

# Excellence in Education

Morning plenary

**NES Pharmacy  
Conference**

**Excellence in education**

**5<sup>th</sup> May 2017**

**#NESPharmConf17  
@NES\_Pharmacy  
@NHS\_Education**



# Future Professional Developments in Scotland

Rose Marie Parr  
Chief Pharmaceutical Officer  
for Scotland



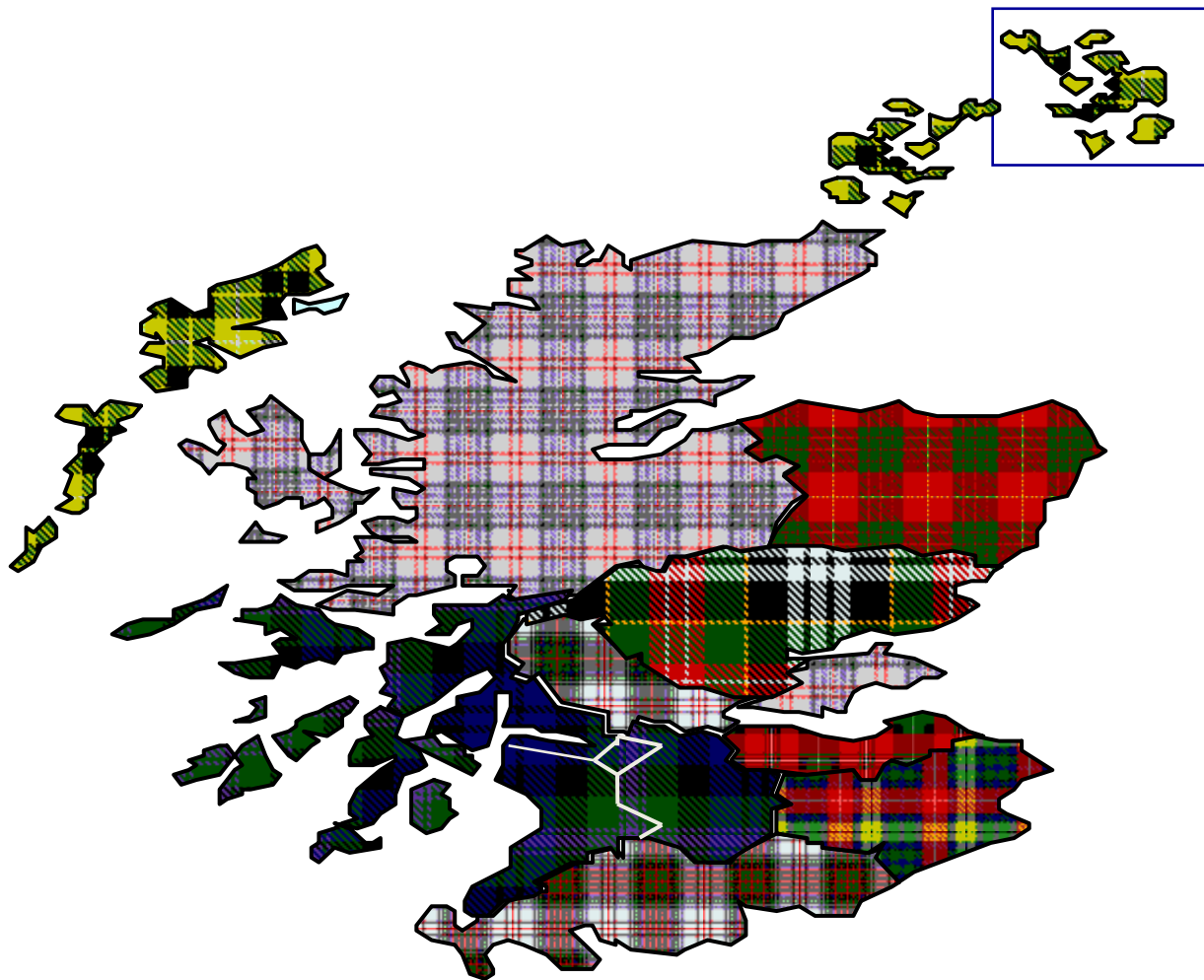
# Future Professional Developments in Scotland

- **Scottish Context and Modern NHS**
- Pharmacy Profession contribution
- CPO Strategic Priorities



