

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

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT2014

Direction: Pharmacy and Prescribing	Direction to: NHSS	Overall Budget allocated by IJB for Direction: £7,788,805
Reference Number: 1.10	Relevant Function(s): Pharmacy and Prescribing	Review Date: March 2024
IJB Report(s) Reference Number: CC-23-23		
Date Direction issued/authorised by IJB: May 2023	Date Direction takes effect: 1 April 2023	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes CC-07-22-F
Purpose of Direction		
<p>To develop a pharmacy service that enables NHS Shetland to Recover, Renew and Transform through a focus on developing people and improving business processes.</p> <p>To provide pharmaceutical services within the hospital including procurement, storage, supply and dispensing of medicines.</p> <p>To support and apply governance around prescribing both in the hospital and primary care, considering cost, effectiveness, quality, training, safety and clinical input.</p> <p>To ensure safe and appropriate contractual arrangements are in place for the delivery of community pharmacy.</p> <p>To ensure dispensing arrangements are in place where it is not possible to dispense from a community pharmacy.</p> <p>To provide strategic support, operational leadership and direction in the management of prescribing costs and budgets across Shetland.</p> <p>To ensure appropriate governance in medicine use and administration in community care and care at home settings in place.</p> <p>To support a multidisciplinary approach within GP Practices providing pharmaceutical expertise and a pharmacotherapy service as described in GMS 2018 and as agreed in local delivery plans.</p>		

Accountability and Governance

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

The integrated pharmacy services carries out a number of activities which provide assurance around the below directions

- Annual prescribing report for primary care in Shetland
- Annual medicines resource use report for all sectors of care
- Antimicrobial audit and assurance across both acute and primary care
- Audit and review on performance of national therapeutic indicators as applicable in Shetland
- Audit to inform improving cost-effectiveness and quality of prescribing
- 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
 - Proportion of medication review completed across Primary Care
 - 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

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>This will include ensure that access to medicines is appropriate across Shetland and the different models of service delivery including all unscheduled and planned care pathways.</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 Ambition 2021-2026, 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
<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. This will further be enhanced with the release of transforming hospital pharmacy.</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>

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<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 provide clinical as well as technical support to GP practices in Shetland.</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 assurance of safe and appropriate prescribing of medicines within acute care. • The service will demonstrate an increase multidisciplinary working particularly in health centres and care settings as outlined in “Achieving Excellence”. • The provision of pharmacist and technician input into each health centres and locality multidisciplinary teams. Further development of specialist pharmacists roles, across all sectors of pharmacy practice as part of the multidisciplinary team, with a focus on conditions requiring medicine interventions. <p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> • Number of antibiotic prescriptions per 1000 patient population in Shetland as a percentage of same in Scotland • Proportion of medication reviews completed in primary care • Clinical medicines audit enabled by HEPMA and including antimicrobials

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<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.</p> <p>Savings will be anticipated by delivering the priority cost savings projects: Diabetes prescribing including new 2023/24 prescribing strategy for NHS Scotland; Respiratory prescribing waste reduction; Non-medicine supply methods and procurement; Effective procurement function within secondary care and utilisation of national procurement frameworks and benchmarking; improved return on investment from cost avoidance approaches i.e. ScriptSwitch by localisation; and pharmacist led medication review in primary care.</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 and a core component of the services delivery.</p> <p>KPIs which will assist in monitoring performance are:</p> <ul style="list-style-type: none"> • Cost per patient in Shetland as a percentage of Scottish cost per patient • Proportion of medication reviews completed in primary care
<p>The Pharmacy Service will provide information and support to patients and prescribers around medicine use as required.</p>	<p>Patients will have access to pharmacy expertise across Shetland through community pharmacy, primary care pharmacy and hospital pharmacy.</p> <p>Patient information leaflets are supplied with every dispensed medicine and patients are able to be counselled on safe and effective use. Verbal information may also be given as appropriate by pharmacists and pharmacy technicians when discussing medicines usage with patients.</p> <p>Where appropriate further written or on-line information will also be supplied.</p> <p>Expertise is available after initial dispensing to support patients through the lifecycle of their medications.</p>

