



# Moving Pharmacy Forward

A Strategic Framework - 2021/26

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# Message from the Director of Pharmacy



Since taking up post as Director of Pharmacy I have been impressed by the examples of high quality pharmaceutical care, excellent service and effective leadership delivered by our pharmacy teams across all of NHS GGC. This has never been more impressive than recently as we have all come together to play a key role in supporting the organisational response to COVID-19. Now we are turning our attention to remobilisation of services whilst also managing the ongoing challenges of the pandemic. However, as well as remobilising, pharmacy has started a process of transformation.

This document sets out initial priorities for remobilisation and a framework for further, more innovative development for our services and our workforce.

As this work has progressed, I have listened to our pharmacy teams and through a series of engagement events, we have developed these initial priorities and a strategic framework. The changes that we have started to make in response to the pandemic align with this strategic framework and provide evidence of what we can achieve and how we can work differently in the future.

This is only the start of the process. I think about this work like completing a jigsaw. What we have set out in this document are the outer edges of our jigsaw, and the next step is to continue to work with you to complete the full picture. We have started to set out our direction of travel within this document and we will build on this through further engagement with our workforce and through consultation with the multidisciplinary teams and services you are an integral part of. We will create leadership opportunities aligned to our strategic priorities and create the conditions for more whole system working, with pharmacy staff working more flexibly across boundaries, digitally enabled and taking on expanded roles.

I encourage you to get involved in this work and I look forward to continuing to work with you to move pharmacy forward in NHS GGC.

**Gail Caldwell**  
Director of Pharmacy, NHS GGC

# Executive Summary

NHS Scotland is experiencing unprecedented pressure across all sectors. This has recently been exacerbated by COVID-19 and our response to the pandemic involved significant changes being made quickly and at scale across all settings and services. This demonstrated what is achievable in a complex system and we want to build on this to replicate the behaviours and change processes more widely as we move into the recovery period and beyond.

This framework provides strategic direction which will guide the development of NHSGGC Pharmacy through COVID-19 remobilisation and beyond to achieve the ambitions and values articulated by pharmacy staff during strategy engagement events. Development and implementation of the framework will be informed by national strategic drivers such as “Achieving Excellence in Pharmaceutical Care” and local drivers such as “Moving Forward Together”.

The strategic framework is based around five themes which were tested through staff engagement events and have been developed into strategic aims with supporting strategic intentions.



We will drive a culture of staff **empowerment and enablement**



We are empowered to work at the **highest level of our practice**



We will develop and optimise the **use of data and digital solutions**



We will work and communicate in an **integrated and effective way**



We will lead the advancement of **innovative pharmacy practice**.

The framework illustrates these aims by including examples of pharmacy practice now and how it could be in the future. A summary of all the strategic intentions aligned to these aims is provided in Appendix 2.

An exercise was completed to identify current activities which align with the framework and as a result we identified five strategic priorities for the first year (2021/22). These are:

- ① **Pharmacy Workforce Development and Skill Mix Review**
- ② **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
- ③ **Transforming Review and Supply of Medicines at Discharge from Hospital to Primary Care**
- ④ **NHS Pharmacy First: Community Pharmacy Management of Common Clinical Conditions**
- ⑤ **Community Pharmacy: Medicines Care and Review.**

We plan to build on these first year priorities through renewing the remit and membership of the Pharmacy Strategic Planning Group (SPG) to actively support managers and engage their teams to explore what the framework means for them. We will look to create the space within services for teams to consider what changes they would like to make and to empower staff to develop and test the ideas they come up with. Change ideas do not need to be big and transformative, small changes can make a difference. SPG members will enable this through facilitation and organisation of coaching and mentoring where required.

The SPG will also provide oversight of the strategic framework implementation with progress reports and escalation of issues impacting on progress being made to the Pharmacy Executive. They will ensure a robust communication plan is in place to ensure all our staff, and the wider organisation, are aware of what is happening, know how to become involved and can provide feedback to improve delivery of the framework.



# 1. Introduction

NHS Scotland is experiencing unprecedented pressure across all sectors. This has recently been exacerbated by COVID-19. As such, the way in which we deliver care must change in order to respond to demand. Service development and innovation are vital to facilitating better and more efficient ways to deliver care. Our response to the COVID-19 pandemic involved significant changes being made quickly and at scale across all settings and services. This demonstrated what is achievable in a complex system and we want to build on this to replicate the behaviours and change processes more widely as we move into the recovery period and beyond.

We want to ensure pharmacy is continuously improving, is exceeding best practice standards and is supporting the NHS Board strategic priorities. Achieving this requires a clear direction of travel, a plan to bring our staff with us and to deliver results.

Setting the direction of travel requires pharmacy to decide where we are now and where we want to be in the future. We need to create a shared vision and a roadmap to take us there with measures along the way to know if we are achieving what we set out to achieve. A service that is responsive to change is one that will thrive, so if we are to continually improve and provide a high quality service then we need a strategic framework which is ambitious and not be afraid to make the necessary changes to achieve the aims we set.

In Nov/Dec 2019, prior to the COVID-19 pandemic, we formally engaged over 100 pharmacy staff from across all specialties, sites and disciplines by inviting them to strategy development workshops. The aims of the workshops were to begin a conversation about the need for a pharmacy strategic framework, to get participants views on pharmacy services now and in the future, capture their thoughts about what we should do differently and get feedback on proposed themes for a strategic framework.

During the workshop participants were asked how they viewed current and future pharmacy services and what they would like to change. This prompted the development of a word cloud (see illustration on the next page) to capture what participants felt was important in creating a shared vision of pharmacy in the future.

The output from these sessions aligns closely with the learning from our response to the COVID-19 pandemic and priority change projects included in our recovery plan. This has informed the development of Mission and Vision statements for NHSGGC Pharmacy.

## Mission Statement

As the experts in medicines we deliver integrated pharmacy services to provide high quality person centred care to the population of Greater Glasgow and Clyde.

