



Report to Health & Adult Social Care Select Committee

Date: 5th November 2020

Title: Pharmacy and Medicines Optimisation in Bucks

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Recommendations/Outcomes:

- **For information: Governance of decision making**

1. Background

Buckinghamshire has a strong history of good medicines optimisation and joint working across the primary and secondary care interface. With the introduction of Bucks Integrated Care System, Pharmacy and Medicines Optimisation teams were in a strong position to move to a single governance structure and even closer working.

Our vision is to provide the right medicine at the right time in the right place in order to deliver the best outcomes for patients and the best value for the system. There is an agreed Bucks strategy which aims to make an impact on three key priority areas; value, safety and integration.

The Pharmacy workforce delivering NHS services sit in a number of organisations:

Acute and community trusts: statutory responsibly related to the legal and safe storage, supply and use of medicines within the trust and community settings.

CCGs: Responsible for ensuring commissioned services deliver high quality medicines optimisation and pharmacy services. Responsible for the statutory funding of NICE TAs. Supporting primary care in the clinically and cost effective safe use of medicines;

PCNs: New GP contract supports PCNs with funding for additional clinical pharmacist and pharmacy technician roles to deliver the DES;

Practice pharmacist: Some GP practices employ pharmacists as part of their team to ensure safe use of medicines;

Community pharmacy: Hold standard NHS contract managed by NHSE. They may also be commissioned to deliver local services eg health checks, antiviral stocks;

Increasingly the barriers between these different working environments are being broken down through joint posts and cross sector working. Bucks now has a single Medicines resource centre to manage all clinical queries from secondary and primary care and patients. It also manages the joint formulary and clinical guidelines.

With the introduction of the role of clinical pharmacists and pharmacy technicians in PCNs the CCG, BHT and GP federation provided a system offer to PCNs to support the recruitment, hosting arrangements, clinical supervision and networking. Pharmacy technicians are funded from 2020/21 and PCNs have been ambitious in their plans this year. Recruitment is underway but has not been without its challenges as demand is high and Covid has delayed the process.

PCN	Clinical Pharmacists					Pharmacy Technicians			
	19/20	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Bucks PCN	1			2.5				1	1
Westongrove PCN	1					1		0.9	
Central BMW PCN	1								
Central Maple PCN	1							1	
AVS PCN	1		2				1	1	
Chesham & Little Chalfont PCN	0			4					
Mid-Chiltern PCN	1			2					
Cygnets PCN	2			1	1			4	
Dashwood PCN	0				3				2
South Bucks PCN	1			3				1	
The Chalfonts PCN	0.6			2	5			1	
Arc Bucks PCN	1		4				1		
Totals	10.6			29.5WTE				15.9WTE	

Two PCNs have also been successful in securing additional funding for Pharmacy technician apprenticeships. These are supported by HEE and require partnerships between GP practices and community pharmacies.

2. Bucks Pharmacy and Medicines Optimisation Governance Structure

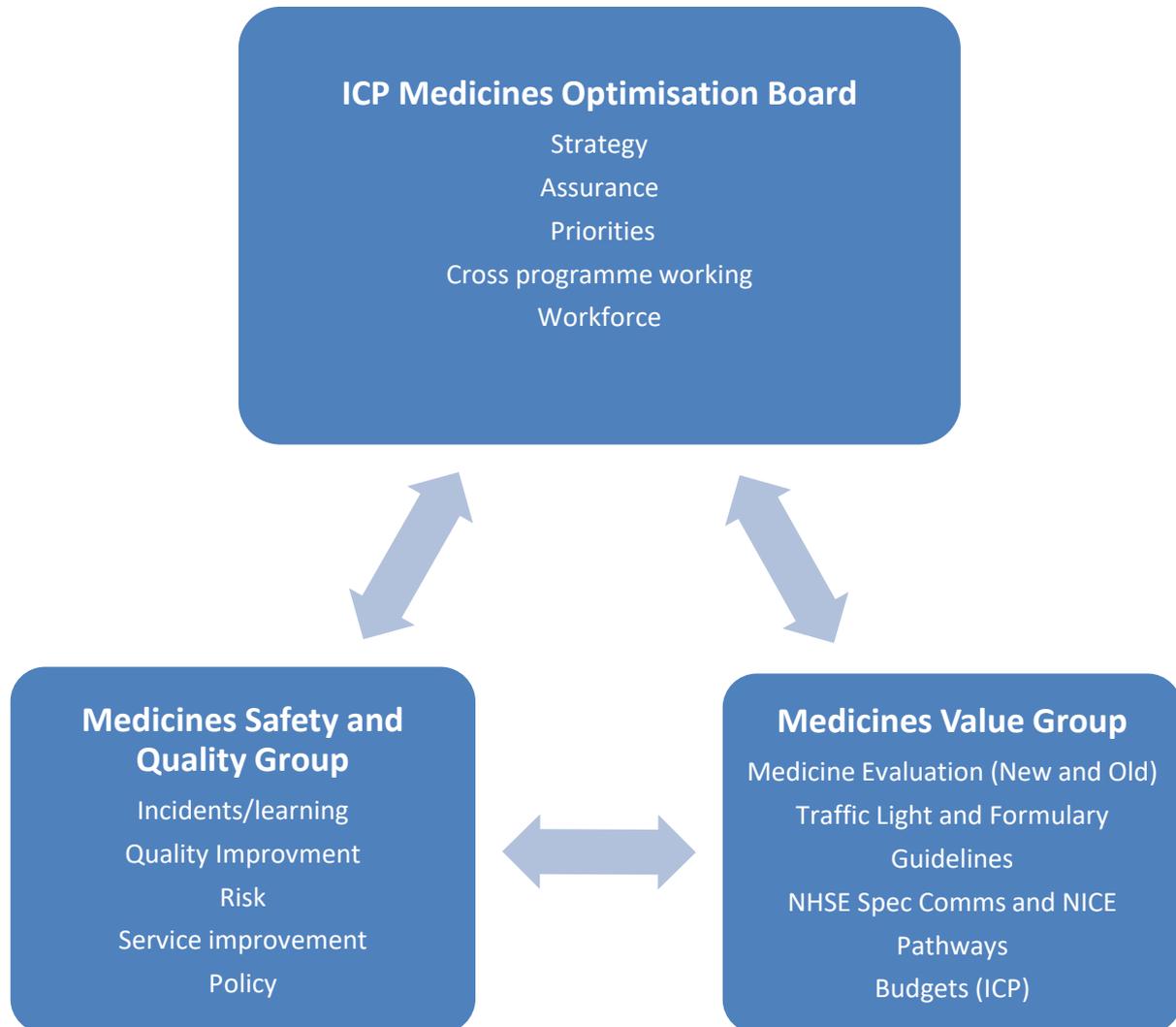
The Bucks Medicines Optimisation system partners include:

BCCG	Medicines optimisation team
BHT	Acute Pharmacy department
OMHFT	Acute Pharmacy department

GP Federation
LPC

PCN and practice pharmacists
Representing community pharmacy contractors

These partners have agreed the single governance process below and have representatives on the Medicines Optimisation board and its subgroups:



Members of the Medicines Optimisation Board (MOB) hold individual delegated authority from their own organisations to make decisions.

include a little more detail around the recruitment of additional clinical pharmacists and pharmacy technician roles within the PCNs. Baseline details at start of recruitment process, i.e. how many in post and where, details of recruitment campaign and specific increases achieved and timelines for recruiting to the posts across the PCNs. As you may be aware, the Committee received a presentation about the PCNs at its last meeting so Members are keen to review the progress being made in recruiting to the additional roles.

3. Covid

MOB meet monthly but during Covid this was stood down and a weekly governance meeting took its place to ensure rapid decision making and mutual support. There was almost daily contact between the different organisational partners within Bucks and across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) system to ensure a consistent approach, avoiding duplication of work and sharing of workload. It was quickly recognised that it was community pharmacy rather than the acute trust that was at the point of falling over when Covid-19 first hit Bucks.

All communication to primary care was directed through a single Covid Bulletin including those related to medicines. A single FAQ document for both primary care and community pharmacy was developed across BOB and approved through a virtual governance meeting.

Mutual aid was explored. Unfortunately due to insurance constraints and no specific requests the CCG team could not mobilise staff to work within community pharmacies when the need was highest. The barriers were escalated up through regional Covid meetings to a national level and later resolved. But support in terms of communication to practices and public, information on managing stock shortages and cascade of information from national/regional meetings was given by the CCG team.

The need for rapid access to end of life drugs including delivery to care homes was identified by the system. Close working with the LPC helped identify key pharmacies to provide the service. Decision making was timely through the pharmacy governance process and the CCG financial process.

A pharmacist support whatsapp group was utilised and continues to be actively used by community, practice and PCN pharmacists to support the management of stock shortages.

Community pharmacy access to PPE and then testing was raised as an issue and the CCG team facilitated a solution through the Primary care hub.

The use of paper prescriptions was recognised as a risk in managing the spread of Covid-19. The CCG have promoted the use of Electronic prescriptions by practices and provided staff to support practices move patients onto electronic repeat dispensing. This project is continuing to support the restoration and recovery programme and to provide additional resilience for Wave 2.

The Pharmaceutical Needs Assessments was due to be renewed and published by Local Authority Health and Wellbeing Boards in April 2021. Department of Health and Social Care announced on 22 May that due to current pressures across all sectors in response to the Covid-19 pandemic, the requirement to publish renewed Pharmaceutical Needs Assessments will be suspended until April 2022. The PNA only looks at services within the national community pharmacy contract.

The members of MOB are monitoring the impact of wave 2 of Covid-19 and will stand up more frequent governance meetings as required to support all members of the workforce where needed.