



Q&A from WebEx

Q1. Is it possible to see who other attendees are on the WebEx for future?

A – Of course, we had a few teething problems during the first WebEx so we will ensure that this is corrected for the next one.

Q2. Can you clarify regarding baseline data?

- total number of immediate discharges - some come in as numerous versions is this counted as 1 discharge or say 4 or 5
- number of care homes/nursing med management reviews - what exactly is this - ?MARS sheets to be counted

A – We are consulting with our steering group this week and will be able to provide more clarity on operational definitions of the measures when we issue the collection template..

Q3. Under patient interaction, are we only to collate number of calls by the pharmacist? What about technicians as they play a key role as well?

A – The updated collection sheet refers to Pharmacy team, so yes, it will include technicians also.

Q4. Does the medicines reconciliation section only refer to pharmacy activity or for GPs as well?

A – It should be for both the GP and Pharmacy team – we are trying to establish work volume here.

Q5. There are practices that don't currently have pharmacotherapy in this collaborative, does this affect the data collection?

A – For this collaborative, it is essential that the practice has some form of pharmacy support. If you don't, please contact your HSCP lead as soon as possible. The pharmacy team form an important aspect of this work. However if you have a pharmacy team just about to start this will not affect the data collection, just collect who is doing what now.

Q6. The data capture is quantity however we are interested in how we measure the time impact as this equals workload – will this happen?

A – Very good point. Yes, time is an element that is very important and we will be discussing with the steering group and data analysts how this can be demonstrated.

Q7. What if there is no pharmacy staff undertaking level 1 pharmacotherapy within the practice? Is that essential? Not all have pharmacist cover.

A – As query above, you should all have some form of pharmacy support? If not, please contact your HSCP lead as soon as possible.

Q8. Pharmacotherapy is not due to start till January in our practice, does this exclude us from the collaborative?

A – No. We will ask practices to complete a Practice Profile and Readiness tool before Christmas. In January we will start data collection so it will be a good start for you to gather data before changes happen.

Q9. If we already have HSCP pharmacotherapy team is this data still baseline?

A – Yes – it is still helpful to gather data and see current work volume and allocation at the start of the collaborative and this will allow you to track any future improvements.

Q10. For number of serial prescribing script item - is this the total number of items we have on serial prescribing or number of meds reauthorized via treatment summary reports?

We will issue an operational definitions sheet with the data collection so you are clear about what to gather.

Q11. For the practices that do not have pharmacist cover other than the old prescribing support role they could be a good baseline marker for comparison but the data collection sheet would need modified?

A – The data collection sheet would need to be standard across all practices so that we have consistent measurement. Pharmacy support is essential in this work. If you are still unclear, speak to your HSCP lead.

Q12. Which core staff must attend the January learning session - practice manager, GPCP and lead GP for each participating practice?

A – We would expect to see the lead GP, Pharmacist and the Practice Manager from each practice as they form the core team around the Pharmacotherapy work. The practice payments will cover any backfill and travel costs. Anyone travelling for more than 2 hours will be offered overnight accommodation the night before.

Q13. Repeat prescriptions - do you mean items requested from each patient rather than number of scripts?

A – An operational definitions sheet will be issued soon to clarify.

Q14. Will you be sending out searches to help pull data if you are using a template and using standard read codes? Would save a lot of time.

A – This is where your feedback will help – some practices will use different systems and read codes so we hope to discuss how people will be gathering data and share amongst the participating teams.

Q15. Can we have more definition on what we are to count - no. of acute prescriptions - is that the number of patients or the number of prescribed items?

A – Of course, we will ensure that the operational definitions that come out with the data collection sheet are clear around the ‘what’ and the ‘who’. You can also contact the Primary Care Improvement Portfolio email at hcis.pcpteam@nhs.net if you have any further queries.

Q16. Why 3 weeks/6 weeks? Why not one week?

A – One week of data is not enough to give a picture of current work volume as this may vary from week to week. It is also important that we allow enough time in the data collection to capture any variation in processes. We require enough data points to be able to establish a baseline and then continue to see if any changes we make lead to an improvement. We will talk more about this at the Learning Session in January. Please be assured that we are here to help all along the way.

Q17. When is baseline data sheet being emailed out?

A – It will be issued before the end of December. It is important that we review these measures with the steering group and HSCP leads to ensure that the measures are correct and that the data collection is achievable.

Q18. Do you give any data recording sheets for us for each section e.g. for reception/admin staff?

A – Yes, we will be sending out data collection sheets that you can print out.

Q19. Can you give us data recording sheets?

A – Please see answer above.

Q20. Have these data tools been tested in GP Practices?

A – This is where you all come in! These have been reviewed extensively by our data team, our GP clinical leads and the HSCP leads. We would value your feedback on these as well.