## Vision Statement

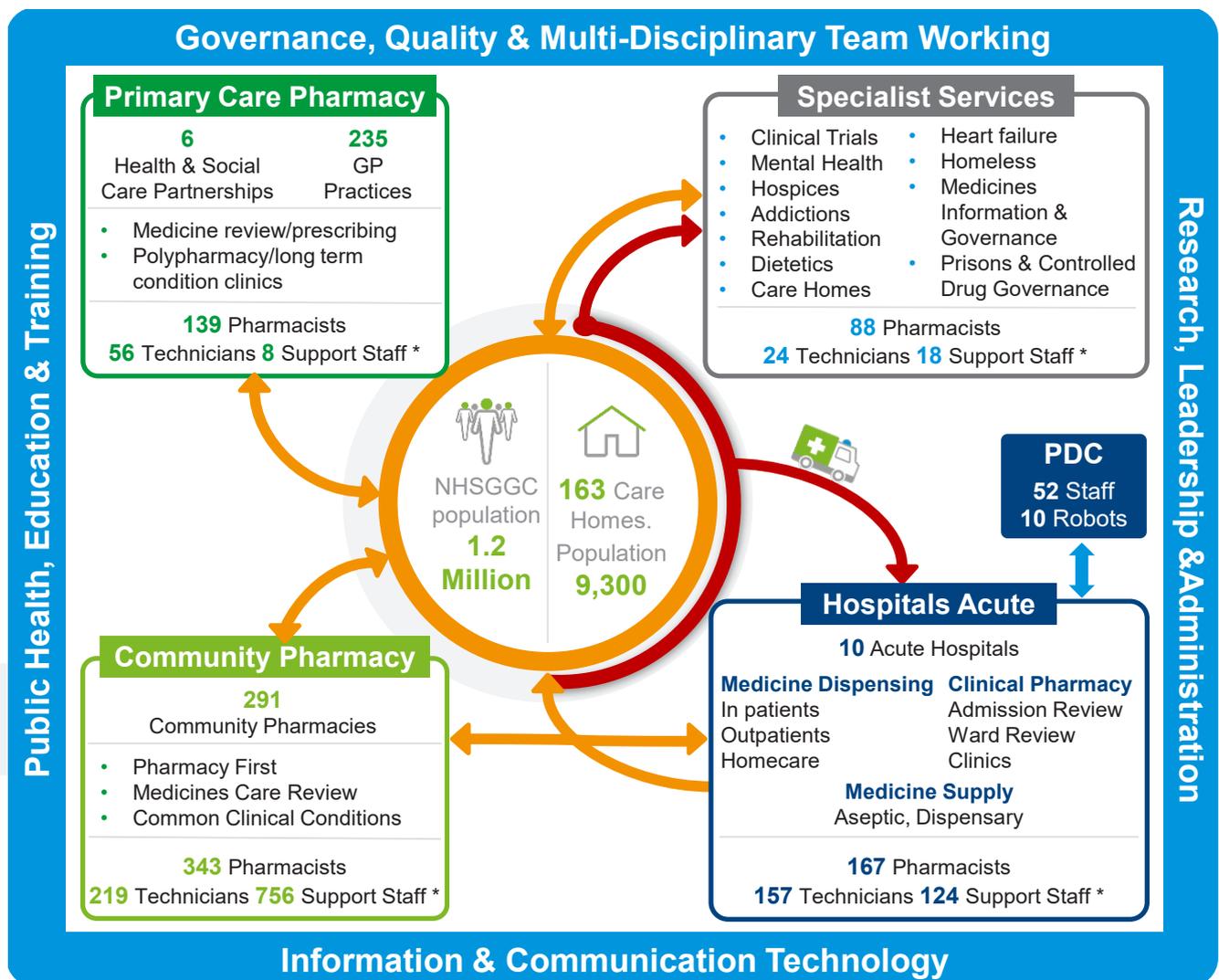
An empowered pharmacy workforce enabled to work at the highest level of practice to provide high quality person centred care. We will achieve this by transforming pharmacy services, building on what is good today, and collaborating across settings to deliver innovative, integrated and digitally enabled pharmacy services.



# 2. Pharmacy in NHSGGC

Our pharmacy workforce are highly educated and trained and do an excellent job in the delivery of pharmaceutical care across NHSGGC and beyond. Our role in supporting the priorities and addressing the challenges in NHSGGC is valued by the organisation. It is essential we identify and build on what is good and works well, seek to change what we can do better and stop what adds little value. The single system integrated structure of pharmacy in NHSGGC (Fig 1 & 2) provides an excellent platform to develop collaboration between services and across settings to generate innovative changes in practice which will improve the quality of care we provide.

Figure 1: Infographic of Pharmacy in NHSGGC



**Key**

→ Unstable Patients    → Stable Patients

\* N.B. Approx. Whole Time Equivalents (WTE)

Figure 2: Pharmacy in NHSGGC

### Hospitals - Acute

Delivering patient centred care through optimising medicines for high risk patients during inpatient review and at pharmacist led out patient clinics. Responsible for medicines supply and individual patient dispensing of both oral and parenteral medicines, including chemotherapy and parenteral nutrition.

- **132,000 patient medication reviews** within 24 hours of admission to hospital (per annum)
- **372,672 medicines dispensed for 281,123 inpatient prescriptions**
- **74,500 outpatient prescriptions dispensed**
- **Aseptic prepared/dispensed 127,223 aseptic items & dispensed 111,667 oral medicines**
- PDC supplies ~ **4.5million medicines**.

### Primary Care Pharmacy

Support patients to get the best from medicines by:

- **Reviewing and prescribing** medicines
- **Clinics** to support patients manage long term conditions
- **Supporting improvements** to prescribing systems and processes
- **92% (114) pharmacists** actively prescribing
- **9,511 patient discussions** about medicines post hospital discharge
- **83,125 prescriptions** issued by a pharmacist prescriber
- **18,700 Medication Reviews** undertaken
- **18,063** patients given advice
- **26,136 medication changes**.

### Pharmacy Governance

- **Delivers and supports quality improvement** of pharmacy services and safer medicines
- **Provision of governance, information and advice** on medicines and medicines use relating to a broad range of areas
- **255 NHSGGC medicines** related clinical guidelines
- **Over 3000 clinical trial** medicine items dispensed annually
- **Cold chain audits** in over 300 GPs and in primary care premises
- **1,570 Medicine Information** enquiries
- **1,987 smokers** in the 40% most deprived areas quit at 12 weeks
- **1,400 medical gas tests** performed at Louisa Jordan Hospital
- **Auditing antibiotic use** in >3000 patients in GGC.