**The Scottish Government**

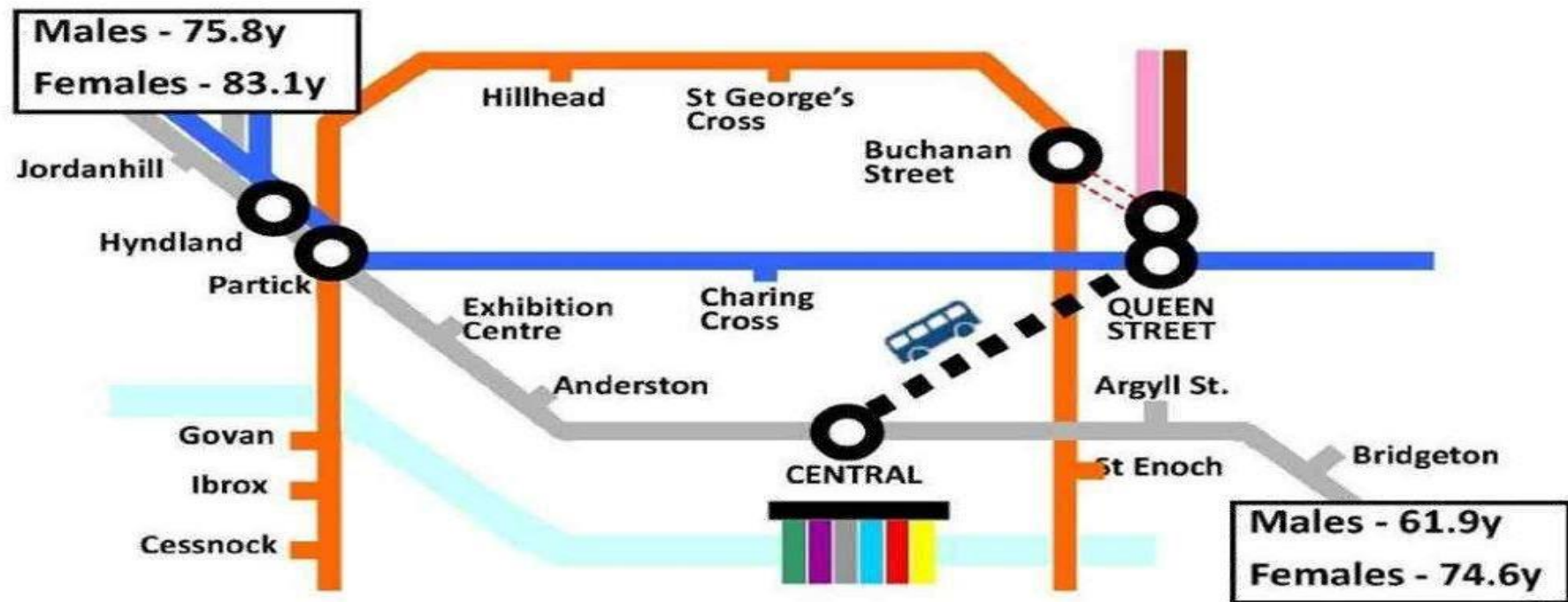
# **Our Context**



- Approx 5 million people
- Approx £13 billion
- 14 Health Boards
- 8 Support Boards
- Integrated delivery
- Moving towards social care integration

