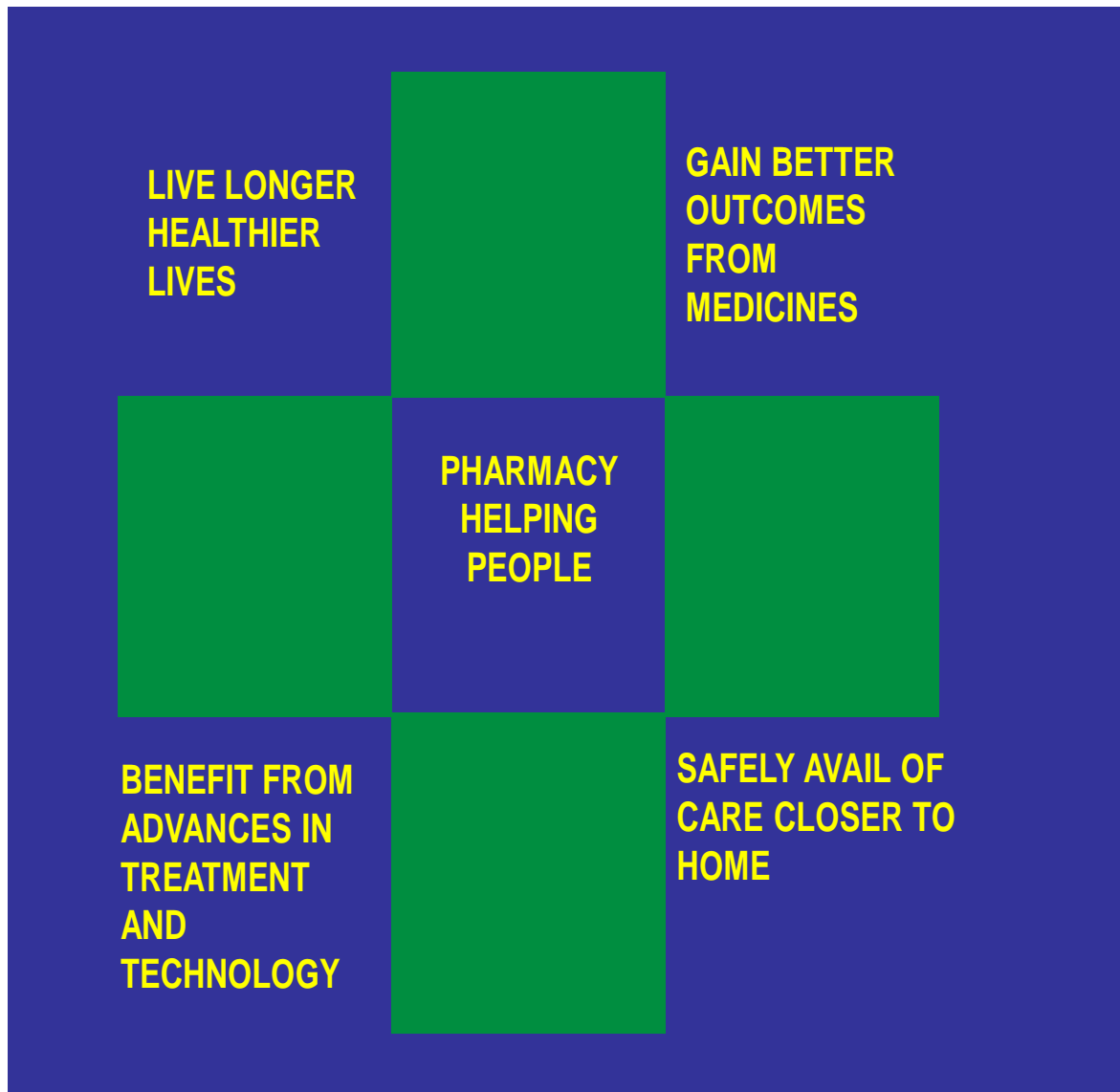


MAKING IT BETTER THROUGH PHARMACY IN THE COMMUNITY



IMPLEMENTATION PLAN

February 2015

MAKING IT BETTER THROUGH PHARMACY IN THE COMMUNITY IMPLEMENTATION PLAN

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Summary of Key Actions by Lead Organisations 2015-2019