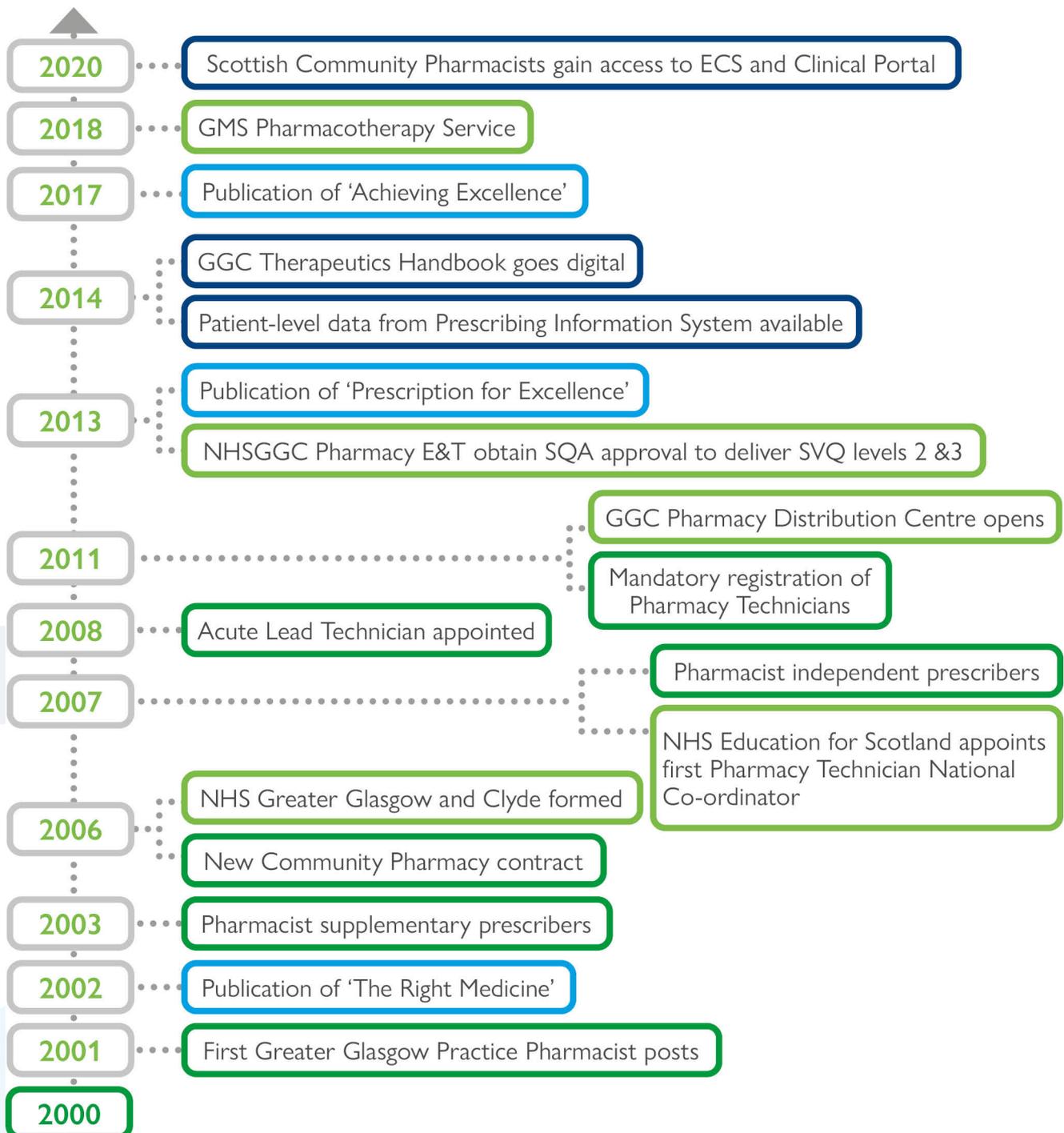
### Community Pharmacy

- **Supply medicines** in a safe and informed manner ensuring patients are informed on correct medicines usage
- **Managing the care of patients** within their own communities through chronic medicines management
- **Provide care and support** to the palliative care network
- **24.5 million prescription** items dispensed each year
- **Over half a million** items prescribed via Pharmacy First per year.

# 3. Drivers for Change

Health and care services don't stand still as they respond to ever changing demands. Drivers for change may be strategically planned, but can be unplanned as seen with the COVID-19 pandemic. It is important that pharmacy considers the broader health and social care context and is responsive to changes in needs and expectations of patients, service users, the Board, the Health and Social Care Partnerships and the wider NHS. Reflecting on the last 20 years there have been significant national and local developments which have changed pharmacy practice in NHSGGC (Fig 3).

**Figure 3: 20yrs of National and Local Developments in Pharmacy**



The shift in the balance of care and wider financial and workforce challenges are resulting in services being reconfigured to fit with new models of care that empower people to stay well for longer, at home or in homely settings. Advancements in technology, demographic changes, greater access to information and a shift in skill mix and multi-disciplinary working (that includes role substitutions, role enhancements and role extensions) all mean that the way pharmacy staff work will need to change.

There are a number of national and local strategic drivers which pharmacy need to be responsive to and these are summarised in Appendix 1. Two are of particular importance to NHSGGC Pharmacy.

## NHSGGC: Moving Forward Together

In 2017 NHSGGC launched Moving Forward Together. The programme's vision is to have a tiered model of care, delivering the majority of care as near to local communities as possible but recognising that more specialist care is better delivered in a smaller number of sites. The key principles of the programme are shown below.

### Moving Forward Together

- Maximising the benefits of technology
- Delivering care at home or in local communities
- Supporting people to manage their own conditions
- Involving people and carers in decisions about their care
- Listening to staff who work in services
- Reducing our dependency on inpatient beds.

## Scottish Government: Achieving Excellence in Pharmaceutical Care

In 2017 Scottish Government launched its strategy Achieving Excellence in Pharmaceutical Care which identifies a number of prioritised commitments which are shown below.

### Scottish Government Achieving Excellence in Pharmaceutical Care

- Improved and increased use of community pharmacy services
- Pharmacy teams integrated into GP practices
- Transformed hospital pharmacy services
- Pharmaceutical care that supports safer use of medicines
- Improved pharmaceutical care at home or in a care home
- Enhanced access to pharmaceutical care in remote and rural areas
- Pharmacy workforce with enhanced clinical capability and capacity
- Improved service delivery through digital information and technologies
- Sustainable services that meet population needs.

# 4. Strategic Aims and Intentions

This strategic framework is based around five themes which were tested through staff engagement events and have been developed into strategic aims with supporting strategic intentions. These five themes also underpin our response to the COVID-19 pandemic and are reflected in our Remobilisation Plan for 21/22. Within each aim we have provided examples which illustrate pharmacy practice now, along with an idea of what it could be in the future. It is intended that these aims and intentions will guide the development of opportunities and change ideas which will transform pharmacy services for the future. A summary list of all strategic intentions is provided in Appendix 2.