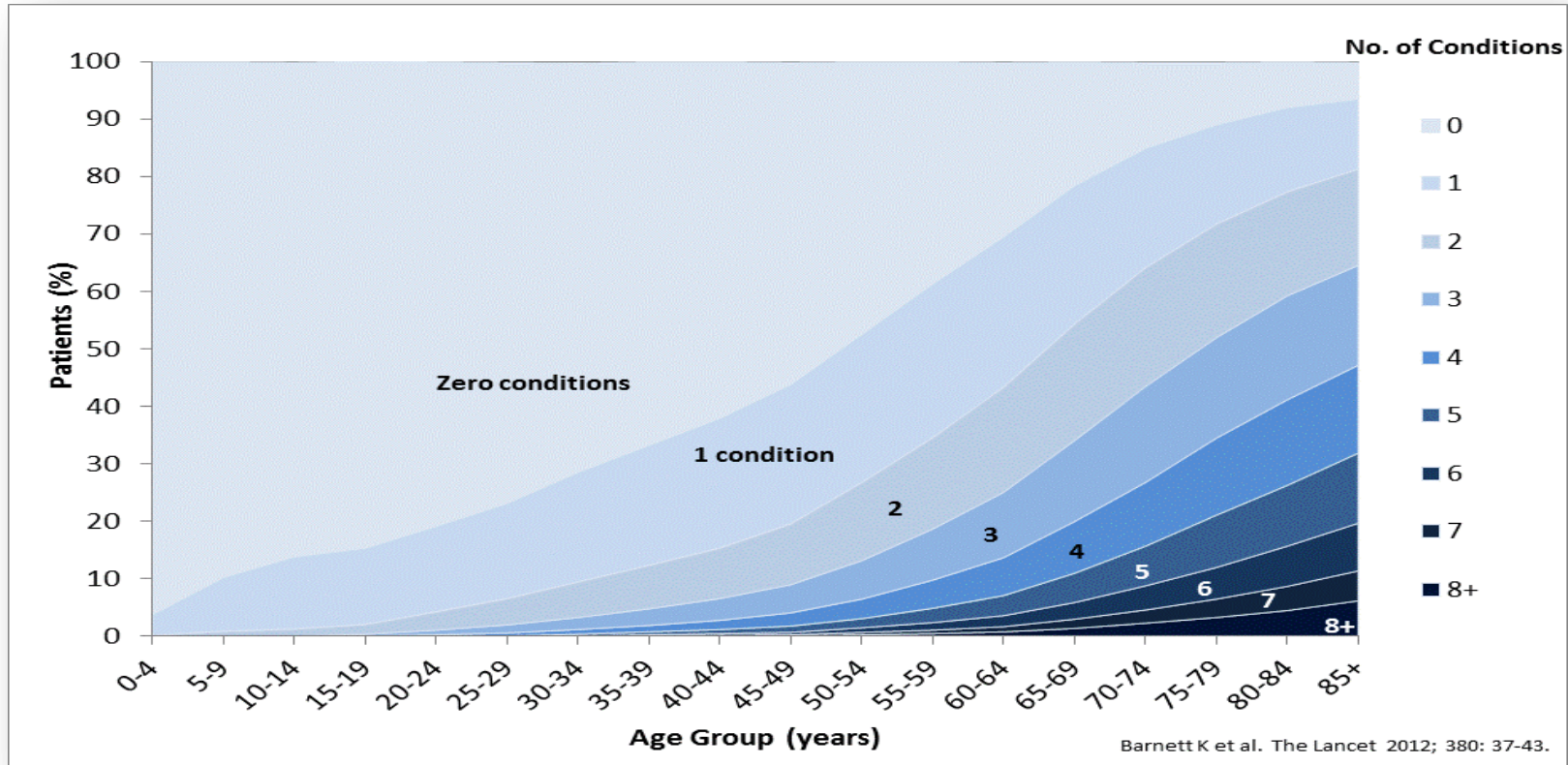
# INEQUALITIES PERSIST

Each stop on the Argyll line travelling East represents a drop of 1.7 years in male life expectancy



Life expectancy data refers to 2001-5 and was extracted from the GCPH community health and well-being profiles. Adapted from the SPT travel map by Gerry McCartney.

# Multimorbidity is common in Scotland



**More people have 2 or more conditions than only have 1**

A large, semi-transparent Scottish Saltire flag (white saltire on a blue field) is shown waving against a clear blue sky. The flag is the central visual element of the slide.

# Our Approach



**The Scottish Government**

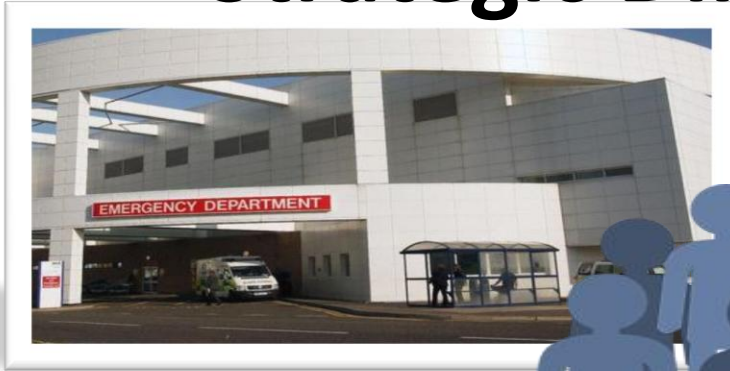


A Route Map to the  
2020 Vision for  
Health and Social Care



**“Safe, effective and  
person-centred care  
which supports  
people to live as long  
as possible at home or  
in a homely setting.”**

# Strategic Direction of Change



Improving  
Population Health



# Setting the Context for Change



# National Clinical Strategy: The Approach

- Support and enhance Primary Care
- Balance Health and Social Care
- Reduce reliance on in-patient beds
- Fewer in-patient units offering more specialised care
- Realistic Medicine





# PRIMARY CARE

At the HEART of NHS DELIVERY

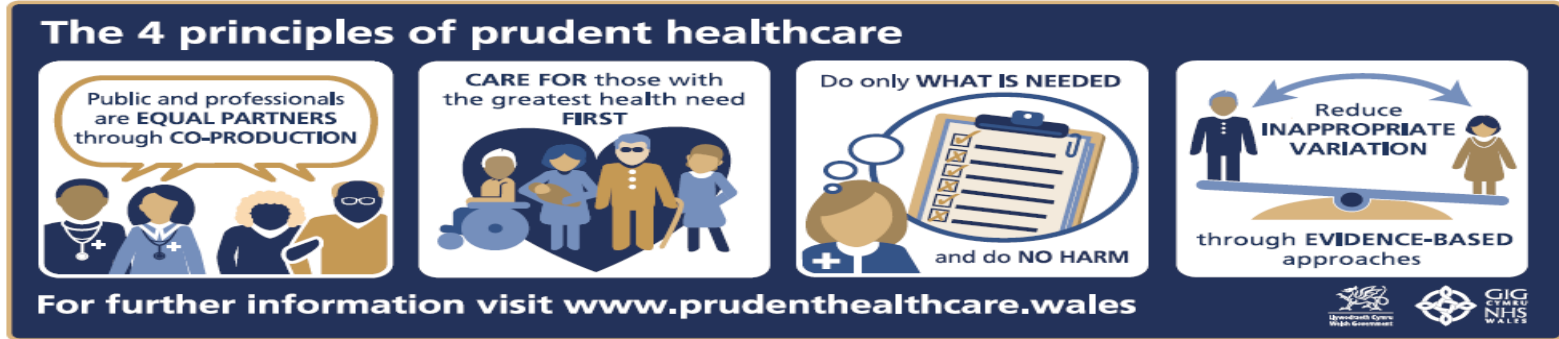
SHARING

# Realistic Medicine

- Aims to add value:
  - Reduce unwanted variation & waste
  - Least invasive processes first
  - Manage risk proportionately
  - Understand limits of evidence
  - Avoid over-diagnosis/over-treatment
  - Informed patients
  - Avoid medical response to social problems



# Realism in Healthcare



- **Doctors choose less treatment for themselves than for patients**
- Is Medicine now causing hidden harm?
- Focus on patient – unwarranted variation in practice and outcomes?
- Multiple conditions – leading to over-complex medical regimes?



