

Idea's Template - Prescribing Protocols and Primary Care Networks Repeat Prescribing Support teams

Name and Role	Rachel Hunt, Transformation Programme Manager, OneNorwich
Contact Details	Rachel.hunt6@nhs.net
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Idea Title	<p><u>Proposal to support all Norwich practices to operate Prescribing Protocols and have Primary Care Network repeat prescribing support teams</u></p> <p>Exec summary</p> <p>In the following document, a model to provide a practice based prescribing service, led by OneNorwich is presented. The model aims to standardise repeat prescribing within practices to improve patient safety and experience, whilst also delivering measurable GP efficiencies.</p> <p>Utilising national best practice guidance and learning from a recent OneNorwich pilot, the model proposes expertise in medicines management are developed at a practice level, supported by protocols to standardised activity and alongside the support of clinical pharmacists operating within a Primary Care Network. This project will also be a solid foundation to support the forthcoming NHSE plans to fund clinical pharmacists within Primary Care Networks as identified in the recently published five-year GP contract reform¹.</p> <p>A key deliverable of a repeat prescribing management model across Norwich is to release GP capacity through pharmacists and pharmacy technicians managing medicines related workload. This activity will include :-</p> <ul style="list-style-type: none"> ✓ Annual reviews of all medicines ✓ Letters and discharge note reconciliation ✓ Prescription reauthorisations ✓ Medication queries ✓ Liaising with Community Pharmacists ✓ De-prescribing activity and synchronisation ✓ Support for medicine management of care home patients ✓ Shared care drug monitoring ✓ Polypharmacy reviews ✓ Prescribing Audits <p>Most practices currently use GP time for these activities, and these services aren't delivered by the CSU/CCG medicines optimisation service.</p> <p>Funding from the PMS budget for 2018/19 is requested to embed a protocol led, implementation of prescribing training and covering some costs of employing Pharmacists for all Norwich practices. The total amount of PMS funding required for this project is £224.1K. The PMS funding allocation in excess of £1mil for 2018/19, and this currently has £450k unallocated.</p>
1. Idea Description	In this short ideas paper, an operating model for a Norwich wide, practice-based prescribing service will be proposed. This model has been informed by the learning of a recent OneNorwich Repeat Prescribing Hub pilot, along with the

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

emerging Primary Care Networks (PCNs) and the ongoing ambition to release time to care. If this initial concept receives positive support from the OneNorwich Leadership Board for PMS funding, a more detailed project delivery document will be scoped and fully costed.

The OneNorwich pilot along with national examples suggests a repeat prescribing service provides opportunity for the wider primary care workforce to be trained to deliver some prescribing services. Redefining some job roles within primary care is an important aspect to support our Norwich New Model of Care and was highlighted in recent Norfolk primary care review where an 8% shortage in primary care workforce was identified. Coupled with 1%/year decline in the national GP workforce, innovative solutions to transform delivery of some General Practice services are required. The need for such innovation is even more evident, when the predicated shortfall in the Norfolk GP workforce by 23% within the next 5years².

The OneNorwich Repeat Prescribing Hub pilot

In early 2018, a 'prescribing hub' pilot was delivered in 3 Norwich Practices with the support of PMS funding. The prescribing hub provided a single point of access for repeat prescription requests for patients and community pharmacies with the main aims of

- 1. Creating new staff roles to provide better patient care,**
- 2. Reducing GP workload.**

The hub can be best understood as a practice prescription team, rather than a physical 'hub', as the name suggests. The pilot practices worked by identifying dedicated staff who were trained to defined prescription management competence, at three tiers of clinical skill. The tiered approach was underpinned by clear prescribing protocols which ensured no ambiguity of role and clarity on escalation of onward queries to optimise prescribing. The service showed that administration staff trained in prescription management, such as the review of discharge letters, offered considerable benefit to practice work flows. Furthermore, the service was delivered safely and without heavy reliance on GP's, as a route for escalation of prescription queries to the prescribing team is understood by all practice staff.

To enable the initial pilot, a comprehensive collection of resources including the protocols were created as a foundation to the service. The resource material was developed by a team of Norwich GP's and Pharmacists, based on resources from NEL CSU and governance project of pilot. The resources includes a training curriculum and training manual, protocols for managing the medication for long term conditions, standard operating procedures, data governance guidance, job roles and job descriptions and implementation plans and are of significant benefit to enable expansion of the project at scale.

A detailed review of the initial pilot including the learning to inform the next steps can be found in the following evaluation document.