## 4.1 Culture

We recognise the quality of care provided by pharmacy is due to the commitment and professionalism of our staff. The NHSGGC Quality Strategy notes that “staff who feel they are valued, trusted, involved and cared for by their organisation are better able to relate effectively with others and develop high quality healthcare.” This means that if we are to deliver on the ambitions of this strategic framework we must create a positive workplace environment which empowers and enables all pharmacy staff who works in NHSGGC. To do this we need to better understand our current culture, nurture what works well and address barriers to improvement.



**Strategic Aim:** We will drive a culture of staff empowerment and enablement

### Strategic Intentions:

- We will support a coaching style of leadership which enables staff to reach their full potential
- We will develop a better understanding of our current culture (what we do well/what we need to change) and seek to create a positive workplace environment which values, trusts and listens to our staff
- We will create conditions which are open to new ideas and supports staff to test, learn and refine changes which will improve how we work
- We will support a wider range of opportunities for staff personal development across service areas
- We will recognise and promote the achievements and behaviours of our staff which deliver high quality care to our service users.

Now	Future
<p>As a direct result of feedback from pharmacy colleagues a pharmacy leadership development programme has been initiated. This includes leadership journey sessions to inspire staff, encourage development opportunities and mentorship.</p>	<p>Our Leadership programme “Lead, Inspire Grow” will create effective leadership throughout the service. We will fund Leadership Fellow secondments to deliver projects aligned to the pharmacy strategic framework and provide mentorship and experiential learning. A new self-development programme, open to all pharmacy staff and supported by OD, will be rolled out across pharmacy services.</p>

Now	Future
<p>Stress surveys have successfully been used to support teams to come together to understand their behaviours and practice and see what improvements they can make. This has led to agreement on appropriate behaviour, daily huddles to improve communication, changes in practice e.g. reducing interruptions and celebrating the good things that happen (e.g. Gr8Ex initiative at the Glasgow Royal Infirmary (GRI)).</p>	<p>Routine use of tools such as this across services will help us gain a better understanding of our culture, behaviours and practice, so that local teams are empowered to take local actions to make things better. Good practice and behaviours will be shared between teams.</p>
<p>Personal Development Planning (PDP) is formally included in everyone's performance appraisal, but may not be fully utilised to identify and support opportunities which will empower and enable our staff.</p>	<p>More robust personal development planning for all of our staff through education and training on effective PDP reviews. Service leads actively identify and promote development opportunities within their service across all pharmacy services.</p>

## 4.2 Working at the highest level of practice

Within multidisciplinary health and social care teams, pharmacy have a unique and specialist knowledge of medicines which identifies our role in delivering care, providing medicines or advice and information about medicines to support patient care. Changes in health and care needs have required pharmacy to develop the range of services we provide and for pharmacy staff to take on responsibilities which may previously have belonged to others e.g. prescribing. Delivering a high quality pharmacy service which continues to meet NHS pharmaceutical care needs means playing to the strengths of pharmacists, pharmacy technicians and pharmacy support staff. Creating the conditions which enable us to unlock our capacity to work at the highest level of practice is an opportunity to innovate and transform the services we provide and be professionally rewarding to our workforce.



**Strategic Aim:** We are empowered to work at the highest level of our practice

### Strategic Intentions:

- We will identify and test new roles and responsibilities for pharmacy staff which enables them to work at the highest level of their practice
- We will optimise pharmacy service delivery by deploying the most appropriate staff to undertake specific roles and responsibilities
- We will develop pharmacy specialist roles which are integrated with the broader pharmacy and healthcare teams
- We will deliver an education and training programme which supports our workforce to develop and work at the highest level of their practice.

NHSGGC Pharmacy are already demonstrating changes in practice which are enabled by empowering our staff to work at a higher level of practice. The table on the following page provides examples of pharmacy practice now and what this could look like in the future through implementation of this strategic framework.

Now	Future
<p>Pharmacist independent prescriber-led cardiology clinics are provided as routine standard care for patients with left ventricular systolic dysfunction after an acute myocardial infarction. This collaborative cross sector service requires pharmacists to act as independent prescribers and use a range of clinical skills such as physical examination, blood pressure measurement and blood tests.</p>	<p>Expansion and deployment of this model as routine standard care for other long term conditions such as diabetes and chronic pain. This will create a future workforce of pharmacist independent prescribers with advanced specialist knowledge and clinical skills responsible for their own caseloads. This will be done in all sectors as fully integrated members of multidisciplinary teams.</p>
<p>In Health and Social Care Partnerships (HSCPs) pharmacy teams undertake medicines management activities within GP practices e.g. actioning Immediate Discharge Letters (IDLs) and out-patient letters. In one HSCP there is a pharmacy technician led Care at Home service which visits patients at home and supports education of homecare staff to ensure safe and effective medicines use.</p>	<p>All HSCPs will be working with a pharmacy technician led hub which will provide a medicines management service to deliver Level 1 of the General Medical Services (GMS) contract. This will include extending the provision of medicines management through technician led domiciliary visits (including Care Homes) and the development of technician led medicines management clinics to support patients with long term conditions.</p>
<p>NHS Pharmacy First scheme in which community pharmacy are promoted as the first port of call for triage of minor ailments and provision of treatment under a nationally agreed formulary. Common conditions include coughs and colds, diarrhoea, hay fever and skin rashes.</p>	<p>NHS Pharmacy First Plus in which every community pharmacy has an independent pharmacist prescriber who can prescribe a broader range of treatments for a wider range of common clinical conditions e.g. acne, UTIs, ENT infections</p>
<p>Specialist rheumatology pharmacist integrated into multidisciplinary team in both inpatient and outpatient setting. Patient review involves assessment (skin, joint, BP), blood result interpretation, TDM, medicine selection, education, prescribing and drug interaction review.</p>	<p>Expansion of this model across NHSGGC and broadening scope to include other areas of rheumatology e.g. RA, gout. Extend pharmacy input to include technicians providing patient education and medication demonstration and extend pharmacist role to independently inject joints.</p>
<p>In our hospitals the role of pharmacy technicians is expanding across specialties to take on clinical commitments such as medication history, patient triage and discharge planning. We also have technician input to specialist pharmacy services such as antimicrobial stewardship, clinical trials, medicines information and governance. Pharmacy support workers have demonstrated the benefits of their input in improving ward stock management.</p>	<p>Deployment of clinical technicians across all service areas and continuous development of their role into ward rounds, out-patient clinics, pre-admission clinics and specialist pharmacy services. Pharmacy support workers taking on responsibility for ward stock management, Kardex top up and individual patient supply, CD ward checks and managing supply and dispensing flow within pharmacy departments.</p>

## 4.3 Data and Digital Solutions

Developing and optimising data and digital solutions is vital in enabling the delivery of improved pharmaceutical care. NHSGGC Pharmacy recognise that the strategic intentions below supports the NHSGGC “Digital as Usual” strategy and the vision set out in “Achieving Excellence in Pharmaceutical Care” of underpinning our safety culture, ensuring efficiency of services, unlocking capacity within pharmacy teams and facilitating improved sharing of information between health and social care settings. We are committed to exploring automated technologies, technology enabled approaches and implementing Hospital Electronic Prescribing and Medicines Administration (HEPMA).



