemented in October – due to leadership from systems manager role and post holder.</p> <p>HEPMA slippage,</p>

				will put patients at risk of staff error. Mitigation will be to design an appropriate engagement and training initiative prior to implementation.				expected delivery during 22/23.
Pharmacotherapy objectives in GMS contract met	Ability to provide a pharmacotherapy service to 80% of the health centres in NHS Shetland as appropriate.	This will increase the safety of the repeat prescription process and improve medicines management making prescribing safer	This will only be possible effectively with implementation of single practice model in the 8 practices run by NHS Shetland.	Inability to recruit and retain staff base to provide service. Delay in GPIT upgrade will delay ability to deliver this service remotely.		Long term savings through improved repeat prescribing systems and safer prescribing	Mar 2021	<p>CARRY FORWARD</p> <p>NHS Shetland have a responsibility to provide services to all practice by April 2023.</p> <p>PCP Team with recent recruitment are testing implementation of board wide delivery in discrete steps focusing on pharmacotherapy level 1 during 22/23, will see a level of service to 80% of practices during 22/23.</p>
Prescribing savings	Complete project work as per prescribing savings plan	This will allow us to produce savings towards our allocated Savings target	Depends on having adequate staff available to complete the work as well as agreement from GP Cluster.	Staffing changes mean that we have a less experienced team so training time will be required slowing the rate at		Savings of up to £110K in Pharmacy and Prescribing budget	Mar 2021	<p>Work completed during 21/22.</p> <p>Future plan required for 22/23, due Q2-3 22/23</p>

			Pharmacotherapy work in GP contract.	which this work can be completed. We also have a requirement to deliver the Pharmacotherapy ask within the GP contract which will impact on ability to deliver the savings. Risk of lack of agreement of GPs and/or patients to switch which would reduce the possible savings				
Maintain good quality prescribing of antimicrobials in order to reduce resistance	Use of antibiotics in the community is maintained at as low a level as clinically appropriate	This work is ongoing and is a regular part of what we do.	We work with all prescribers to maintain this	The effect of the COVID 19 pandemic has been to increase the use of antibiotics and it will be difficult to move away from this position again due to concerns in the community and among prescribers.		Pharmacy and prescribing budget	Mar 2021	<p>PRIMARY CARE: Achieving target use of antimicrobials, evidence via reporting.</p> <p>CARRY FORWARD HOSPITAL: Ongoing challenge to ensure appropriate use of antibiotics. Opportunities exist in HEPMA implementation re improved use of antimicrobials.</p>
Ensure appropriate use of medicines	Polypharmacy reviews and	This work is part of our day to day work. It helps	Impact seen across health and social care as medicines	Risk that these do not get done as they consume a		Long –term, ongoing savings to	Mar 2021	CARRY FOWARD

	reduction in waste	people manage their medicines better and makes prescribing safer by reducing unnecessary prescriptions. It therefore also reduces waste	are managed better, less admissions to hospital and people live more safely at home	lot of time and we do not have enough staff time to undertake these.		Health and Social Care budget		Partially achieved, recent recruitment of clinical pharmacist resource will support ongoing delivery in primary care, with role split to allow for adequate patient facing clinical time to deliver polypharmacy interventions.
Improved safety of prescribing in Primary Care	Implementation of Medicines decision support software such as Eclipse	This identifies clinical risk based on risky combinations of medicines being prescribed or medicines being prescribed when biochemical results would suggest significant risks.	GPIT	Risk of message fatigue for GPs meaning that the messages are ignored. Need to agree the level of message that would be shown.		Cost – we already pay a subscription to Scriptswitch which we understand will cover this.	June 21	CARRY FOWARD Continue to invest – improved return on investment in savings realised due to localisation. Successful localisation of ScriptSwitch between boards (Orkney and Shetland). Early work to realise benefits of demographics via longitudinal quality improvement project as part of technician post-graduate

								<p>learning pathway.</p> <p>FURTHER WORK required in sharing of workload associated with maintenance of this asset between Orkney and Shetland Primary Care Pharmacy Teams.</p>
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Accountability and Governance

Within the Pharmacy Service, the Area Drug and Therapeutics Committee provides governance around medicines and their use in Shetland. The Clinical and Care Governance Committee provides governance arrangements for the wider work of the IJB in relation to standards of health and care services provided.

We carry out a number of activities which provide assurance around the above directions –

- Annual prescribing report for each GP practice in Shetland
- Antimicrobial audit work both in acute and primary care
- Audit based on national therapeutic indicators as applicable in Shetland
- Audit work to inform prescribing savings projects
- We maintain a set of KPI's which assist in governance as outlined in the directions.
 - Cost per patient in Shetland as a percentage of Scottish cost per patient
 - Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland
 - Number of polypharmacy reviews completed
 - Number of patients dispensed medicines out of hours by wards staff on Ward 1&3
 - Number of medicines dispensed by ward staff out of hours
 - Percentage of discharge prescriptions completed within 1 hour
 - Percentage of Outpatient prescriptions where the patient is waiting completed within 15 minutes.