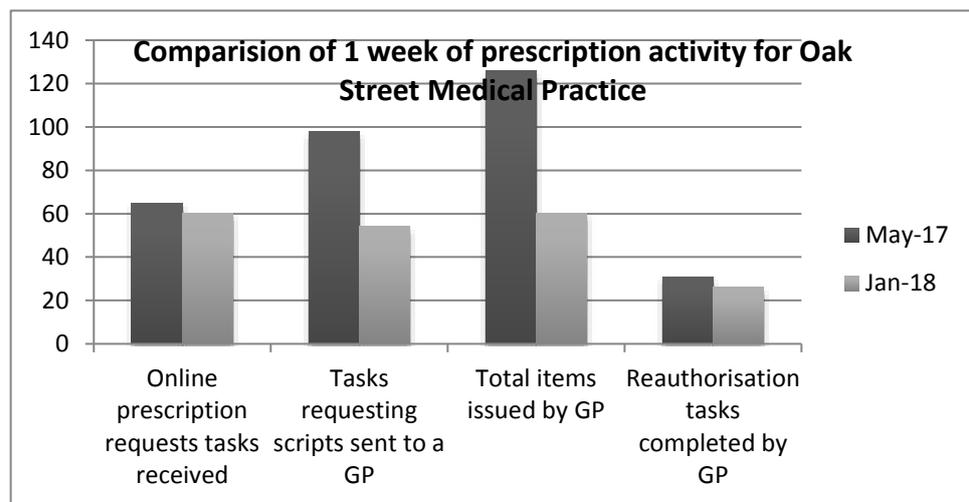
Prescribing Hub
Evaluation April 18.doc

² As reported by the Boston Consultancy Group Demand and Capacity review for Norfolk, November 2018.

In summary, the evaluation report provides a variety of impact evidence, with both qualitative and quantitative. In summary the report demonstrates

- ✓ Hub generated repeat prescriptions resulting in a decrease workload for GPs.
- ✓ Overall acute prescriptions reduced and moved to appropriate repeats.
- ✓ Protocols ensure safer prescribing and provide assurance to GPs.
- ✓ All practice staff have a clear understanding of escalation.

As an example, the graph demonstrates evaluation data report to show over time, Oak Street Medical Practice saw a decrease in GP's involvement in repeat prescriptions.



What is the proposal for Norwich?

Our OneNorwich ambition is for an 'at-scale', repeat prescribing, protocol driven model for Norwich. This would provide a range of benefits, with just some listed below

- **Workload on GPs will be reduced**
- **Standardisation of processes and 'at scale' operating model will support workforce development and appropriate use of skills.**
- **All practices will benefit from access to a Pharmacist.**
- **Timely chronic disease reviews and blood tests will be initiated.**
- **The risk of adverse incidents and adverse effects will be reduced.**
- **Avoidable, unplanned admissions will be reduced.**
- **CSU Medicines Management Service would be more efficiently utilised.**
- **Compliance with prescribing guidelines would be improved.**
- **Cost of medicines appropriately prescribed would be reduced.**
- **Health outcomes for patients would be improved.**

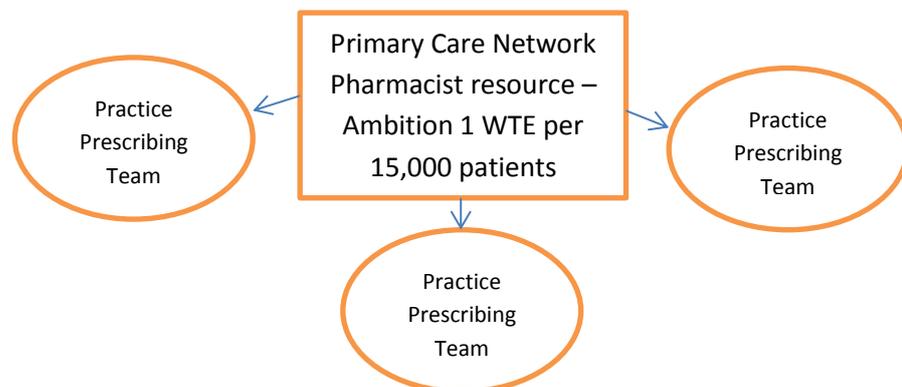
The proposed model is to enable Norwich practices to access the repeat prescribing training for a standardised OneNorwich approach to prescribing protocols, and that the training would be funded to facilitate the engagement in the new model of working.

The model will also be supported by additional Pharmacist resources within each Primary Care Network, sourced via the NHSE Clinical Pharmacists in General Practice training scheme³.

