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Improvement
Scotland

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Pharmacotherapy Level 1 Collaborative

Specification

July 2019

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Introduction

[Healthcare Improvement Scotland](#) (HIS) is calling for applications from Health and Social Care Partnerships (HSCPs) to participate in the Pharmacotherapy Level 1 Collaborative commencing in autumn 2019. This collaborative aims to continue to support the development of GP practice teams and improve GP practice processes by adopting and adapting the learning and resources developed in the Practice Administration Staff Collaborative (PASC) Phase 1.

Participating HSCPs will provide overall leadership and support to GP practices involved through a named operational lead, ensuring representation at learning events and operational steering groups. Participating GP practices will identify three key staff including a GP lead. Each GP practice will be required to share their progress and learning at the learning sessions.

The successful HSCPs will receive:

- Support in the development of quality improvement (QI) capacity and capability in participating GP Practices
- Support to improve GP practice processes for pharmacotherapy level 1 services
- Access to QI tools and related resources to support the testing of interventions and measure improvement
- Funds to support project cost and a nominated representative to attend regular steering groups
- Funds to support GP practice staff participation in the national collaborative

The collaborative will work with up to 70 GP practices across Scotland running from September 2019 until September 2020 with participation sought through an application process.

Applications will close at noon Friday 23 August 2019 and successful HSCPs will be informed by week beginning 2nd September 2019.

What are Pharmacotherapy Level 1 Services?

The introduction of pharmacotherapy services within GP practices in Scotland is one of the priorities for the reform of primary care over the next three years. By 2021 pharmacists, pharmacy technicians and assistants will be embedded members of the GP practice teams delivering core and additional elements of the pharmacotherapy service. This is to allow GPs to spend more time with patients and refocus their role on being expert medical generalists as outlined in the 2018 General Medical Services contract in Scotland ([GMS 2018](#)).

This collaborative will support the development of practice teams to improve GP practice processes, by adopting and adapting the learning and resources developed in the [PASC Phase 1](#).

What are we trying to achieve?

The focus for implementing pharmacotherapy level 1 services will be on carrying out the specific tasks below:

- Acute/repeat prescribing
- Discharge letters
- Medicines reconciliation

The aim is to improve the overall outcomes and care experience in primary care for people, families and staff.

How will we achieve this?

The collaborative will be based on the Institute for Healthcare Improvement's Breakthrough Series (BTS) Collaborative model developed by Langley and Nolan¹. It will run until September 2020 and be designed with GP practices committed to achieving sustainable change.

Participating GP practices will be supported by improvement experts to:

- support staff to improve processes and develop protocols for the selected pharmacotherapy level 1 medicines related activity workflow
- plan and develop protocols, QI tools and related resources
- promote collaboration and communication across GP practice teams
- support the development of QI capacity and capability in GP practices
- evaluate the impact of the improvement work

This will be supported by the learning from PASC Phase 1. A [Workflow Optimisation Digital Toolkit](#), and accompanying motion graphic, was developed to support GP practice teams to test and implement processes to improve their correspondence management.

¹ Institute for Healthcare Improvement (2003) The Breakthrough Series – IHI's Collaborative Model for Achieving Breakthrough Improvement. Innovation Series 2003.

Anticipated impact

Following evaluation of [PASC Phase 1](#) it is anticipated that this collaborative will:

- manage correspondence in a safe and efficient manner
- reduce the number of documents requiring GP involvement
- release GP time to focus on their expert medical generalist role
- ensure processes are in place so medicines related activity can be dealt with by the most appropriate member of the pharmacy team in a timely, safe and efficient way
- support the development of practice staff roles
- ensure multidisciplinary practice staff are further supported to develop and extend skills in fields such as QI clinical coding

Pharmacotherapy Level 1 Collaborative

Aim

The aim of this collaborative is to support the development of staff QI skills and improve GP practice processes to support the implementation of pharmacotherapy level 1 services within GP practice teams.

Scope and scale

The Primary Care Improvement Portfolio will work with HSCPs and GP practices to adopt and adapt the learning from PASC Phase 1 by applying recognised QI and (where appropriate) patient engagement tools and methods. We will support participants to:

- support practice staff to improve processes and develop protocols for appropriate work flow of level 1 medicines related activity within GP practice teams, specifically:
 - Acute/repeat prescriptions
 - Discharge letters
 - Medicines reconciliation
- plan and develop protocols, QI tools and related resources to support testing of interventions and measure improvement in medicines related workflow
- promote collaboration and communication across GP practice teams and with other care providers
- collaborate with NHS Education for Scotland (NES) and key stakeholders, to support QI methodology, capacity and capability and the development of leadership, facilitation and influencing skills
- evaluate the impact of improvement work within GP practice teams, patients and others involved in this collaborative

What will be expected from participating partnerships and GP practices?

All HSCPs in Scotland are invited to apply. We are looking to work with seven HSCPs with up to two clusters per partnership or a range of GP practices within the locality, who must have a minimum of three sessions per week of pharmacy support from a pharmacist **and** pharmacy technician. Where in post, a pharmacy assistant should also be involved.