HSCB/PHA
 DHSSPS
 PROFESSIONAL/PHARMACY/REPRESENTATIVE BODIES

Making it Better through Pharmacy in the Community Implementation Plan

Chapter 1				
Strategic Goal				
To ensure that throughout life, in accordance with their clinical needs, people have access to timely, safe, quality assured medicines supplied with appropriate advice and support to help them gain the best outcomes from their treatment and avoid harm.				
Key Actions				
<ol style="list-style-type: none"> 1. Delivering a pharmacist led risk stratified approach to the provision of appropriate support, information and advice with supply of medicines 2. Optimising medicines use 3. Ensuring timely access to safe, quality assured medicines 				
Indicators				
<ul style="list-style-type: none"> • Reduced unplanned admissions, readmissions and length of stay in hospital • Reduced attendances at GP Out of Hours and Emergency Departments • Reduced medicines waste. • Reduced growth in prescription volume • Increased levels of medicines optimisation service delivery • Increased levels of yellow card and medicines incident reporting from community pharmacies • Evidence of changing patient/client experience relating to medicines optimisation in pharmacies 				
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
1. Delivering a pharmacist led risk stratified approach to the provision of appropriate support, information and advice with supply of medicines	Pharmacists in all community pharmacies must follow a Standard Operating Procedure (SOP) supported by updated professional standards and guidance for the risk stratified provision of appropriate support, information and advice with supply of medicines	<ul style="list-style-type: none"> • People receive sufficient advice and information about their medicines to help improve adherence and prevent avoidable harm. • People are aware of risks associated with their medicines. • People are supported to order and use their medicines more 	HSCB	By March 2016

***The organisation with lead responsibility will engage with relevant stakeholders in the delivery of the Key Actions. Relevant stakeholders may include representatives from Pharmacy Regulatory and Professional Bodies (PSNI and Pharmacy Forum), Pharmacy Representative Bodies (CPNI, UCA, NPA, PDA), Universities, NICPLD, DHSSPS, HSCB, PHA and BSO, Patient Representative Groups, GP Representative Bodies and CDHN.**

		effectively with less waste. <ul style="list-style-type: none"> There is increased safety reporting from community pharmacies. 		
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
2. Optimising medicines use	Quality assured integrated pharmacy services should be delivered which help to address acute and chronic needs relating to medicines use and adherence, support better health outcomes, reduce harm, waste and unplanned demand on other health and social care services. To include: <ul style="list-style-type: none"> Chronic services for safer transitions of care, MURs for long term conditions, adherence support and repeat dispensing. Acute Services for out of hours and emergency access to medicines, including palliative care. 	<ul style="list-style-type: none"> People receive support to achieve improved medicines related outcomes and adherence. Safe and timely transitions of care are supported by community pharmacists. Fewer visits to GP, Out of Hours and Emergency Departments for medicines supply issues. Fewer unplanned admissions to hospital in people with long term conditions for medicines related factors. Fewer wasted medicines. 	HSCB	From April 2015
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
3.Ensuring timely access to safe, quality assured medicines	Regional guidelines on handling medicines shortages in community pharmacies should be developed which includes management of clinical consequences	<ul style="list-style-type: none"> People have access to safe, high quality medicines in the community 	HSCB	By March 2016

***The organisation with lead responsibility will engage with relevant stakeholders in the delivery of the Key Actions. Relevant stakeholders may include representatives from Pharmacy Regulatory and Professional Bodies (PSNI and Pharmacy Forum), Pharmacy Representative Bodies (CPNI, UCA, NPA, PDA), Universities, NICPLD, DHSSPS, HSCB, PHA and BSO, Patient Representative Groups, GP Representative Bodies and CDHN.**

Chapter 2				
Strategic Goal				
To provide people with access to advice and support from pharmacists in the community promoting, public health, self care, improved health and wellbeing and preventing illness.				
Key Actions				
4. Increasing the public health role of community pharmacy 5. Delivering public health services 6. Improving sign posting and community engagement				
Indicators				
<ul style="list-style-type: none"> Increased levels of regional public health service delivery Increased awareness of public health campaigns Proportion of pharmacies accredited as Health+Pharmacies Evidence of changing patient/client experience relating to public health in pharmacies 				
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
4. Increasing the public health role of community pharmacy	Arrangements to develop the public health role of community pharmacy should be implemented.	<ul style="list-style-type: none"> People recognise pharmacists as advocates for public health and community pharmacies as frontline neighbourhood resources for improving health and wellbeing and reducing health inequalities. 	HSCB/PHA	By March 2017
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
5. Delivering public health services	In line with need community pharmacies should have an increased role in the provision of quality assured public health services.	<ul style="list-style-type: none"> People have greater access to quality assured public health services in their communities. 	HSCB/PHA	By March 2017