**Strategic Aim:** We will develop and optimise the use of data and digital solutions

### Strategic Intentions:

- We will lead and support integration of pharmacy and medicines data within electronic Health and Care records to enable continuous development and improvement of pharmacy practice
- We will optimise automation of technical pharmacy processes and the development of digital solutions which support pharmaceutical self-care and remote care services
- We will make greater use of informatics and data analysis to support pharmacy service development and quality outcomes
- We will develop a digitally equipped and confident pharmacy workforce with access to digital information at the point of need.

Pharmacy are playing a lead role in the development and use of data and digital solutions to support safe and effective medicines use and pharmacy practice. The table below highlights examples of what can successfully be achieved and provides foundations upon which we can build through implementation of this strategic framework.

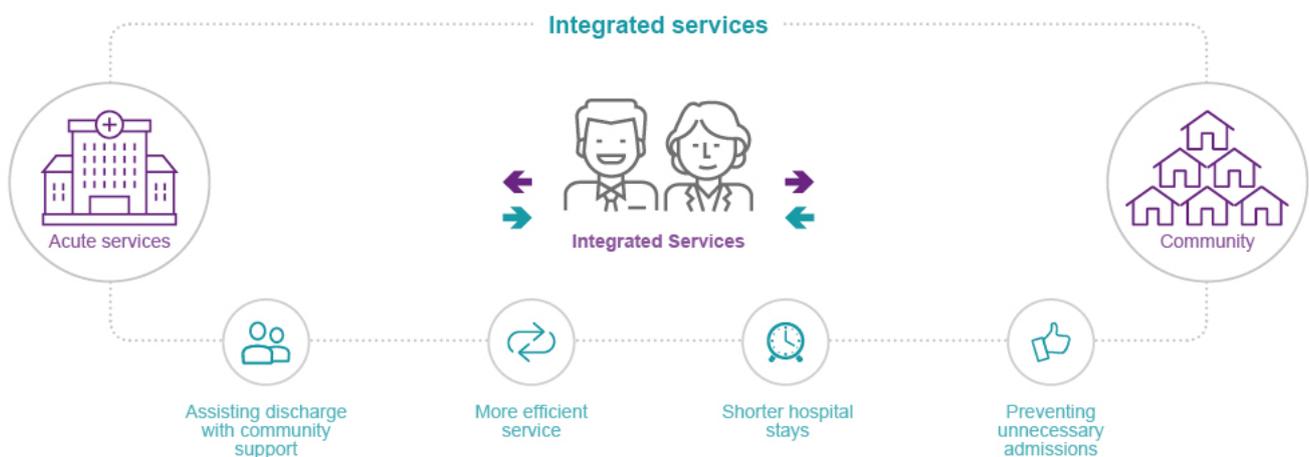
Now	Future
<p>In our hospitals we have moved from variable paper based processes for medicines reconciliation (MR) and IDL to a standardised electronic system which integrates Emergency Care Summary (ECS) with MR and the IDL pathway.</p>	<p>Replace Kardex with a HEPMA system which integrates with the MR/IDL system to create a single electronic medication system from admission to discharge. This will enable changes in pharmacy practice e.g. improved triage, remote screening and targeted interventions. Integration extended to the pharmacy management system to enable further improvements in pharmacy practice and medicines supply.</p>
<p>Community pharmacy have recently been provided with access to the ECS, hospital MR and IDL via clinical portal. Provision of this information was particularly useful during the COVID-19 pandemic to maintain continuity of medicine supply and a satisfactory level of patient care.</p>	<p>Community pharmacy access to patient information in clinical portal enables the development of community pharmacy services such as medicines reconciliation at discharge and medication review. Extended access to other patient information e.g. GP records, lab results and the ability to add to the system would enable community pharmacy to provide an enhanced level of pharmaceutical care as part of the multidisciplinary team.</p>

Now	Future
<p>Dispensing of medicines is largely a manual task involving manual selection of products and electronic or optical light-beam technology. In hospital wards medicines are stored in cupboards and stock management is a manual exercise.</p>	<p>Dispensing of medicines is largely automated using robotic systems with an automated loading mechanism which scans the barcode on the box to keep a record of its location. This is cross-referenced against a barcode on the prescription allowing the medication to be dispensed automatically for a final check by a pharmacist. This significantly reduces dispensing errors. Automated pharmacy management systems are integrated with HEPMA and automated medicine cabinets on wards to improve stock management, reduce selection errors and missed doses of medication.</p>
<p>There are a cohort of patients who are unable to access a face to face consultation with their GP Practice or community pharmacy based pharmacist. This was exacerbated by restrictions during the COVID-19 pandemic. Domiciliary visits may be available in some circumstances.</p>	<p>Remote video consultations will be routinely offered by GP Practice and community pharmacy based pharmacy professionals to patients unable to attend for a face to face consultation. This ensures equity of service and enhanced pharmaceutical care to high risk patients. It also supports business continuity during times of crisis such as during the COVID-19 pandemic.</p>
<p>Pharmacy based data analysts analyse medicines data from a range of sources. They provide regular reports to the Board and services across NHSGGC on medicines use, pharmacoepidemiology, prescribing safety issues and costs. This supports improving the quality of prescribing, managing the entry of new medicines and managing the prescribing budget.</p>	<p>Develop the specialist expertise of our data analysts to make greater use of informatics in the development of pharmacy services. For example, the MAVIS Project which involves developing a tool that will visualise individual medication histories and adherence patterns for those patients attending outpatient clinics to help the healthcare professionals recognise where there might be adherence issues that need to be addressed.</p>

## 4.4 Integration

Integration is an organisational priority set out in “Moving Forward Together” to create sustainable services fit for the future (Figure 4). Within the complex landscape of health and social care, patient pathways involve service interdependencies. Improving person centred care therefore requires consideration of all parts of the jigsaw. Working differently across traditional organisational boundaries allows us to better understand each other; improving communication, learning, innovation and ultimately the quality of care we deliver. Working together towards common goals strengthens our professional visibility and impact.