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<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 through Highlands and Islands collaborative approach • Development, shared governance and updating of Patient Group Directions (PGD) • Prescribing Quality and Efficiency projects • Service delivery and systems improvement i.e. new GPIT, Digital Prescribing and Dispensing Pathways programme, serial prescribing, transition to 56 day prescribing. • Attending regional and partner board clinical leadership meetings i.e. Respiratory MCN, NHS Grampian Primary Care Prescribing Management Group • Working closely across Orkney and Shetland to develop guidelines, policies and procedures 	<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 middle of 2023 • We have a regional commitment working as part of the Highland & Islands Pharmacy Education and Research (HIPER) to promote collaborative delivery of both under and postgraduate training to be 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 and makes it possible to have a more diverse range of PGDs available for staff use making the patient journey more efficient. 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. • Ongoing work between the island boards has reduced duplication pooling of ideas, shared delivery of projects, and expertise to develop savings projects appropriate to remote and rural areas.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>The Pharmacy Service will lead on governance for medicines prescribed by all clinicians in Shetland including those provided directly to patients by. This will involve the delivery of training, review of prescribing across quality and cost domains, supporting organisational response to incidents and adverse events and developing learning.</p>	<p>Work closely with NHS Grampian to ensure that a regional approach is applied to medicine governance and policy, exploring opportunities for functional integration. NHS Shetland will continue to use 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 • Non medical prescribing group • Medical Gas Committee
<p>The Pharmacy service will continue to ensure good access to complex treatments and medicines. “Homecare” is an essential function of the acute pharmacy service. The increasing demand and workload associated with a single pharmacy service interacting with varied and highly transitional medical workforce model for specialities provided by external providers will require ongoing focus and review and need to describe additional investment required to sustain medicines</p>	<p>To ensure that an appropriate and reliable Homecare service is in place for Shetland patients. The use of homecare has more than doubled over the last 3 years and so an increased staffing resource is required within the pharmacy team to maintain/grow this service. The use of a largely visiting consultant service has increased the complexity around prescribing and monitoring requirements for a group of medicines with significant risks. The pharmacy team are key to maintaining this safely.</p> <p>The Pharmacy team will review and report on the volume of homecare medicines used, explore redesign of process and pathways to create capacity for a growing patient cohort and seek investment for ongoing service delivery.</p>

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
The Pharmacy Service will be accountable for the safe management of controlled drugs and lead on the delivery of controlled drug monitoring, providing organisational accountability and leadership.	<p>The Controlled Drug Accountable Officer for Shetland is legally responsible for the use of controlled drugs in Shetland and delegates operational responsibility within NHS Shetland to the Principal Pharmacist and Lead Pharmacist(s).</p> <p>The inspection process and reporting is undertaken by NHS Grampian Controlled Drugs team and will continue to be undertaken externally. The Director of Pharmacy will develop a Service Level Agreement with NHS Grampian to underpin this arrangement.</p>
The Pharmacy Service will work with health centres within Shetland to lead on the management of prescribing related work, developing both the pharmacy service provided and supporting existing staff and process to improve and develop.	<p>Pharmacists and technicians will work with GP practices as appropriate to enable 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 through delivery of pharmacist led pharmaceutical care.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
The pharmacy team will develop Pharmacotherapy further, developing systems and leadership in managing medicine reconciliation and provision of support to primary care prescribers and clinicians within Shetland so that safe and effective prescribing can be demonstrated.	<p>Pharmacy teams will work with health centres 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 they are maintained on medicines that are appropriate and efficacious, in pursuit of best possible outcome and reducing associate risks of potential overuse or inappropriate use of medicines. • Specialist clinics as appropriate to the health centre in agreement with the wider multidisciplinary team.
Continue to provide essential pharmacy technician led medicines management to provide support for people to manage their own medicines in their home.	<p>Our Pharmacy Technician team will provide assurance of appropriate medicines use across all settings through advice on medicines use, and assessment and advice on medicines management needs of individual clients.</p> <p>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>