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Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
6.Improving sign posting and community engagement	Arrangements to improve links and referral pathways between community pharmacies and other statutory, voluntary and community sector service providers should be implemented	<ul style="list-style-type: none"> • People will have better access to information about public health services in their local area. 	HSCB/PHA	By March 2017

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Chapter 3				
Strategic Goal				
To provide improved access to clinical expertise and interventions closer to home by making the best use of pharmacists working together with/alongside other healthcare professionals.				
Key Actions				
7. Enhanced delivery of clinical expertise 8. Developing revised service models				
Indicators				
<ul style="list-style-type: none"> • Reduced unplanned admissions, readmissions and length of stay in hospital • Reduced attendances at GP Out of Hours and Emergency Departments • Increased levels of medicines optimisation service delivery • Improved compliance with NI Medicines Formulary 				
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
7.Enhanced delivery of clinical expertise	Clinical pharmacy services should be developed and incorporated into patient pathways.	<ul style="list-style-type: none"> • People will have access to pharmacist led clinical services in the community to support optimal health outcomes from their medicines. 	HSCB	By March 2017
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
8.Developing revised service models	Options for new community pharmacy models should be developed, piloted, evaluated and consulted upon if necessary.	<ul style="list-style-type: none"> • Pharmacies will work within multidisciplinary teams in the community to support care closer to home. • People will have the opportunity to register with a community pharmacy of choice for advice and services related to their medicines and wider health and well being. 	HSCB/DHSSPS	By March 2019

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Chapter 4				
Strategic Goal To support better health outcomes for patients through advances in medicines treatments and technology				
Key Actions 9. Implementing a Community Pharmacy ICT Programme 10. Revising community pharmacy working practices				
Indicators <ul style="list-style-type: none"> • Proportion of pharmacies connected to HSC ICT systems • Proportion of pharmacies with access to ECR • Proportion of pharmacies with access to web based health information • Proportion of pharmacies who have completed a review of working practices 				
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
9.Implementing a Community Pharmacy ICT Programme	A community pharmacy ICT Programme should be initiated to design and deliver the ICT systems and connectivity that will be required to enable the full implementation of this strategy.	<ul style="list-style-type: none"> • Community pharmacy services will be underpinned by effective and robust ICT systems which support safer and more effective care. 	HSCB	From April 2015
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
10.Revising community pharmacy working practices	Assisted by pharmacy's representative bodies working practices in community pharmacies should be reviewed to support the roles and services advocated by this Strategy.	<ul style="list-style-type: none"> • Pharmacists will be available to provide people with the advice, information and services needed to optimise their use of medicines and improve their health and well being. 	Pharmacy Regulatory, Professional and Representative bodies	By March 2017

***The organisation with lead responsibility will engage with relevant stakeholders in the delivery of the Key Actions. Relevant stakeholders may include representatives from Pharmacy Regulatory and Professional Bodies (PSNI and Pharmacy Forum), Pharmacy Representative Bodies (CPNI, UCA, NPA, PDA), Universities, NICPLD, DHSSPS, HSCB, PHA and BSO, Patient Representative Groups, GP Representative Bodies and CDHN.**