# REALISTIC MEDICINE

CAN WE:




CHANGE OUR STYLE TO  
SHARED DECISION-MAKING?

BUILD A **PERSONALISED**  
APPROACH TO CARE?



REDUCE HARM  
AND WASTE?



REDUCE **UNNECESSARY**  
VARIATION IN PRACTICE  
AND OUTCOMES?

MANAGE RISK BETTER?



BECOME **IMPROVERS**  
AND **INNOVATORS**?

# REALISING REALISTIC MEDICINE

## 'REALISTIC'

1. HAVING OR SHOWING A SENSIBLE AND PRACTICAL IDEA OF WHAT CAN BE ACHIEVED OR EXPECTED.
2. REPRESENTING THINGS IN A WAY THAT IS ACCURATE AND TRUE TO LIFE.

## CREATING CONDITIONS

### COMMUNICATE



### CONNECT



### COLLABORATE



### CULTURE



## THE VISION

BY 2025, EVERYONE WHO PROVIDES HEALTHCARE IN SCOTLAND WILL DEMONSTRATE THEIR PROFESSIONALISM THROUGH THE APPROACHES, BEHAVIOURS AND ATTITUDES OF REALISTIC MEDICINE

# Hiding in Plain Sight: Pharmacy in a Modern NHS

- Scottish Context and Modern NHS
- Pharmacy contribution
- Strategic Priorities





Pharmacy is the health professional that links the health sciences with the chemical sciences and is charged with ensuring the safe and effective use of pharmaceutical drugs



# Pharmacy Policy Timeline - 15 Year Journey to improve Pharmaceutical Care....

- 2002 The Right Medicine - A Strategy for Pharmaceutical Care in Scotland
- 2010 Independent Regulator the GPhC established and Royal Pharmaceutical Society (RPS) as the Professional body
- 2013 Prescription for Excellence
- 2013 Polypharmacy - Kings Fund report
- 2014 Now More than Ever: Why Pharmacy needs to Act Nuffield & RPS
- 2016 Realistic Medicine - CMO Annual Report Scotland
- 2017 Realising Realistic Medicine- CMO Annual Report
- 2017 Refresh of PfE SG Strategy....

# Pharmacy Now - and in the Future?

## Hospital

- Advise on selection of medicines, and dose and route
- Specialist clinical advise on side-effects and new treatments
- Clinically assess and prepare patients for discharge
- Manufacture medicines when preparations are not available....

# Pharmacy Now - and in the Future?

## Community

- Clinically checking prescriptions for safety, appropriateness and supervising dispensing
- Minor Ailments Service
- Chronic Medication Service for long term conditions
- Public Health Service e.g. Smoking Cessation, Needle Exchange....

# Community Pharmacy

## *Existing roles*

- Minor Ailment Service
- Public Health Service
- Chronic Medication Service
- Access to regular repeat prescriptions out of hours



## *Further Developments*

- Treatment of a wider range of common conditions using PGDs
- Pharmacist prescribing
- Pharmacists working in different care settings
- GP Practice Pharmacy....



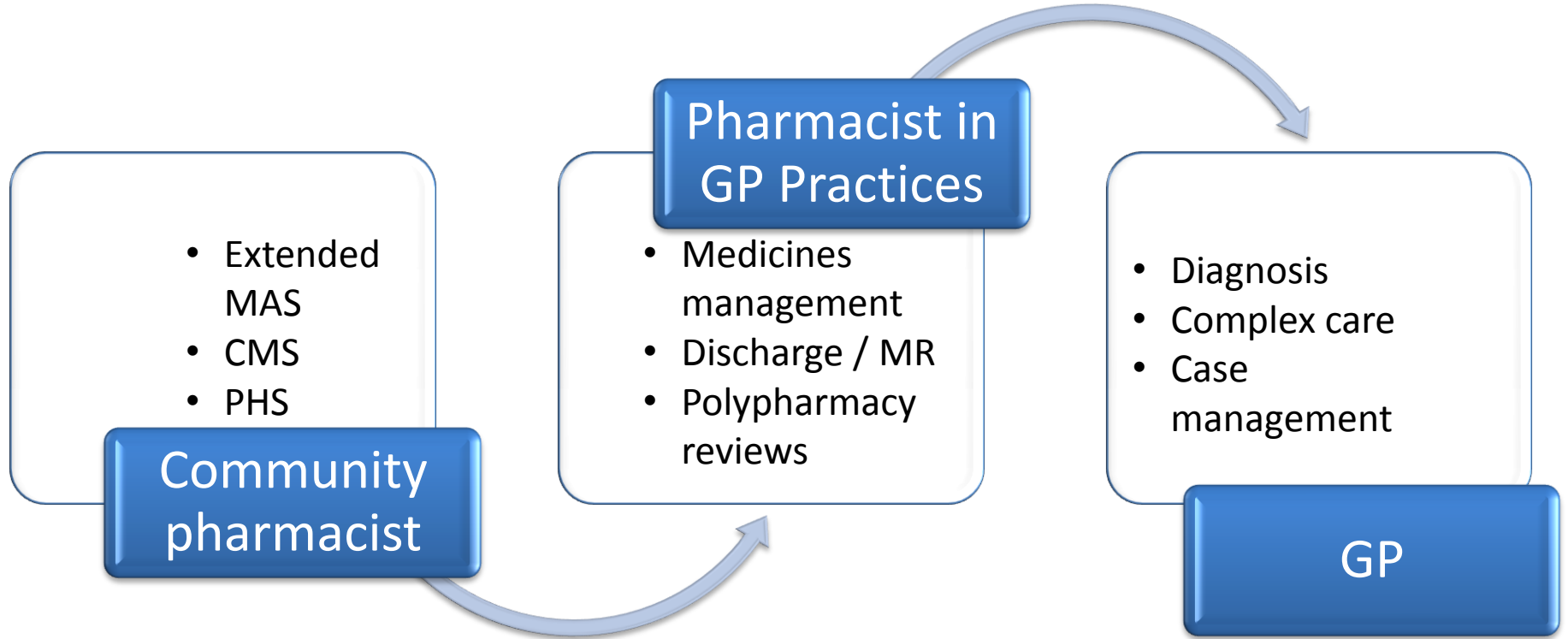
# Pharmacy Now - and in the Future?