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
The Pharmacy team will develop the role of the pharmacy technician across both primary care and hospital pharmacy by broadening the scope of technician led activities including medicines reconciliation; medicines management assessments; prescribing analysis and reporting; audit; and patient facing technician input in both settings,	Progress will be measured against the level of service, scope and volume of work delivered by the pharmacy technicians.
<p>The Pharmacy team will focus on the development of the Clinical Pharmacist role within planned care across specialist services to improve access to pharmaceutical care and develop the role of the pharmacist within the outpatient setting.</p> <p>This will be supported by engagement in further education and training and application of Advanced Core Curricula and Frameworks for Advanced Pharmacy practice.</p>	<p>Performance against this direction will be reviewed in the developing role of the clinical pharmacists across services & pathways including:</p> <ul style="list-style-type: none"> • Preassessment medicines care planning • Specialist diabetes clinic • Dermatology on island provision • Increasing support for rheumatology pathways • Increasing support for mental health clinical pathways <p>This will also be measured by the number of pharmacists engaging in development pathways and a targeted project on improving access to specialist diabetes treatments for patients not under the care of the specialist service through pharmacist facilitated intervention with a focus on primary care clinician competence outcomes and patient access to high value medicine interventions.</p>

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>The pharmacy service will work in partnership with community pharmacy contractors to support the integration of the community pharmacy service within the development of Urgent and Unscheduled Care pathways, through embedding the role of the Community Pharmacist as a Provider of Pharmacy First Plus.</p>	<p>Progress will be assessed by the success of:</p> <ul style="list-style-type: none"> • Creating access to pharmacist independent prescribers in primary care through contractual availability of Pharmacy First Plus and engagement with primary care clinicians • Providing essential systems and information to perform an urgent and unscheduled care role safely i.e. Read and Write access to Patient Medical Records • Developing clinical supervision and escalation models to support safe delivery and competence growth i.e. by partnering with the Flow Navigation Centre • Review of activity data from community pharmacy service delivery
<p>The pharmacy service will support community pharmacy to explore opportunities to modernise the service and work closely to develop new commissioned services which may include:</p> <ul style="list-style-type: none"> • Enhanced Medicines Management support • Travel health services • Renewed substance misuse and recovery services to achieve MAT standards 	<p>This direction will be assessed on</p> <ul style="list-style-type: none"> • the opportunity realised through engagement with contractors • successful commissioning of services from the Community Health and Social Care Partnership and NHS Shetland • The use of any new commissioned services by people in Shetland • The experience of service users • The implementation progress of MAT standards <p>The performance of this direction is dependent on effective engagement with and from community pharmacy contractors.</p>

Improvement Plan

Strategic Priorities 2022-25, and associated heading used in table:

- To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes (**Prevention/Early Intervention**)
- To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups (**Tackling Inequalities**)
- To demonstrate best value in the services that we commission and the ways in which we work (**Best Value**)
- To shift the balance of care towards people being supported within and by their communities (**StBoC**)
- To meaningfully involve communities in how we design and develop services and to be accountable to their feedback (**Engagement**)

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Improved patient care and streamline admission into acute wards and treatment pathways by increasing safe use of medicines and providing appropriate advice, particularly for complex patients.	Increase pharmacist input into Pre-Assessment and Medicines Led clinical specialties in GBH by placing a Pharmacist Independent Prescriber within these specialist clinics	Increasing pharmacist input into clinics	Workforce capacity (1) Recruitment (2) Small team fragility (3) Specialist clinic provision reliance on visiting services with lack of medical continuity (4)	Opportunity to secure reinvestment from cost efficiency projects from acute medicines	PP-2324-1 Best Value
Improve secondary care admission and discharge processes by streamlining medicines supply via provision of comprehensive clinical role in medicines management by technicians.	Development of the pharmacy technician role within secondary care to provide a clinical role	Minimise OOH dispensing by Ward staff. Improved patient and staff experience of discharge	Small team fragility (3) Limited resource in pharmacy support staff (Pharmacy Support Worker role) (1)	Small savings possible through more efficient medicines supply	PP-2324-2 Best Value