**Figure 4: Moving Forward Together: Integrated Services**



**Strategic Aim:** We will work and communicate in an integrated and effective way

### Strategic Intentions:

- We will define and establish pharmacy’s role within evolving clinical pathways of care, aligned to strategic priorities such as Moving Forward Together
- We will collaboratively develop pharmacy services from the service users perspective and not be constrained by our traditional organisational boundaries and “silos”
- We will create a single pharmacy workforce plan which defines the optimal skill mix required to deliver new models of care across the settings, describing levels of practice and roles and responsibilities
- We will develop the infrastructure for shared understanding and learning at all levels of practice across sectors utilising informal and formal mechanisms.

The table on the next page, illustrates how pharmacy practice can develop through improved communication and integration and what is possible if we build on this through implementation of this strategic framework.

Now	Future
<p>Patients with COPD exacerbation are being managed by the community respiratory team which includes a pharmacist. The pharmacist receives referrals to review patients, in their home if required, and liaises with GP pharmacy teams and community pharmacy as appropriate to ensure changes are supported and ongoing issues are picked up.</p>	<p>Community pharmacy has the patient registered for support and supply of COPD rescue medication. Patient is identified via tele-monitoring as requiring early intervention and follows self-management plan and takes rescue medicines. Community pharmacy checks in with patient every 2 months as part of medicines care and review (MCR). Further rescue medicines are supplied with clear e-referral pathway to GP pharmacy team when required, linking with specialist respiratory pharmacist prescriber as required.</p>
<p>GP practices issue and manage repeat prescriptions with a small proportion of patients signed up for serial prescribing whereby patients can collect repeat supplies direct from their community pharmacy for a defined period without going to their GP practice</p>	<p>Medicines Care and Review, including serial prescribing is rolled out for all eligible patients across NHSGGC with community pharmacy carrying out reviews at agreed intervals. Community pharmacist prescribers, assisted by pharmacy technicians, monitor repeat prescribing requests (utilising technology enabled care) and intervene to address any pharmaceutical care issues they identify e.g. adverse effects and compliance. Referral pathways will exist between hospital, GP practice and community pharmacy teams.</p>
<p>Hospital pharmacists undertake medicines reconciliation as part of a discharge review and medicines are supplied for the patient to take home. GP practice pharmacy undertake medicines reconciliation post discharge</p>	<p>Community pharmacy undertakes medicines reconciliation and supplies discharge medicines using the IDL via clinical portal. This expedites discharge from hospital with patients/carers collecting the medicines on the way home from hospital or arranging to have them delivered. Post discharge review reduces medicines related harm at transitions of care.</p>
<p>A specialist pharmacy service is provided for patients with Hepatitis C across acute sites, prisons and addictions clinics. Pharmacists undertake drug/drug interaction reviews and change medicines as required. They attend multidisciplinary team meetings to discuss complex patients. Hep C antivirals supplied via patient's community pharmacy.</p>	<p>Develop clinics outwith hospital sector. Continue to be involved in case finding exercises and expand testing capacity in key groups of speciality including children and universal testing in pregnancy. Develop the service in response to the launch of new innovative treatments.</p>

Now	Future
<p>Pharmacists and technicians work in multi-disciplinary community rehabilitation teams. Referrals are received from a variety of sources including acute, A&amp;E, Ambulance service, GP surgeries and patients/relatives. Many patients are vulnerable and have had very little contact with other NHS services. Pharmacy staff undertake medication reviews, often in the patient's home. Communications with GP practice pharmacy and community pharmacy are ad hoc via telephone or email.</p>	<p>Develop a standardised electronic pathway which supports effective communication of pharmaceutical care issues across interfaces of care (acute, community, GP practice). This would support continuity of care across settings, enable pharmacy referrals between settings, improve resolution of care issues and avoid duplication of effort.</p>

## 4.5 Innovation

Innovations in healthcare can be new products, processes or services which offer a step change improvement in the care we provide. Continuous improvement depends upon innovation which may originate within services or be adopted from elsewhere within or outwith healthcare. Pharmacy staff working at all levels are well placed to innovate, but we need to have a culture in place which nurtures this and processes which enable further exploration and development of ideas into tests of change. Innovation fosters critical thinking and problem solving which can lead to transformational change in pharmacy services.



**Strategic Aim:** We will lead the advancement of innovative pharmacy practice

### Strategic Intentions:

- We will develop an infrastructure, linked to delivery of the strategic framework, which actively identifies, assesses and promotes innovative pharmacy practice from within, and outwith, NHSGGC
- We will create an environment and culture that encourages and supports innovative thinking by pharmacy staff and provides opportunities to develop and test ideas
- We will continue to develop and promote opportunities for pharmacy staff participation in quality improvement, service development and research activities.

There are examples throughout this document which demonstrate the advancement of innovative pharmacy practice and the table, over the page, illustrates ways in which we promote and support innovation now and how this could improve in the future.

Now	Future
<p>An ‘improvement den’ open to all healthcare staff with change ideas is established at Royal Alexandra Hospital (RAH). Staff can discuss their ideas and get feedback on how to take them forward. They are supported through the offer of teaching on improvement methodologies alongside mentoring from experienced QI leaders. This approach has been successfully used by pharmacy staff to test out innovative change ideas e.g. patient self-verification of their medication history on admission to hospital using a patient friendly print-out of ECS.</p>	<p>Develop this open and collective approach to encourage and support innovative thinking by pharmacy staff and the testing of new ideas (“learn by doing”). Create a pharmacy workforce which has the capacity and capability to routinely use quality improvement methods e.g. systems thinking, process mapping, small tests of change to advance pharmacy practice.</p>
<p>Pharmacists contribute to multidisciplinary research teams and are supported by pharmacy services who aspire to offer funded opportunities for staff to receive backfill to enable participation in research</p>	<p>More pharmacists will lead research teams, and as principal investigators in their areas of expertise, gain external grants to enable research. Pharmacy services will create a pathway to enable staff to lead their own research.</p>
<p>There is evidence of innovation in pharmacy practice in NHSGGC, but this could be enhanced through better processes to systematically identify and assess innovations with a view to implementing in NHSGGC.</p>	<p>We will have a strategic framework for pharmacy supported by an infrastructure which will seek out and assess innovation in pharmacy practice and facilitate innovative thinking through collaboration and freedom to explore and develop change ideas.</p>

# 5. Strategic Framework Implementation

## 5.1 First Year Strategic Priorities (2021/22)

This framework is designed to provide strategic direction to the development of NHSGGC Pharmacy through COVID-19 remobilisation and beyond. If we are to effectively remobilise and transform pharmacy services at pace and scale then we need to have clearly identified strategic priorities around which we can focus and organise our collective efforts to implement successfully.