UNDERPINNING ENABLERS OF CHANGE				
Key Actions				
11. Commissioning pharmacy services 12. Developing the pharmacy workforce 13. Communicating the role of pharmacy in the community 14. Establishing the evidence base for pharmacy services 15. Introducing legislative changes 16. Supporting change through professional standards and guidelines				
Indicators				
<ul style="list-style-type: none"> • Evidence of delivery of strategic objectives • Numbers of pharmacists with post registration accredited training • Evidence of increased patient/client awareness of the role of pharmacy in the community • Increased evidence base for pharmacy services and research activity involving community pharmacies • The introduction of relevant legislative change • Necessary professional standards and guidelines updated 				
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
11. Commissioning pharmacy services	Objectives relating to the delivery of the Making it Better Strategic goals are included in HSC business plans.	<ul style="list-style-type: none"> • Delivery of strategic objectives 	DHSSPS/HSCB/PHA	From April 2015
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
12. Developing the pharmacy workforce	Post registration accredited training based on national competency frameworks which would include prescribing should be introduced to support pharmacists working in the community.	<ul style="list-style-type: none"> • Pharmacists have access to the training required for new roles 	DHSSPS	From April 2016
Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
13. Communicating the role of pharmacy in the community	A co-ordinated annual communications programme should be delivered by pharmacy's representative bodies to promote the role of pharmacy in the community.	<ul style="list-style-type: none"> • Increased public awareness of pharmacy's role in medicines optimisation and public 	Pharmacy Regulatory, Professional and Representative bodies	From April 2015

***The organisation with lead responsibility will engage with relevant stakeholders in the delivery of the Key Actions. Relevant stakeholders may include representatives from Pharmacy Regulatory and Professional Bodies (PSNI and Pharmacy Forum), Pharmacy Representative Bodies (CPNI, UCA, NPA, PDA), Universities, NICPLD, DHSSPS, HSCB, PHA and BSO, Patient Representative Groups, GP Representative Bodies and CDHN.**

Key Action	Action summary	Outcome Required	*Lead Responsibility	Timescale
14. Establishing the evidence base for pharmacy services	An evidence base for Northern Ireland pharmacy services should be established.	health • Integration with the HSC Knowledge Exchange Network	DHSSPS	From September 2015
15. Introducing legislative changes	The legislative changes needed to support the delivery of the Strategy are progressed.	• Re-designed service models operate within the necessary legislative frameworks	DHSSPS	From September 2015
16. Supporting change through professional standards and guidelines	The professional regulator and leadership forum for Northern Ireland should review and update the necessary professional standards and guidelines to support delivery of the Strategy's objectives.	• The strategic alignment of professional standards and guidelines.	PSNI/ Pharmacy Forum	From April 2015

***The organisation with lead responsibility will engage with relevant stakeholders in the delivery of the Key Actions. Relevant stakeholders may include representatives from Pharmacy Regulatory and Professional Bodies (PSNI and Pharmacy Forum), Pharmacy Representative Bodies (CPNI, UCA, NPA, PDA), Universities, NICPLD, DHSSPS, HSCB, PHA and BSO, Patient Representative Groups, GP Representative Bodies and CDHN.**

Appendix A**Abbreviations**

CPNI	Community Pharmacy Northern Ireland
DHSSPS	Department of Health, Social Services and Public Safety
HSCB	Health and Social Care
PHA	Public Health Agency
PSNI	Pharmaceutical Society of Northern Ireland
UCA	Ulster Chemists Association
PDA	Pharmacy Defence Association
NPA	National Pharmacy Association
QUB	Queens University Belfast
UU	University of Ulster
NICLPD	Northern Ireland Centre for Pharmacy Learning and Development
LCG	Local Commissioning Group
ABPI	Association of British Pharmaceutical Industry
CDHN	Community Development Health Network
PCC	Patient Client Council
BSO	Business Services Organisation
NIGPC	Northern Ireland General Practitioners Committee

Appendix B**Membership of Implementation Advisory Group**

ORGANISATION	REPRESENTATIVE
DHSSPS	Dr Mark Timoney (Chief Pharmaceutical Officer) Mrs Cathy Harrison Mrs Fidelma Magee
CPNI	Mr Gerard Greene Dr Vanessa Chambers
HSC Board	Dr Sloan Harper Mr Joe Brogan
Pharmacy forum NI	Mrs Julie Greenfield Dr Kate McClelland
LCG	Mr Sheelin McKeagney
HSC Northern Trust	Prof Mike Scott
BSO	Mr Brian McKeown
ABPI	Mr Stephen Kennedy
NPA	Ms Anne McAlister Ms Victoria Knowles
PDA	Mr Harry Harron
QUB	Dr Sharon Haughey
UU	Prof Paul McCarron
CDHN	Ms Sharon Bleakley
NICPLD	Prof Colin Adair
UCA	Mr Stephen Slane
PCC	Maeve Hully (papers shared) Louise Skelly(papers shared)
NIGPC	Dr Brian Dunn (papers shared)
HSC Belfast Trust	Sr Jackie Kayes (papers shared)
PHA	Dr Janet Little (papers shared)