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
<p>Network Enabled Care - expanded primary care pharmacy team to increase skill mix and support pharmacotherapy work as per GMS contract.</p> <p>This will result in increased Pharmacist time for patient facing activity – improved patient outcomes via safe and appropriate medicines usage.</p>	<p>Fully embed the primary care pharmacy team into every health centre, through the continued roll out of the pharmacotherapy hub where will use a hybrid model of remote and in-person working to ensure equitable access across Shetland.</p> <p>Recruitment of an additional pharmacy technician to allow for greater skill mix within the team and increase pharmacist and technician time for patient facing activity. Evaluate to understand impact on system work and future workforce need (Pharmacy, and Primary Care)</p>	<p>All surgeries to have access to pharmacotherapy hub by end of August 2023</p>	<p>Recruitment and retention (2)</p> <p>System/professional acceptance of change (5)</p> <p>GPIT (6)</p>	<p>PCIF funding</p>	<p>PP-2324-3</p> <p>StBoC</p> <p>Best Value</p> <p>Prevention/ Early Intervention</p> <p>Engagement</p> <p>Tackling Inequalities</p>
<p>Electronic prescribing and medicines administration in acute care – this will improve patient safety and quality of care as a result of improved management of prescribing and medicines administration</p>	<p>Implementation of HEPMA within GBH</p>	<p>Implementation of administration record by June 23.</p> <p>Implementation of electronic IDL by August 23</p>	<p>Workforce capacity (1)</p> <p>System/professional acceptance of change (5)</p>	<p>Funding provided by SG and local funding for staffing agreed.</p> <p>Regional contractual model in</p>	<p>PP-2324-4</p> <p>Best Value</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
				place, savings achieved through collaborative procurement.	
Pharmacotherapy objectives in GMS contract met – increases safety of repeat prescription process and improves medicines management making prescribing safer	<p>Pharmacotherapy level 1 to be fully operational in 8 out of 10 health centre sites. Level 2 and 3 services available to most, with stages 2, 3 and 4 of the implementation plan to be implemented during 23/24</p> <p>Support health centres to convert patients to 56 day prescribing</p> <p>Continue to identify and convert prescriptions to serial prescriptions</p>	<p>Ability to provide a pharmacotherapy service to 80% of the health centres in NHS Shetland as appropriate.</p> <p>40 conversions per month across PCP team</p>	<p>Recruitment (2)</p> <p>GPIT system delays (6)</p>	<p>Long term savings through improved repeat prescribing systems and safer prescribing</p>	<p>PP-2324-5</p> <p>Best Value</p> <p>Tackling Inequalities</p>
Prescribing savings	Project work as developing prescribing savings plan.		<p>Workforce capacity (1)</p> <p>System/professional acceptance of change (5)</p> <p>Patient/service user acceptance of change (7)</p>	£150,000 savings noted in IJB budget 23/24	<p>PP-2324-6</p> <p>Best Value</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Ensure appropriate use of medicines – improved patient outcomes, safer use of medicines, decreased waste by reducing unnecessary prescriptions	Medication reviews – impact of skill mix improvement work should free up Pharmacist time to carry out medication reviews, run specialist clinics and increase capacity to attend MDT meetings. Increase in pharmacist technician workforce will increase capacity to be able to continue to support people in their own homes manage their medicines. Monitor to understand effects of connected improvement work.	Increase medication reviews and home visits	Workforce capacity (competing priorities) (1)		PP-2324-7 StBoC Prevention/ Early Intervention Best Value
Improved safety of prescribing in Primary Care	Implementation of Medicines decision support software such as Right Decision Service and ScriptSwitch – continue work to localise appropriately to increase buy-in from clinicians. Agree maintenance of asset between Orkney and Shetland Primary Care Pharmacy Teams.		System/professional acceptance of change (5) GPIT systems adequacy (6)		PP-2324-8 Best Value Prevention/ Early Intervention