## GP Practice

- Consulting patients & treating Long Term Conditions
- Undertaking PolyPharmacy Reviews
- Managing the medicines of patients discharged from hospital
- Holding Specialist Clinics e.g. Pain Management
- Working with GP's to improve the quality and safety of prescribing....



# Integrated Pharmaceutical Care

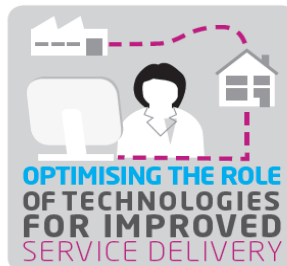


# Pharmacy Now - and in the Future?

## All Pharmacy Professionals - PharmaceuticalCare

- Treating all minor ailments and injuries
- Clinically managing patients with LTC's in hospitals/homes and care homes/community
- Leading specialist clinics and Prescribing
- Early health interventions for COPD, Dementia, CV disease etc...

# Pharmacy Commitments



Integrated  
Pharmaceutical Care

Safe  
Effective  
Person-centered

# Future Professional Developments in Scotland

- Scottish Context and Modern NHS
- Pharmacy contribution
- CPO Strategic Priorities
  - Pharmaceutical Care
  - Education - Competence - Professionalism
  - Safer Use of Medicines
  - Evidence and Outcomes

# Pharmaceutical Care

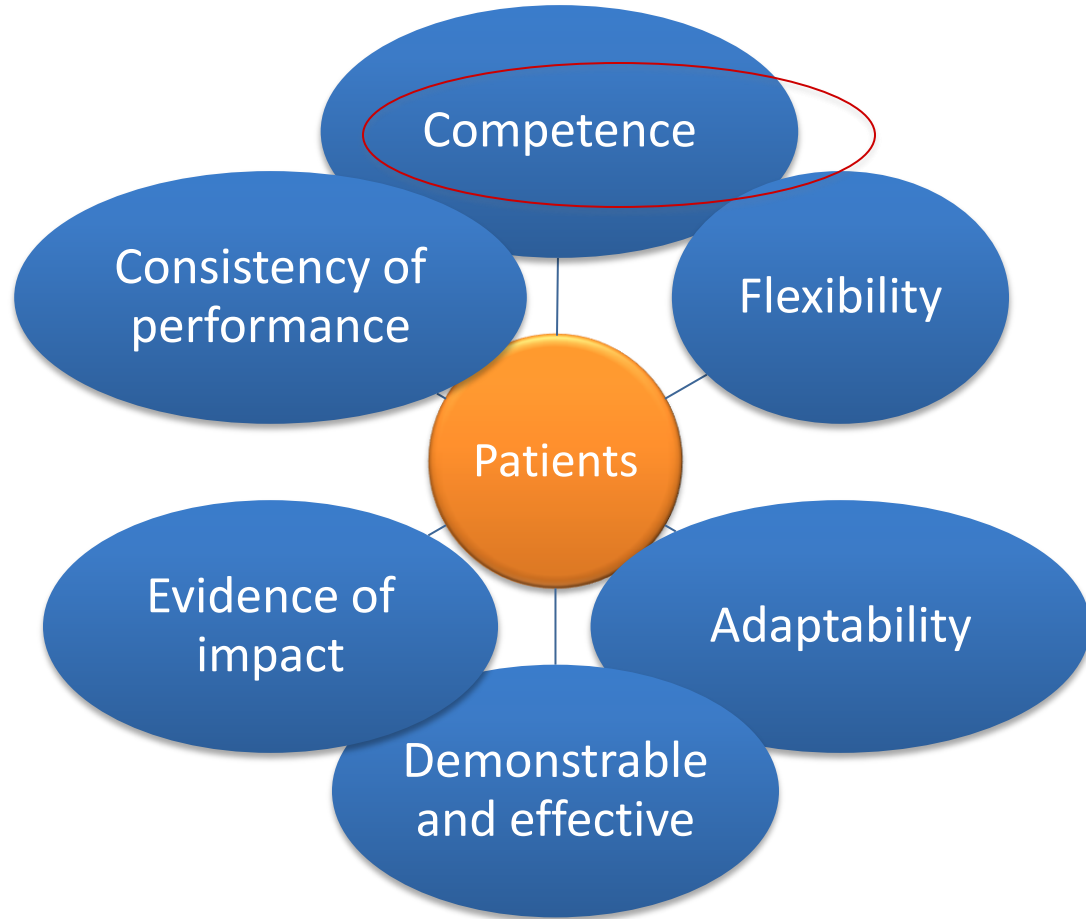
*'The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life.'*



