

# Primary Care Commissioning Committee

22 March 2017

<b>Details</b>	Part 1	✓	Part 2		Agenda Item No.	8
Title of Paper:	Proposal to redesign Medicines Provision at Bealey Community Hospital					
Board Member:	Margaret O'Dwyer, Director of Commissioning & Business Delivery					
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Presenter:	Amy Lepiorz, Deputy Director of Primary Care					
Please indicate:	For Decision		For Information	X	For Discussion	

## Executive Summary

<b>Summary</b>	<p>Revising the medicines provision to Bealey Community Hospital provides an opportunity to streamline the process, improve responsiveness, and re-evaluate the clinical and technical support to inpatients.</p> <p>It will also allow greater transparency of prescribing costs. Whilst the funding route may be mixed during the first year of implementation (because of block contract arrangement with Pennine Care and the newly created GP Federation pilot prescriber), sufficient prescribing data should be available by March 2018 to allow a formal transfer of prescribing budget to the provider from April 2018.</p>					
<b>Risk</b>	High		Medium		Low	X
	<p>Please indicate <b>above</b> the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". <b>NB</b> Risks can include failure to act and lost opportunities.</p>					
<b>Recommendations</b>	<p>The Primary Care Commissioning Committee is asked to support the proposal to redesign the medicines provision at Bealey Community Hospital, and to note the current mixed funding streams and the aspiration to assess these during 2017/18 with a view to appropriate transfer of budget from April 2018 onwards.</p> <p>The Committee is also asked to recognise the risk to Pennine Care if costs increase as a result of the change in medicines supply, assuming that Pennine Care retain contractual and financial responsibility for the drug costs supplied to inpatients by this new route.</p>					

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	X
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	X
To deliver long term financial sustainability through effective commissioning and innovative investment across	X

the wider system		
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)		<b>X</b>
Equality Analysis Assessed?		Supports NHS Bury CCG Governance arrangements

# Proposal to redesign Medicines Provision at Bealey Community Hospital

## 1. Introduction and background

- i. **Current arrangements for medicines supply:** Historically the 'pharmacy service' to Bealey Community Hospital has been provided in the main by the Pharmacy at Pennine Acute Hospitals.  
Most patients are 'step down' patients from Pennine Acute hospital, so are provided with a seven day discharge supply from Pennine Acute at the point of step-down. Following admission to Bealey Community Hospital, most medicines are then dispensed by Fairfield General Hospital in response to inpatient prescription sheets being faxed to the pharmacy for dispensing. The final cut off time is 2.30pm for delivery the same day. Controlled drugs and dressings / appliances are excluded from this arrangement and must be prescribed separately by the GP and dispensed by a community pharmacy.  
The Pennine Acute service also provide a junior pharmacist to carry out a weekly clinical check at Bealey and a top up service for ward stocks and ongoing patient-named requirements.

Pennine Care FT pays a management charge for the above service and also the cost of the medicines supplied from Pennine Acute. Funding for the Bealey service is part of the CCG's block contract arrangement with Pennine Care.

- ii. **The Bealey Community Hospital pilot commenced in October 2016.** This service is delivered via Bury GP Practices Limited (8.00am – 6.30pm weekdays, weekends and Bank Holidays) for a period of 12 months. During this pilot, GP practices will not be expected to clerk in or attend to support their patients; all prescribing is being undertaken by the Rock Practice.

## 2. Disadvantages of current system

- a) There are three different services in operation:
  - i. Hospital pharmacy supplies for inpatients for most drugs.
  - ii. Controlled drugs, dressings, enteral feeds and appliances have to be prescribed by the GP on an FP10 prescription and dispensed by a community pharmacy.
  - iii. Drugs for discharge have to be prescribed by the GP on an FP10 prescription and dispensed by a community pharmacy.
- b) The clinical pharmacist lacks sufficient time to review all patients' medication, and the service is only provided once weekly and lacks capacity to provide a quality modern pharmacy service to patients.

## 3. Cost of current medicines supply service

The total cost of medicines supply is unclear due to the different supply systems. Only the Fairfield Hospital supplies are currently monitored and these totalled £13,287 for the calendar year 2016. It must be noted that hospital supplies incur VAT making the items more expensive than if they had been issued on an FP10 prescription, however some items may be cheaper because they are procured by the hospital at contract process. There are no dispensing costs associated with the hospital dispensing, but a set monthly

fee has been paid to Pennine Acute for the clinical pharmacist time.

In addition to the above there are the costs for FP10 supplies from the Rock GP practice, and from patients' own registered GPs (both charged to the CCG prescribing budget), plus the costs for some additional stock items such as dressings.

#### **4. Proposed service redesign for medicines supply**

Change from the existing mixed supply model to a single supply model.

- a. Medicines supply would be put out to tender by Pennine Care and may result in a Community Pharmacy Supply Model. In this scenario all medicines would be supplied from community pharmacy using FP10 prescription. Ordering would be via fax / email or Electronic Prescription Service (EPS) with a later cut off time of 17.00.
- b. Current investment in the once weekly clinical pharmacist and dispensing resource would be reviewed for best use of skill-mix and could be replaced by investment in a part-time (0.5wte?) pharmacy technician to undertake prescription ordering and top up, assess patients for medicines self-administration, and be a point of contact for medicines- related queries (supported by a Pennine Care clinical pharmacist).
- c. Out Patient Antibiotic Therapy (OPAT) IV products can also be supplied via this route.

#### **5. Impact of proposed change to scheme**

Revising the medicines provision to Bealey Community Hospital provides an opportunity to streamline the process, improve responsiveness, and re-evaluate the clinical and technical support to inpatients. It will also allow greater transparency of prescribing costs.

The move to an FP10 supply route will mean that prescription supplies are recharged by the Prescription Pricing Authority, and the CCG needs to agree whether Pennine Care will retain contractual responsibility for these drug costs and become the 'parent organisation' for prescriptions for both Pennine Care and GP Federation prescribers.

Whilst the funding route may be mixed during the first year of implementation (because of block contract arrangement with Pennine Care and the newly created GP Federation pilot prescriber), sufficient prescribing data should be available by March 2018 to allow a formal transfer of prescribing budget to the provider from April 2018.

#### **6. Recommendations**

The Primary Care Commissioning Committee is asked to:

- Support the proposed service redesign for medicines supply to Bealey Community Hospital;
- Recognise the risk borne by Pennine Care if costs increase as a results of the change in medicines supply, assuming Pennine Care retain contractual and financial responsibility for the drug costs supplied to inpatients via this new route;
- Note the current mixed funding streams and the aspiration to assess these during 2017/18 with a view to appropriate transfer of budget from April 2018 onwards.

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