

Medication Management Service

Pharmacy BEST

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Chris Lawson

Head of Medicines Optimisation



Aims of Service

- Support to:-
 - Patients & Carers
 - Improving Medicines Management for Patients
 - Domiciliary Care Staff (reducing risk)
 - Community Nursing (improving efficiency)



Pts Being Managed

- In the 12 months ending Feb 18
 - Ave No pts / mth = 516

Month	No Pts
Mar-17	644
Apr-17	584
May-17	609
Jun-17	610
Jul-17	645
Aug-17	592
Sep-17	484
Oct-17	543
Nov-17	481
Dec-17	610
Jan-18	508
Feb-18	521

Pharmacies

- In last 12 months CCG invested £92K (£69K monthly payments & £23K retainer payments)
- 35 (really 46) out of the 53 accredited pharmacies are actively providing service
- 5 pharmacy chains (4 central) biannually claim for service retainer but do not claim for managing any patients



Current Service

?

Activity & Workload

Demographics

Quality

Patient Satisfaction



Pharmacy Chain	Monthly payments	Retainer	Pharmacy Chain	Monthly payments	Retainer
1	£10,454	£2,750	12	£2,070	£500
2	£9,129	£3,500	13	£1,873	£1,750
3	£7,970	£500	14	£1,480	£1,000
4	£6,603	£500	15	£1,232	£500
5	£6,282	£1,250	16	£1,170	£500
6	£5,310	£3,000	17	£414	£500
7	£5,123	£1,500	18	£207	£500
8	£2,908	£1,000	19	£0	£500
9	£2,732	£500	20	£0	£500
10	£2,174	£500	21	£0	£250
11	£2,122	£500	22	£0	£250
			23	£0	£250
			Total	£69,252	£22,500

How long are pts being managed ?

- Average length of patients in service -
don't have info on how many care plans change !
- In 3 yrs 11 months ending Feb 18 = **14.3**
(1 to 48) months
- In last 12 months ending Feb 18 = **14**



Community Pharmacy Problems

(what we think we know)

- Communication
 - Lack of clarity what is being verbally requested
 - No receipt of referral form or incomplete
- Inappropriate referrals received
- Lack of clarity whom to send care plan to
- Not being advised of medication changes



New Referral Form

(sticking plaster)

- Comprehensive – 7 pages
- Reduce inappropriate referrals. Aim to ensure
 - Pts have been worked up
 - Consented verbally
- Relevant information to support the review
- Contact information of referrer
- Clarity on who to send the care plan to



Where are we now?

- CCG committed to retaining a service
- Over the next three months
 - Information and views of service providers sought
 - Combined Meetings with H & S Care + LPC representation
 - Review paper taken to CCG Governing Body
 - Launch of revised 3 year service offer



What will change

- Use of new referral form
- GP's receiving information
- Inclusion of providing DOM-MAR paperwork
- Oversight of process by CCG
 - Increased data input (& data cleansing)
 - IT solutions to support Providers (Pharmoutcomes referral form and care plans)



What could change

- Payment review
- How reviews are undertaken
- Two tiers of review?
- Increased integration of service
- Level of input from CCG



What we need from you ?

- Feedback and information
 - How is it for you ?
 - How do you want the service to develop?
- Clear commitment to continue delivering a quality service.
- Escalation and feedback of any problems to CCG via PharmOutcomes and/or MMT



Questions ?