This proposal will ensure a consistent operation across Norwich for the management of repeat prescriptions, aimed at saving GP time whilst also directly improving patient outcomes. Practice prescribing teams will be trained through a cascade approach within each Primary Care Network, commencing with St Stephens Gate providing training for Castle Partnership. The training programme is a 3 month programme per practice, and by adopting a cascade approach all Norwich practices would be fully trained within 12-18months.

The small geographical spread of Norwich means there are benefits to working in both a neighbourhood and at a place level. Pharmacists are a resource well suited to be shared at a neighbourhood level, as Practices would all equally benefit from a Pharmacist-led repeat prescribing management service. However, it is acknowledged that loss of continuity of care is an emerging challenge for GP's day to day work. Transformation activity which removes some direct contact with patients (such as the Home Visiting service in Norwich) has to be balanced with the benefits of releasing GP capacity. Having prescribing teams based within practices will mitigate some of the risk of reduced direct patient contact and reassure GP's of the quality of care for their patients within their own workforce. Patients will also benefit from a closer to home offer rather than a 'central hub' approach.

This model will be accessible for practices who already operate with Pharmacists, and also support practices who would like to review their workforce structures. The following demonstrates how this model will benefit from the PCN structure.



Through the NHSE Clinical Pharmacist scheme, we have a number of pharmacists already employed in Norwich. Some practices have directly employed clinical pharmacists, although total numbers are yet to be confirmed. NHSE training scheme ambition is for 1 WTE Clinical Pharmacist per 15,000 patients. The following table suggests the current level of clinical pharmacists required in Norwich

³ The next deadline for the NHSE Wave 8 recruitment of Pharmacists is February 2019 and Wave 9 is in May 2019. NHS England provided post funding for 36 months, 60% for the first 12 months of employment, 40% for the second 12 months of employment, 20% for the third 12 months of employment, then the pharmacist will be paid 100% by the practice.

Norwich PCN level NHSE funded Clinical Pharmacists		Estimate of Pharmacists employed directly	Current Patient population	Estimated Clinical Pharmacists /PCN ⁴ gap
East	0.4 WTE	TBC	46,247	3 – 0.4WTE = 2.6WTE
West	1.4 WTE	TBC	58,868	4 WTE- 1.4WTE = 2.6WTE
Central 1	2.0 WTE	2.0 WTE*	54,860	0WTE
Central 2	1.0 WTE	2.0 WTE*	64,036	4.3 – 3.0 WTE = 1.3 WTE
Total	4.8WTE	5.0 WTE	237,702	Shortfall 5.2 WTE

**use as indication only. Exact numbers still to be defined.*

The Norfolk Local Pharmaceutical Committee has been consulted on this proposal and their recommendations to ensure community pharmacists are actively supporting this approach. Their recommendations are as follows and these are aligned to the proposed projects plans.

- Support for implementation of eRD, as this will ultimately save all concerned time and better enable community pharmacist to manage safe supply of medicines.
- Establishing clear pathways for clinical queries between the practice based pharmacists and community.
- Utilising community based medicine usage reviews (MURs) to support patient care appropriately.

What are the steps required?

This document is seeking support from the OneNorwich Leadership board to approve the proposed model, establish a ‘prescribing protocol’ working group and develop a comprehensive delivery programme to deliver the model. Indications of the costs of the programme are provided below. Approval is also sought on the use of PMS funding to support this project delivery.

Prior to starting the new service, practices would need to complete a readiness check and be supported to identify suitable staff to be trained to participate in the prescription team to subsequently work with neighbouring practices to support the cascade training approach. Also Pharmacists currently employed by Practices would be engaged to ascertain their willingness to support the training and to lead prescribing management teams within their current practices.

2. Scope	The vision is for all Norwich practices to be given the opportunity to access prescribing protocol training and funding to enable prescribing management teams to be established within each practice. In addition, for Clinical Pharmacists to be considered as key practitioners within the emerging Primary Care Networks and suitable posts to be created with clear funding streams.
3. Transactional or Transformational	Transformational – to allow for improved efficiencies, best practice and savings to realised at both a Practice and PCN level.