An exercise was completed to identify current activities within pharmacy, including key learning from our COVID-19 response and remobilisation plan, which align with one or more aims of this framework. We then assessed these activities using the criteria shown below.

### Strategic Framework Prioritisation Criteria

- Delivers on one or more of the strategic framework aims/intentions
- Potential to enable or deliver significant impact/transformational change
- Collaborative across pharmacy services and sectors 'single system thinking'
- Strategic fit with other key strategies e.g. Moving Forward Together
- Achievable within resources available.

Through this review we identified five activities which we have prioritised for implementation in the first year of the strategic framework.

### 5.1.1 Pharmacy Workforce Development and Skill Mix Review

We are planning a renewed focus on developing advanced skills across our pharmacy workforce e.g. advanced practice, leadership, education and research. Developing advanced skills empowers our staff and enables new models of service delivery such as a specialist rheumatology pharmacists integrated into the multidisciplinary team in both inpatient and outpatient setting. Support structures, including competency linked personal-development plans and mentorship will be put in place. We will set up a cross sector GGC Workforce Development Group which will align our education and training priorities to workforce development. We will launch a pharmacy mini-fellowship scheme to foster leadership skills in the workforce, through the delivery of service improvement projects. We will also prioritise systems for supporting our future workforce: students, trainees and early years pharmacists, pharmacy technicians, pharmacy support workers, administration staff and other pharmacy workforce in line with changing professional and service requirements.

We will ensure appropriate skill mix review across our services. For example, the primary care pharmacy workforce has expanded rapidly in recent years in support of the GMS contract and the models of service are evolving. We will review, define and standardise the pharmacy service to GP practices and the associated skill mix, leadership and management arrangements to ensure that it is patient centred and outcome focused around safe, efficient and effective use of medicines. Community pharmacy has historically been considered in isolation and needs to now be more closely aligned. We will make appropriate use of the skills of the pharmacy workforce and contribute to wider NHS priorities ensuring equity of access to services for patients in all parts of NHSGGC.

Pharmacy technicians became registered healthcare professionals in 2011 and we plan to develop professional leadership at every level of the technical structure within NHSGGC. In doing so, we are seeking to encourage and empower pharmacy technicians, across all settings, to develop their professional practice and realise their full potential within the healthcare team. We will engage with key stakeholders to develop a career framework/pathway for pharmacy technicians which supports our workforce planning and enables transformative change in pharmacy technician roles. We will also seek to influence and learn from practice at regional and national levels.

### **5.1.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA)**

NHSGGC has identified further digitalisation of prescribing as a key strategic aim. Plans to implement Hospital Electronic Prescribing and Medicines Administration (HEPMA) have been accelerated and following a successful pilot at the QEUH this is being rolled out across all acute and mental health inpatient hospitals in 2021/22. This digital development will enable pharmacy services to work differently e.g. identification of patients who will benefit most from pharmacy input and creates the potential to interface with other digital systems e.g. pharmacy management which will enable further changes in how we work to be developed.

### **5.1.3 Discharge planning: Transforming review and supply of medicines at discharge from hospital to primary care**

Delays at discharge from hospital are a long-standing problem. To help improve this pharmacy services have tested the feasibility of supplying patients' discharge medicines via their community pharmacy. Testing in patients discharged from GRI reported a reduction of just over 2 hrs in time taken to discharge a patient with positive feedback from the patients involved. The test model is dependent on legal exemptions in medicines regulations during a pandemic, so we are looking at options to develop and test a legal model of supply and reimbursement in non-pandemic times. The next phase of the project will test medicines reconciliation and follow up review by community pharmacy and extend the number of wards involved at GRI.

### **5.1.4 NHS Pharmacy First: Community pharmacy management of common clinical conditions**

A tier 1 national 'Pharmacy First' scheme has been implemented across all NHSGGC community pharmacies and is open to all people registered with a GP practice in Scotland. People with minor ailments/common clinical conditions e.g. skin infections, UTIs can attend a pharmacy where they will be assessed and offered advice, treatment or a Patient Group Directives (PGDs) referral. This frees up GP appointments and is more accessible for people.

A tier 2 service is being developed within NHSGGC to extend access to treatment for a wider range of conditions identified by the Out of Hours service, NHS 24 and GPs e.g. hay fever, ear conditions and acne. PGDs are currently being developed to help support the delivery of this service.

An advisory group for common clinical conditions has now been set up in NHSGGC to support the development of a tier 3 service, which will enable patients to consult with independent prescribing pharmacists within the community pharmacy network for certain conditions. This will help realise the ambition of having an independent prescriber in every community pharmacy.

### 5.1.5 Community Pharmacies: Medicine Care and Review

The Medicines Care and Review service will enable community pharmacists to provide personalised care for people with stable long-term conditions. One part of the service is serial prescribing which enables prescribers, such as GPs, to issue prescriptions for suitable patients which are valid for extended periods of time e.g. 56 weeks. This removes the need for GP practices to issue repeat prescriptions every couple of months and is a key part of pharmacy teams collaborating to manage repeat prescribing in primary care. The service will build in ongoing care of medicines related issues by the community pharmacist at the time of supply with the option for medication review, pharmacist prescribing and monitoring of patient medicines. Work has started to consider how this can be shaped locally for the benefit of our patients. Primary care pharmacy teams are working with GP practice staff to rapidly increase the volume of serial prescriptions, reduce unnecessary footfall in GP practices and to help community pharmacy teams manage dispensing volumes and workload. We are also testing extension of this system to ensure patients resident in care homes have access to the same service.

## 5.2 Strategic Planning: Staff Engagement and Empowerment

We recognise the need to actively engage pharmacy teams to explore what the framework means for them. We will look to create the space within services for teams to identify what changes they would like to make and for them to be empowered to develop and test the change ideas they come up with. These do not need to be big, transformative changes, but small changes which we know can often make a big difference to services and in some cases can then be scaled up and spread more widely across pharmacy services.

To enable this to happen over the next year and beyond we need to develop our strategic planning leadership and support structure to support managers and staff. To achieve this we will renew the remit of the Pharmacy SPG to provide the necessary leadership and support to services and we will seek membership from staff who are interested and willing to:

- **Actively engage pharmacy teams** to promote and discuss the framework within services
- **Support managers/leads** to create the space and conditions which enable staff to explore and develop ideas for change
- **Facilitate strategic planning sessions and discussions** within services and look at ways to bring different perspectives to the conversations e.g. input from other specialties or settings
- **Provide or organise coaching and mentorship** to individuals testing small change ideas.