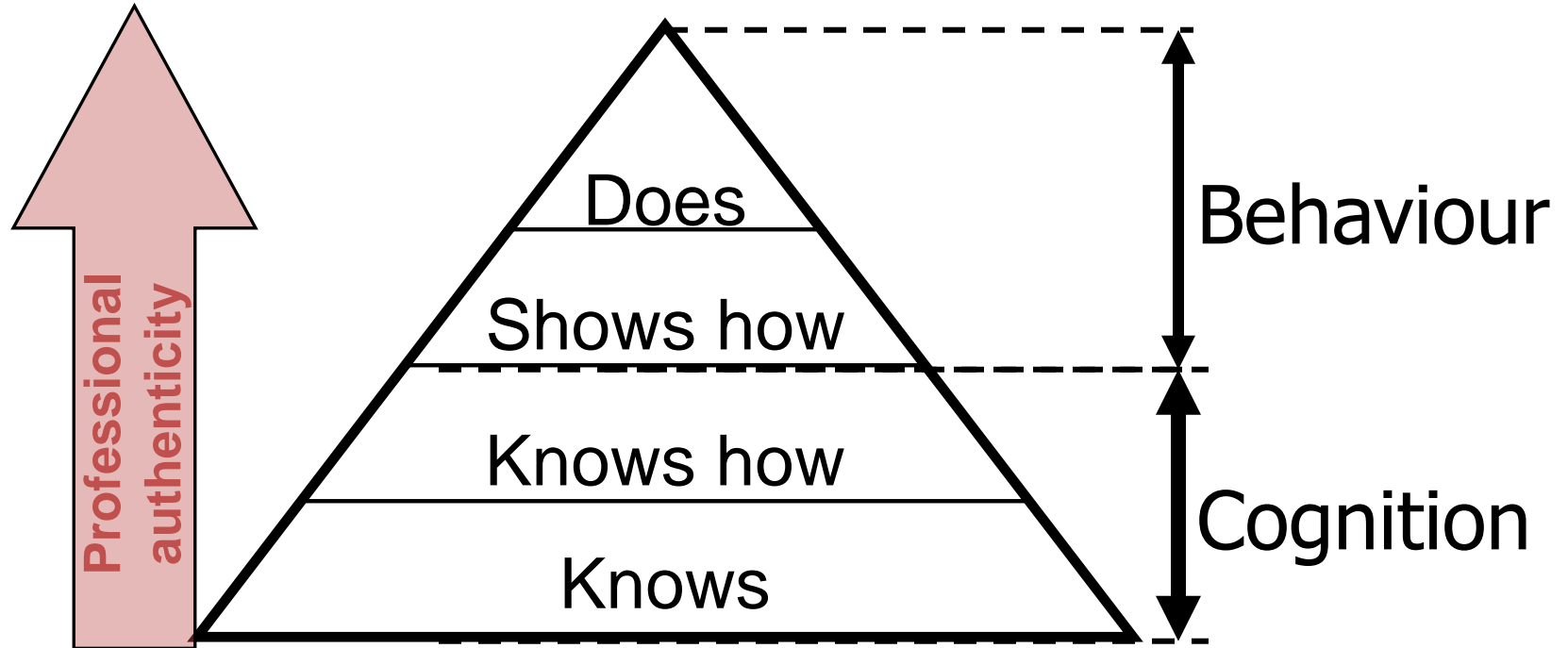
*(Hepler & Strand 1990)*

**Pharmaceutical Care:  
Safe- Effective-Person centred**

**What do patients and the public need from health professionals?**



# Miller's simple model of clinical competence



Miller GE. The assessment of clinical skills/competence/performance. *Academic Medicine* (Suppl) 1990; 65: S63-S67.

# ***Competency is a complex construct***

*skills*

*knowledge*

*values*

*behaviours*

*experiences*

*competency*



# Competence and Capability

Professional Education vs. Professional Practice

Demands of Professional Practice with its:

- Uncertainty,
- instability,
- uniqueness and
- value conflicts

(Schon 1987)