⁴ Based on 1WTE per 15,000 patients

4. Will the project involve delivery via a pilot?	A pilot has already been completed. This ideas template is to provide a proposal for a Norwich wide service. If supported a more in depth business case will be developed.
5. Activity and Costs	

Project Milestone & indication of costs	
	1. Service management and Leadership –
	£64k pa
	<p>Appointment of a Clinical Pharmacist to provide service leadership and oversee training of practice teams 0.8-1.0 WTE, initial for 12months. Estimation of salary based on top of 8a AfC pay band to allow for a short term contract premium</p>
	£49,969 plus 28.4% on costs for 1.0 WTE
	2. Project Manager - 1 x WTE
	£38k pa
	12mth post to support the full roll out to all Norwich Practices. This is an essential aspect of the project operational model , resource planning and service development.
	£28K + on costs, laptop, contingency
	3. Appoint a Project Board
	No associated costs expected.
	To sponsor the project, meet monthly to monitor project delivery performance, act to remove any barriers or challenges and to ensure full project evaluation is delivered.
	4. Practice funding to provide quality visits and reviews of prescribing team and support a cascade approach to sharing knowledge.
	£32.1k
	<p>Practices will be funded to support the training of their neighbouring Practices. The expectation is that each practice would be able to identify suitable staff to operate as dispensing assistants and prescribing technicians and these staff members will be found within existing practice resources. No funding for additional posts will be provided. Its expected the training will be delivered over a 3months period per practice, apart from an NVQ level 2 course which is based on 1000 hours of dispensing experience.</p> <p>Allowance of a 3 x 3 hour meetings per practice attended by GP, Practice Manager, Administrator and Pharmacist for 21 Practices totals £32,100.</p>
	5. External Evaluation of the Project
	£10k
	Evaluators of the project to be confirmed.
	<u>Sub Total for initial 12 month project to support prescribing</u>
	<u>£144.1K</u>
	6. Expansion of Clinical Pharmacist resource

The NHSE training scheme ambition is for 1 WTE Clinical Pharmacist per 15,000 patients. For Norwich this would equate to a total 15 WTE Pharmacist.

The newly published Five year Framework for GP contract reform to implement the NHS Long term Plan, has made significant financial allowance for clinical Pharmacists to be embedded into Primary Care Networks. This approach offers significant support to the model being offered here.

Using the 70% funding from NHSE 'the additional role reimbursement scheme' 5 additional posts will be recruited as part of this model, one per PCN and a team leader post and PMS funding is being requested to support this. An indication of costs would be as follows :-

	NHSE	PMS	PMS costs for 5 post
2019/20	70% (£37.6k)	30% (£16k)	£16K x 5 = £80K

On-going pressure on PMS = £80k maximum salary costs plus any incremental rise in salary. A full cost on an on-going basis would be calculated once the full five year frame work more detailed summary is published in February / March 2019.

Indication of PMS costs for year 1 (2019/20)
£144.1k + £80k = £224.1k

Benefits

The benefits of this proposal can be understood as follows:

1. Testing a Primary Care Network delivery model

This model is being proposed as an alternative to a physical hub such as the 'Prescribing Ordering Direct' POD model being trialled in Gt Yarmouth and Waveney. The reasons why Norwich is keen to explore a prescribing protocol model as an alternative is because it:-

- Aligns to the ambitions of NHSE Clinical Pharmacist training scheme of having more Pharmacists within General Practice.
<https://www.longtermplan.nhs.uk/clinical-pharmacists-vital-to-patient-care-in-five-year-gp-deal/>
- Provides significant opportunity for General Practice to develop workforce resilience and extended skills.
- Uphold the desire within General Practice to maintain continuity of care, especially important for the management of prescriptions for long term conditions.
- Establishes Pharmacists as a core member of the Primary Care Network team.

2. 10 High Actions. This project will be supporting a number of the 10 high impact actions

- Develop the Team
- Productive Workflows
- Develop QI Expertise

	<ul style="list-style-type: none"> Releasing GP capacity
Summary of Equality Impact Assessment	<p><i>Embed completed EIA form.</i></p> <p><i>EIA to be completed.</i></p>
Risks	<p>Lack of formal evaluation This is a vital element of the repeat prescribing project to understand and shape future service plans. The key questions will be considered by the evaluation</p> <ol style="list-style-type: none"> The new prescribing service improves patient outcomes and has no adverse effects on patient safety. The new prescribing service supports practice resilience and develops necessary skills within the emerging PCN's. The new prescribing service releases GP capacity. The new prescribing service promotes best practice and learning which can be replicated across the STP. <p>Lack of engagement from Practices</p> <p>Lack of capacity within practices to support the cascade model of training.</p>

To be completed by Senior Management Team (SMT)

Decision to Proceed	
Yes / No	
Next Steps	Business Case (required if there are options regarding how to implement the idea and/or an investment is required/requested) and / or Project Initiation Documentation (PIDs are required for all projects)
Name of Senior Responsible Officer (SRO)	
Name(s) for Clinical Input	
Names and/or Roles for Business Case or PID development	

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