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Appropriate use of antimicrobials	Implementation of audit work associated with the Hospital Antimicrobial Review Program (HARP) - Nov 23	Provide evidence of effective on-going use and an opportunity for shared learning	Small team means that unexpected staffing shortages reduce our ability to undertake this work (3)	Learning outcomes may provide savings through reduced antimicrobial use	PP-2324-9 Best Value Prevention/ Early Intervention
Improved access to Pharmacist provided urgent and unscheduled care	Establish care pathway for Pharmacy First Plus to exist within NHS Shetland in hours and Saturday delivery model		Flow Navigation centre capacity. (4) Limited development of urgent care pathway locally.(8) Lack of resilience in support staff in community pharmacies to free pharmacist time. (1) Patient/service user acceptance of change (7)	Redirected capacity from health centre presentations to community pharmacy. Externally funded from global sum community pharmacy contract funding.	PP-2324-10 StBoC Best Value Prevention/ Early Intervention

#	Risk	Consequences	Control Measures
1	Workforce capacity	Improvement work does not progress, new services/systems/ways of working cannot be implemented due to skill mix or fragility within team. Work is less efficient and/or less effective as tasks not assigned to most appropriate person. Prevention and change work cannot be prioritised due to clinical work load.	Effective workforce and workload planning to minimise risk. Prioritisation, monitoring of progress and escalation of risks to progress where appropriate.
2	Recruitment	Unable to fill vacant posts, capacity challenges as noted above. Unable to provide full service due to staffing levels. Unable to realise improved or optimum staffing models due to inability to recruit.	Engagement with HR to support creative advertising of vacancies where possible. Effective workforce planning. Engagement with national and regional partners around recruitment and recruitment risks where appropriate. Engagement with and implementation of Health and Social Care Workforce Plan.
3	Small team fragility	Improvement or change work reliant on small numbers can mean system failure in event of absence or change in staffing. Workload pressure on single person or small team can be detrimental to wellbeing. Ability to provide enhanced service limited by expertise, ability to spread and provide equity is limited.	Share learning and expertise wherever possible to support cross cover. Effective workforce planning to mitigate risk of vacancy, absence and staffing gaps. Effective prioritisation of workloads to protect and support small teams.
4	Reliance on partner providers – Specialist clinics and Flow Navigation Centre	Progress on improvement limited by external factors, work cannot go ahead due to capacity issues in other boards/areas. Risk that Shetland is not prioritised or services cannot be provided to Shetland and new agreements must be sought.	Monitor and escalate risks realised by pressures elsewhere. Enhance local services wherever possible to minimise impact. Work with regional partners to understand challenges.
5	System/professional acceptance of change	Change not implemented due to staff capacity/capability/willingness. Change or improvement and consequent savings not realised.	Early and ongoing engagement with teams to develop solutions. Ongoing support for changes in practice or ways of working. Sharing learning or benefits to increase buy-in from teams.

#	Risk	Consequences	Control Measures
6	GPIT system delays/adequacy	Vision for digitally enabled services cannot be realised. IT does not support enhanced delivery or understanding of patient needs. Progress delayed by national delays.	Continue to engage with Primary Care and National colleagues around GPIT challenges to support best outcomes.
7	Patient/service user acceptance of change	Reputational risk of not meeting patient expectations due to changed ways of working, different ways of accessing services, change in services or medicines provided. Patient complaints or negative feedback.	Actively gather feedback. Support use of realistic medicine approach for improvement of individual understanding and outcomes. HSCP Communications Strategy to support communication of changes in service to staff and teams.
8	Limited development of urgent care pathway locally	Developing one link within a system that is changing more slowly may result in failure. Lack of development in urgent care means limited appropriate use of new service, limited change in patient/service user behavior in service access, service may not be viable with limited use.	Engage as partner around urgent care pathway within HSCP system.