We are also looking to recruit GP practices from remote and rural areas, who have a minimum of one session per week of pharmacy support (pharmacist only or pharmacist **and** pharmacy technician) which may be provided remotely. The GP practices could be part of a cluster with different levels of pharmacy support across the GP practices.

The participating HSCP teams will:

- provide overall leadership and support of the participating clusters
- involve one or two clusters or up to ten GP practices within the locality
- identify a named operational lead
- ensure appropriate representation at learning events and steering group meetings
- discuss and agree their readiness for change to participate in the collaborative
- provide regular updates on progress at specified intervals

There is a clear expectation that all GP practices will:

- identify a GP representative to support the collaborative from each cluster or group of GP practices
- identify key staff from each practice to deliver on the collaborative, including a practice manager, pharmacist and support staff
- involve GP practices that have a minimum of three sessions per week (or one session per week for remote and rural GP practices) of pharmacy support as outlined above
- collect baseline and ongoing routine data, sharing with all participating teams within the collaborative
- deliver patient engagement activities (where appropriate)
- participate in QI and leadership skills training
- participate in three learning events and Webexes

Organisation, culture and infrastructure

Creating the conditions for successful participation in this collaborative is essential and the following guiding assumptions will contribute to the development of the best climate for participating GP practices:

- Aligning the Pharmacotherapy Level 1 Collaborative participation with the GP practice/cluster and HSCP primary care improvement plans
- Continued support and engagement from senior management and HSCP executive leaders
- Culture where testing adaption and learning are embraced at all levels
- Acknowledgement this is not a quick fix, time and patience is required to support the change
- Senior management sponsorship
- Service manager and clinical ownership vital and need to be part of the daily work
- QI infrastructure in place from the HSCP to front line
- Access to and availability of data
- Ethos of co-production and design
- An engaged, skilled and enthusiastic clinical leader
- GP practice teams empowered to take decisions, make mistakes and adapt
- An understanding of their system and ability to identify improvement priorities

What can you expect from HIS

- National collaborative leadership and coordination
- Improvement support at all levels within the HSCP
- Maintained alignment with relevant national policies and improvement programmes (such as [Realising Realistic Medicine](#), [GMS Contract 2018](#), [Improving Together: A National Framework for Quality and GP Clusters](#), [WHO Medication Without Harm](#), and [WHO technical reports](#) published for their three priority areas)
- QI Faculty support for participating GP practices where required
- Data review and monitoring progress
- Collaborative governance

Funding will be allocated to the successful seven HSCPs as set out in the table below:

Activity	2019-20
HSCP to support project cost such as data aggregation, local events, travel, nominated representative to attend regular steering groups and to support practice staff participating in collaborative activity.	£12,000

Benefits of joining the collaborative

Patients

- Will be informed and involved in shared decision making
- Will experience improved overall outcomes
- Will receive the right medication at the right time with the correct dose
- Will see improved communication with their health professional

Multidisciplinary Practice Team

- Will have improved communication and collaboration across the wider GP practice team and across the GP cluster
- Will be recognised as leaders in improving the processes within their practice to ensure patient safety
- Will be able to build on their pool of knowledge about improvement methods and apply this to future improvement work
- Will have improved practice processes resulting in reduced GP involvement in appropriate medicines related activity
- Will develop practice staff roles and provide opportunities for increased job satisfaction for practice team members
- Will be improving the overall care experience and clinical outcomes for their patients
- Will be able and encouraged to work to the top of their level of competence

Applying and participation

Pharmacotherapy Level 1 Collaborative is being advertised throughout July and August 2019. **Closing date for applications is noon on Friday 23 August 2019.** All applications will be assessed by an expert panel comprised of improvement and subject matter experts.

Successful HSCPs and GP practices need to be able to clearly demonstrate:

- why they wish to be involved
- commitment and support for the project at executive level
- significant HSCP support
- support from up to ten GP practice teams to be part of the collaborative and plans for involving patient representatives
- integration and alignment with other improvement activities within the Primary Care Improvement Portfolio

Successful applicants will be notified by week commencing Monday 2 September 2019 and a Memorandum of Understanding will be agreed between HIS and the HSCP.

Please note: we are also currently recruiting for PASC Phase 2 Collaborative. GP practices should only apply to take part in one of these collaboratives. HSCPs should take a coordinated approach to the recruitment of participating GP practices.

We are also working collaboratively with our Living Well in Communities Portfolio. We will take a coordinated approach to supporting HSCPs and practices who are interested in participating in our Living and Dying Well with Frailty Collaborative.

Key dates

Collaborative activity	Date
Applications open	Wednesday 10 July 2019
Closing date for applications	Friday 23 August 2019
Successful applicants informed	w/c Monday 2 September 2019
Inaugural steering group meeting	September 2019
National Learning Session 1 Steering group meetings Data collection Ongoing testing of resources and learning	November 2019 – February 2020
National Learning Session 2	April 2020
Showcasing Event	September 2020

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