We will put in place support for SPG group members to enable them to fulfill the role described above, including training sessions on coaching and mentoring and making changes through small scale testing. The intention is that this group will learn and grow together and support each other as they provide the essential leadership and support to support transformation of our services. We will also look at linking input to this group with opportunities in our leadership development programme, including a new mini-fellowship programme. We will learn as we go about what works and what doesn't, so that we can adapt our approach as required.

## 5.3 Strategic Planning: Oversight

The renewed remit for the SPG will include oversight of the strategic framework implementation with progress reports and escalation of issues impacting on progress being made to the Pharmacy Executive. As part of this oversight, SPG will horizon scan to identify and assess new strategic drivers and organisational change which will inform/impact on implementation of our strategy. They will evaluate the ideas and tests of change happening in services with a view to making recommendations to the Pharmacy Executive Team for new strategic priorities. A communication plan will be developed to ensure pharmacy staff and the wider organisation are aware of our plans and our progress as we go. Through its membership the SPG will collate feedback from staff on their expectations and experiences with implementing the framework and learn from this to improve our processes.



# Appendix 1

## Summary of Key Strategies

Driver	Source	Date of Publication	Main message
<b>Workforce Strategy 2021-2025 - Growing our Great Community</b>	GGC	2021	This Workforce Strategy and Action Plan, outlines the ambitions to Growing our Great Community with the development of four pillars: Health and wellbeing, learning, leaders and recruitment and retention.
<b>The Future of Pharmacy in a Sustainable NHS</b>	Royal Pharmaceutical Society	2020	The RPS has gathered learning from the Covid-19 pandemic to find common themes for the future. They have identified three key priorities underpinned by 19 key principles to drive further development of the profession and pharmaceutical services. This policy clearly lays out benefits for patients and the professions.
<b>NHSGGC Healthcare Quality Strategy</b>	GGC	2019	This strategy identifies a number of strategic intentions in relation to: Person centred care; safe care; effective care; our people and healthcare governance.
<b>Moving Forward Together</b>	GGC	2017	The vision is to have a tiered model of care, delivering the majority of care as near to local communities as possible but recognising that more specialist care is better delivered in a smaller number of sites.
<b>Achieving Excellence in Pharmaceutical Care</b>	Scottish Government	2017	The purpose of the strategy is to present focus on the priorities that will make improvements happen. These priorities fall into two key areas of improving NHS pharmaceutical care and enabling NHS pharmaceutical care transformation.

Driver	Source	Date of Publication	Main message
<b>A National Clinical Strategy for Scotland</b>	Scottish Government	2016	<p>The National Clinical Strategy recognises the need for healthcare reform in Scotland and provides high level strategic direction for change. In summary, the clinical strategy sets out the case for:</p> <ul style="list-style-type: none"> <li>• Planning and delivery of primary care services around individuals and their communities</li> <li>• Planning hospital networks at a national, regional, or local level based on a population paradigm</li> <li>• Providing high value, proportionate, effective and sustainable healthcare</li> <li>• Transformational change supported by investment in e-health and technological advances.</li> </ul>
<b>Realising Realistic Medicine</b>	Scottish Government	2015-2016	By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of realistic medicine.
<b>Everyone Matters 2020 workforce vision</b>	NHS Scotland	2013	The 2020 Workforce Vision makes a commitment to: valuing the workforce and treating people well; innovation and making better use of technology; working with other healthcare providers to deliver improved and integrated services.
<b>Greater Glasgow and Clyde Digital Strategy</b>	GGC	2018	This Digital Strategy sets out a roadmap and delivery plan over the next 5 years for the development and implementation of new technology to support our transformational change plans including Moving Forward Together. Our vision is to deliver digital solutions that will enable a whole system of health and social care predicated on seamless care for everyone who needs it.

# Appendix 2: Summary of Strategic Framework Aims & Intentions



## **Strategic Aim:** We will drive a culture of staff empowerment and enablement

- We will encourage managers to be leaders who support and enable their staff to work with a greater degree of autonomy
- We will develop a better understanding of our current culture (what we do well/what we need to change) and seek to create a positive workplace environment which values, trusts and listens to our staff
- We will create conditions which are open to new ideas and supports staff to test, learn and refine changes which will improve how we work
- We will develop and support a wider range of opportunities for staff personal development across service areas
- We will recognise and promote the achievements and behaviours of our staff which deliver high quality care to our service users.



## **Strategic Aim:** We are empowered to work at the highest level of our practice

- We will identify and test new roles and responsibilities for pharmacy staff which enables them to work at the highest level of their practice
- We will optimise pharmacy service delivery by deploying the most appropriate staff to undertake specific roles and responsibilities
- We will develop pharmacy specialist roles which are integrated with the broader pharmacy and healthcare teams
- We will deliver an education and training programme which supports our workforce to develop and work at the highest level of their practice.



## **Strategic Aim:** We will develop and optimise the use of data and digital solutions

- We will lead and support integration of electronic Health and Care records which enable continuous development and improvement of pharmacy practice
- We will optimise automation of technical pharmacy processes and the development of digital solutions which support pharmaceutical self-care and remote care services
- We will make greater use of informatics and data analysis to support pharmacy service development and quality outcomes
- We will develop a digitally equipped and confident pharmacy workforce with access to digital information at the point of need.



**Strategic Aim: We will work and communicate in an integrated and effective way**

- We will define and establish pharmacy's role within evolving clinical pathways of care, aligned to strategic priorities such as Moving Forward Together
- We will collaboratively develop pharmacy services from the service users perspective and not be constrained by our traditional organisational boundaries and "silos"
- We will create a single pharmacy workforce plan which defines the optimal skill mix required to deliver new models of care across the settings, describing levels of practice and roles and responsibilities
- We will develop the infrastructure for shared understanding and learning at all levels of practice across sectors utilising informal and formal mechanisms.



**Strategic Aim: We will lead the advancement of innovative pharmacy practice**

- We will develop an infrastructure, linked to delivery of the strategic framework, which actively identifies, assesses and promotes innovative pharmacy practice from within, and outwith, NHSGGC
- We will create an environment and culture that encourages and supports innovative thinking by pharmacy staff and provides opportunities to develop and test ideas
- We will continue to develop and promote opportunities for pharmacy staff participation in quality improvement, service development and research activities.

**Moving Pharmacy Forward**

A Strategic Framework - 2021/26

June 2021