*Chaired by Chief Pharmaceutical Officer

Secretariat provided by Medicines Policy Branch (DHSS&PS)

KEY ACTIONS – STRATEGY REFERENCES

KEY ACTION 1

Delivering a pharmacist led risk stratified approach to the provision of appropriate support, information and advice with supply of medicines (Chapter 1)

- A risk stratification process should be part of SOPs in all community pharmacies to identify patients who require specific information at the point of supply.
- Patients/carers should receive appropriate advice and information when prescription medicines are supplied, asked if they have any questions about their medicines, advised of changes to the presentation of their medicines and receive reassurance that the efficacy is the same.
- All patients should be asked if they require all their medicines when repeat prescriptions are collected from the community pharmacy.
- Community pharmacies should be included in existing medicines governance arrangements and have an active role in incident reporting.

KEY ACTION 2

Optimising medicines use

Safer Transitions Service (Chapter 1)

- A pharmacy service should be delivered linked to the Integrated Medicines Management Service in Trusts to support improved medicines management during transitions supported by arrangements for information sharing and access to ECR.

Acute Medicines Services (Chapter 1)

- Effective arrangements for out of hours/emergency access to medicines, including arrangements for palliative and end of life care should be put in place. To include the delivery of an acute service for out of hours access to medicines during 2015/16.

Medicines use Reviews for Long term Conditions (Chapters 1, 2 and 3)

- People, including carers, should have access to advice, support and treatment from pharmacists to help them manage a self limiting or long term condition
- Care plans for people with long term conditions should include the medicines management needs of patients and the role of the pharmacist in supporting patients' needs should be understood by the patient, the carer and all members of the team.
- A structured pharmacy input to patient education/self management programmes for people with long term conditions should be developed.
- For people with long term conditions measures to support adherence should inform the medicines care plan component of their overall care package.
- Pharmacy input to patient education and self management programmes including monitoring and review of people with long term conditions should be commissioned.

Adherence Service (Chapter 1)

- Systems should be developed for identifying and recognising non-adherence to medicines at community pharmacies.
- Arrangements for referrals to community pharmacy for assessment of adherence needs should be developed.
- A common assessment tool should be developed to determine the individual's needs to support improved adherence.
- A patient register for compliance support should be established.
- A regional system should be introduced to monitor the volume and cost of medicines waste returned to community pharmacies and removed from care homes.

Repeat Dispensing Scheme (Chapter 1)

- The Repeat Dispensing Scheme should be refreshed and re-launched in an electronic form with a focus on the efficient use of medicines and adherence.

KEY ACTION 3**Ensuring timely access to safe, quality assured medicines (Chapter 1)**

- Changes in the medicines supply chain and shortages should continue to be monitored. Supply issues facing patients receiving specialist medicines at home should be assessed. If necessary seek commitment from community pharmacies/wholesalers/retailers to maintain supplies.

KEY ACTION 4**Increasing the public health role of community pharmacy (Chapter 2)**

- Community pharmacies should be integrated with the wider public health workforce and developed as frontline neighbourhood resources for public health with defined roles and responsibilities
- The health promotion core service specification of the community pharmacy contract should be implemented and consistently delivered.
- The Health + Pharmacy initiative should be implemented across Northern Ireland.
- Pharmacists should build on existing partnerships and develop new links with other health/community/voluntary service providers and organisations to target hard to reach groups.

KEY ACTION 5**Delivering public health services (Chapter 2)**

- A range of quality assured health promotion and protection services related to key public health goals should be commissioned from community pharmacy by the HSC.
- Commissioners should use pharmacies to provide increased choice and access to services such as health checks, and targeted screening programmes.
- To facilitate the delivery of new roles and services, pharmacy owners should consider the design and layout of their premises to accommodate the concept of “healthy living centres” with treatment, consultation and lifestyle information areas.

KEY ACTION 6

Improving sign posting and community engagement (Chapter 2)

- Pharmacies should build on existing partnerships (such as Building the Community Pharmacy Partnership) and develop new links with other health/community/voluntary service providers and organisations to target hard to reach groups.
- Link in with regional work plans exploring the establishment of an HSC information hub/portal which will act as a resource for community pharmacists and other healthcare professionals.
- A system for referrals between pharmacies and other statutory, voluntary and community sector service providers should be implemented.