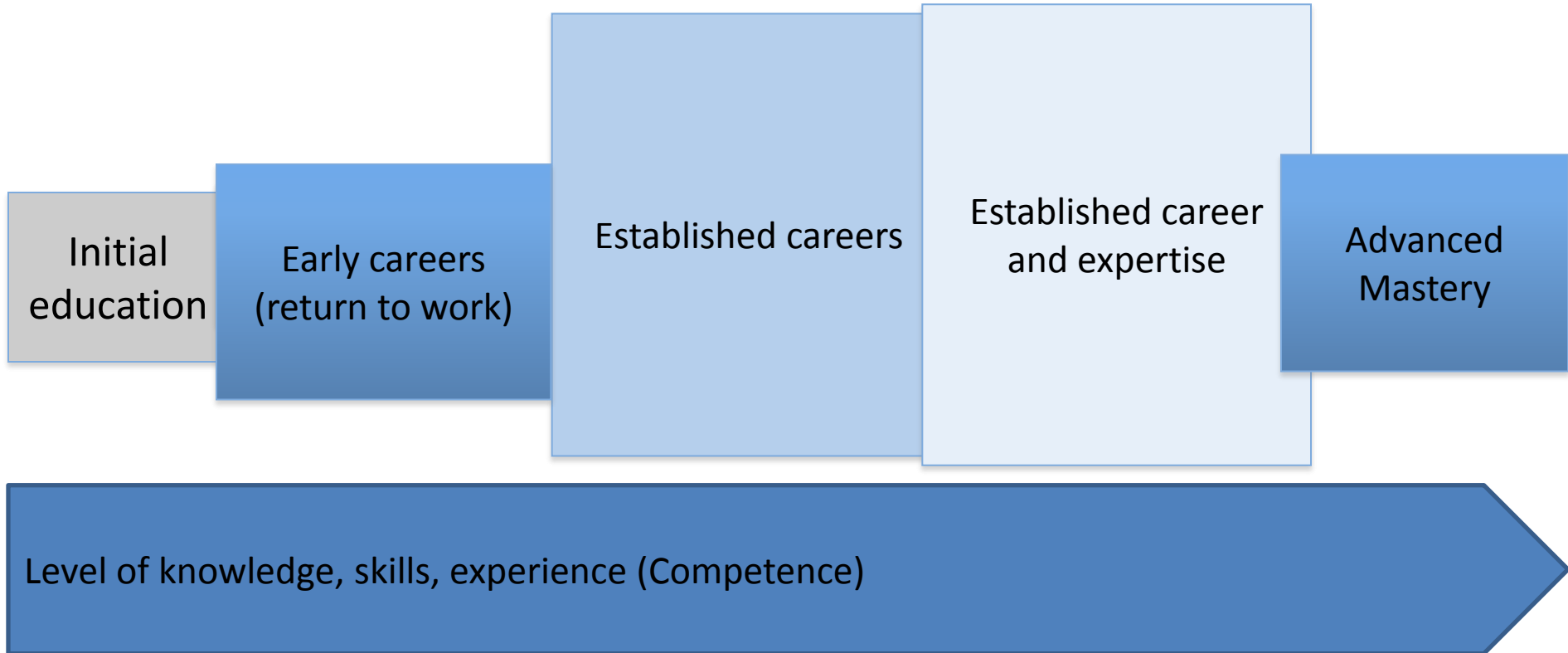
# Integrated Initial E & T Review

“The Cabinet Secretary for Health has approved the Five Year Integrated Initial Education Programme for Pharmacists in Scotland.

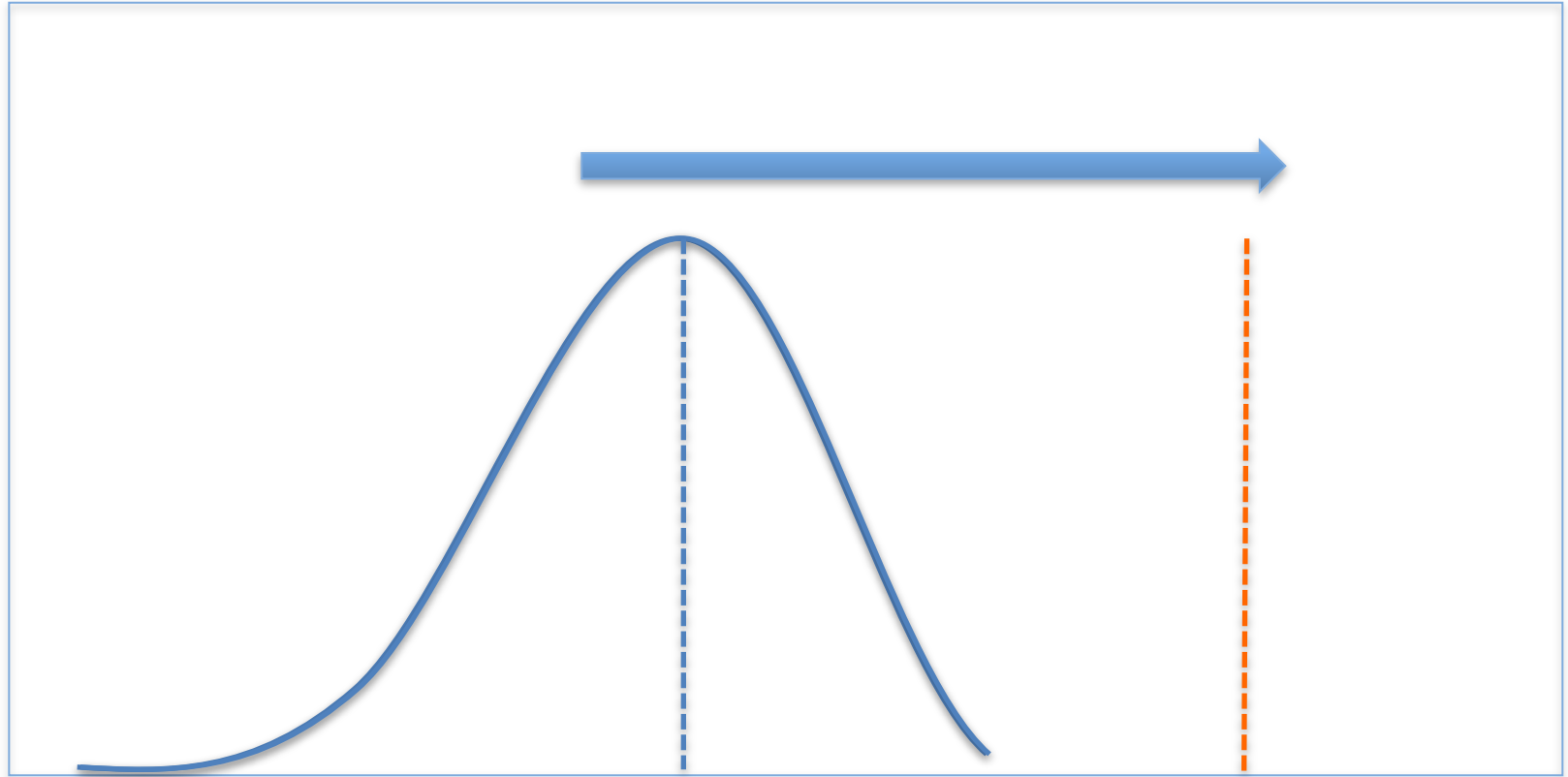
It will be implemented by 2020-2021 with an enhanced “four plus one” model providing a transitional programme structure.”