KEY ACTION 7

Enhanced delivery of clinical expertise

- An enhanced range of clinical pharmacy services should be developed and incorporated into patient pathways to optimise the benefits of medicines, reduce harm and ensure the Northern Ireland Formulary is implemented across care sectors. **(Chapter 3)**
- Proposals for the development of the pharmacist prescribing role in a community setting should be developed. **(Chapter 3)**
- Care pathways which describe the pharmacy interventions appropriate to the life course and the clinical condition should be developed regionally and adopted locally where appropriate. **(Chapter 3)**
- Commissioners should consider how clinical pharmacy services can be further developed and incorporated into patient pathways. **(Chapter 3)**
- Pharmacists should have a recognised role supporting the care of people using specialist medicines and technologies in their own homes. **(Chapter 4)**

KEY ACTION 8

Developing revised service models

- Following public consultation a revised service model (for example a patient registration scheme) should be developed, piloted, evaluated and consulted upon if necessary. **(Chapter 3)**
- Social enterprise models which facilitate inter-agency working should be considered to deliver specific health objectives. **(Chapter 2)**
- Descriptions of integrated services should be explicit in relation to the pharmacy contribution and outcomes and embedded in contractual arrangements. **(Chapter 3)**
- Arrangements to promote collaboration between pharmacists and other health and social services and voluntary sector services should be developed. **(Chapter 3)**

KEY ACTION 9

Implementing a Community Pharmacy ICT Programme

- An ICT programme for community pharmacy should be developed and implemented during the period 2014-2019. This programme should be initiated during 2015/2016 and should be a formal sub-group of the overall HSC eHealth Strategic Programme. A community pharmacy secure ICT network providing easy access to relevant HSC ICT systems should be implemented as a key enabler during 2015/2016. **(Chapter 4)**
- Patients should have access to pharmacy services in the community which utilise advances in service delivery, ICT, technology and communication to support adherence. **(Chapter 1)**
- The ECR should be made accessible to community pharmacists and clinical pharmacists for the delivery of roles and services relating to this Strategy. **(Chapters 1 and 4)**
- Consider how pharmacies and people visiting pharmacies can link into web based contemporary health information. **(Chapter 4)**

KEY ACTION 10**Revising community pharmacy working practices**

- Community Pharmacies should review their working practices to ensure the optimal use of staff skills and automation within the supply model to allow more patient contact with pharmacists. **(Chapter 4)**

KEY ACTION 11**Commissioning pharmacy services**

- HSC Business Plans should set out the explicit contribution of pharmacy services to medicines optimisation and public health goals. **(Chapter 2)**

KEY ACTION 12**Developing the pharmacy workforce**

- In addition to clinical training already received at undergraduate level, pharmacists working in the community should receive clinical training at post-graduate level / Pharmacists should have access to any training required to provide enhanced roles. **(Chapter 3)**
- Joint training programmes for pharmacists, doctors, nurses and allied health professionals should be considered. **(Chapter 3)**
- Pharmacists and pharmacy staff should build on their existing training to enhance their competencies in public health and social/inter-personal skills. **(Chapter 2)**

KEY ACTION 13**Communicating the role of pharmacy in the community**

- A communications programme should be developed and implemented to improve awareness and understanding of the contribution and role of pharmacy in the community. **(Chapter 3)**

- The role of the pharmacists in supporting the safe and effective use of medicines should be promoted to raise public awareness of the risks associated with medicines use. (**Chapter 1**)
- The public health role of pharmacies should be promoted to increase public awareness. (**Chapter 2**)

KEY ACTION 14

Establishing the evidence base for pharmacy services (Chapter 3)

- Develop a regional evidence base for pharmacy role/input to the support and treatment of patients to inform development of care pathways.
- A network of community pharmacies should be established to participate in research.

KEY ACTION 15

Introducing legislative changes (Chapter 4)

- Legislation should be introduced to enable e-prescribing in primary care and e-claiming in community pharmacies.
- Work to enable electronic transmission of prescriptions from GPs to community pharmacies should be completed.
- Take forward the necessary legislative changes to support revised service models when agreed.

KEY ACTION 16

Supporting change through professional standards and guidelines