# *Professional development frameworks and recognition*



Shifting the workforce as a whole...



Workforce capability distribution

# Toward Interprofessional Learning & Education: Mapping common outcomes for prequalifying healthcare professional programs in the UK

Study mapped the outcomes/standards of healthcare professions regulators:

- General Medical Council
- General Dental Council
- General Pharmaceutical Council
- Nursing and Midwifery Council
- Health Care Professions Council

Kathryn Steven, Stella Howden, Gary Mires, Iain Rowe, Natalie Lafferty,  
Amy Arnold, and Alison Strath

[Medical Teacher](#)




# Safer Use of Medicines



**1 in 5** adults in Scotland are dispensed 5 or more medicines

**59%** of patients over 70 years old are dispensed 5 or more medicines


Each year in primary care



**101.1 million** prescription items are issued in primary care

**4.1 million** prescribing errors


**40,000 to 3.4 million** dispensing errors



**61,000** non-elective hospital admissions are due to medicines

- 5 classes of medicines account for most admissions
- NSAIDs
  - Antiplatelets
  - Anticoagulants
  - Diuretics
  - Anti-hypertensives


Each year in acute care




**435,000** inpatient prescription items are prescribed in an average 500 bed acute hospital

**32,500** prescribing errors with **up to 200** causing patient harm


**35 to 85** dispensing errors



**2.2 million** doses of medicines administered in an average 500 bed acute hospital



**189,000** administration errors



**15,000** patients admitted to all acute hospitals experience an adverse event due to medicines

**up to 280** preventable deaths across all acute hospitals are due to medicines

# Evidence and Outcomes





# ***Quality improvement- and how can it transform healthcare...***

“...everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”

Batalden,P; Davidoff.F QualSafHealth Care. 2007 February; 16(1): 2–3

# Community Pharmacy

Announcement of a  
Quality Improvement  
Methodology pool for  
quality improvement  
activities undertaken  
in Community  
Pharmacy

July 2016

NHS Circular  
PCA (P) (2016) 11

Healthcare Quality and Strategy Directorate  
Pharmacy and Medicines Division



Dear Colleague

**PHARMACEUTICAL SERVICES:  
AMENDMENTS TO DRUG TARIFF IN RESPECT OF  
REMUNERATION ARRANGEMENTS FROM 1 APRIL  
2016**

**Summary**

1. This circular advises community pharmacy contractors and NHS Boards on the outcome of the negotiations for the community pharmacy funding envelope for 2016-17.

**Background**

2. Circular PCA (P) (2016) 7, published 11 May 2016, advised of the key and headline elements of the community pharmacy funding settlement for 2016-17.

**Details**

3. This circular now advises of further changes in respect of payments from July 2016 dispensings as follows:

- The annual pool for dispensing pool payments is increased by £2.063m, providing an annualised pool of £74.063m with effect from July 2016 dispensings
- A Quality Improvement Methodology pool of £2m for 2016-17, for quality improvement activities undertaken in the financial year 2016-17.
- A Closer Partnership Working Payment pool of £1.129m, for initiatives of fostering closer working with General Practices.

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

18 July 2016

**Addresses**

For action

Chief Executives, NHS Boards

For information

Chief Executive, NHS NSS  
Director of Practitioner Services,  
NHS NSS  
NHS Directors of Finance  
NHS Directors of Pharmacy

**Enquiries to:**

Elaine Muirhead  
1<sup>st</sup> Floor East Rear  
St Andrew's House  
EDINBURGH  
EH1 3DG

Tel: 0131-244-2524  
Fax: 0131-244-2326

Email: [elaine.muirhead@gov.scot](mailto:elaine.muirhead@gov.scot)

[www.gov.scot](http://www.gov.scot)



# Future Professional Developments in Scotland

## Key Messages

- NHS Transformation continues....
- Primary Care at centre - including Pharmacy
- Enhanced Pharmaceutical Care services
- Medicines Safety to reduce - Harm and Unwanted Variation
- **Making Scotland the safest place for patients to be taking medicines.....**



# Thank You



RoseMarie.Parr@gov.scot