Developing multi-disciplinary working within commissioning

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Outline

• Commissioning Jigsaw

• “Securing excellence in commissioning primary care “
  - *NHS Commissioning Board, June 2012*

• Lancashire Pharmacy Transformation Board
  - *A Local Professional Network*

• Examples of multi-disciplinary commissioning

• Northwest Centre for Professional Workforce Development
LPN for Pharmacy

MM CCG

H&W Boards

2° Care
Local Professional Networks (LPNs) as an integral part of the NHS CB field force

- Informing needs, demand, supply in primary, community and secondary care
- Local intelligence, clinical expertise, innovation and development of integrated care pathways
- Aggregation of need and assurance of performance
- Maximising performance
- Implementation and development plans to reflect local circumstances
- Peer support, peer review and benchmarking

**Local professional Networks (LPNs)**

- **NHSCB local**
  - HEE local networks
  - Health and well being boards
  - Clinical Commissioning Groups

- **NHSCB national**

**Strategy, policy, contract, procedure and assurance of achievement of outcomes**
The LPN and their supporting networks, coordinate input and engagement with all providers and performers locally.

- **Core Clinical Commissioning Team** (commissioning managers, clinical quality and network leaders, public health)
- **Local clinicians** ('pool' of clinical expertise for 'task and finish' projects, quality improvement, pathway redesign, strategic development and planning)
- **All primary care providers** (influence, communications, roll out, embedding)

- Relationship with the NHS CB through local teams
- Clinical engagement and leadership
- Local variation where justified by health needs
- Consistency in approach to commissioning
NHS Lancashire Primary Care Governance Framework including Transformation Boards
Lancashire Pharmacy Transformation Board (DH LPN pilot)

Multi-disciplinary team focusing on 4 priorities:

- Continuity of services and standardisation of services across the PCT Cluster (8 CCGs, 3 HWBBs, 5FTs)
- Medicines optimisation
- Clinical Leadership
- Quality Framework underpinned by Healthy Living Pharmacy
Why does it work in Lancashire?

• Because we’ve all been talking to each other (in different roles and structures) for a long time.
• We are keen to shape the new commissioning landscape.
• We have a history of innovation, evaluation and dissemination.
• We have developed excellent relationships through collaborative working.
• We are committed to improving the health and wellbeing of our local communities and reducing health inequalities.
Examples of multi-disciplinary commissioning

1. Healthy Living Pharmacies – DH QIPP initiative.

2. NW regional business case for adoption and spread of Pharmacy Alcohol (IBA) service to deliver QIPP.

3. Pharmacy weight management service integrated into overall care pathway.

1. Healthy Living Pharmacies (HLP)

- Quality assurance kite mark recognised by DH

- DH pathfinder pilots currently running to replicate and improve on the original Portsmouth model – jointly commissioning by NHS Portsmouth and Portsmouth Council.

- Now 226 accredited HLPs across 16 PCT pathfinder areas.
What distinguishes a Healthy Living Pharmacy?

• Consistently delivers **broad** range of commissioned services to high quality
• Promotes healthy living & wellbeing as **core activity**
• Has **team proactive** in supporting health & wellbeing, the community’s health at centre of what it does
• Has a **Healthy Living Champion**
• Will be **identifiable** to the public and other healthcare professionals

www.pompey-pharmacy.info
Earl Howe congratulates a Rowlands Healthy Living Pharmacy
HLP outcomes - Respiratory MURs

- 840 patients seen
- 38% not seen by another HCP in previous 12 months
- 70% uncontrolled
- 28% smokers, 76% recruited for stop smoking
- 74% with adherence issues
- 6% referred to GP
- 33% seen second time have improved
- 6 out of 18 smokers seen second time have quit
100th Healthy Living Pharmacy – Baxenden, Lancashire with patients
Dr Mike Ions, Chair East Lancs CCG champions HLPs with Earl Howe
2. Drink Wise North West, NW Director of Public Health & NW Community Pharmacy Network

Alcohol Screening & Brief Intervention Service (IBA)

• NW SHA has the worst alcohol statistics of all SHAs
• 10 people a day die in NW due to alcohol related illness.
• 1 person every 7 minutes is admitted to hospital in NW for alcohol-related reasons (6% nationally—and rising)
• More than 73,000 recorded crimes in NW were alcohol related and 50,000 were violent.
• Cost to NHS—around £2.7 billion per year (nationally)
NW regional business case for spread of standardised alcohol service to deliver QIPP

- DH ready reckoner tool calculated cost savings due to less hospital admissions due to earlier interventions
- Stakeholder group developed a Commissioning Pack to spread the service to 6 other PCTs
- Developed pharmacy accreditation module on DH alcohol learning website; also CPPE and CPD modules
- Communicated through regional networks – PCTs, LPCs.
- National web based audit data tool set up.
- Early outcomes show pharmacies are identifying significant numbers at increasing or high risk, who do not access other services
- Large scale project being evaluated by UCLAN and Liverpool John Moores - evaluation report due Sept 2012

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Pharmacy IBA evaluation report -
UCLAN & Liverpool John Moores Universities

- Consensus from pharmacy providers and service users that pharmacy is a suitable setting to deliver IBA.
- National standardised specification should be developed with flexibility for local targeting.
- National data sets to be agreed to aggregate population data.
- IBA supports “Healthy Living Pharmacy” – as one of a suite of public health services
Earl Howe discusses alcohol units with a pharmacy health champion
4. Pharmacy weight management service integrated into care pathway

Central Lancs PCT, PEC & Local Pharmaceutical Committee (LPC)

“Leading Across Boundaries” programme
Multi-disciplinary collaborative leadership
Evaluation by UCLAN

- Statistically significant results – at least 5% body weight loss, sustained over 12 months (average = 2.9kg & BMI 2.4 reduction)

- At £160 per patient, it is more cost effective than prescribing Orlistat over 12 months (120mg tds @ £419.51)

- Average reduction in BP 9/6 (substitute for antihypertensive?)

- Positive patient experience and pharmacist satisfaction (patient -centred)
UCLAN Recommendation

• Pharmacy weight management service is clinically and cost effective, based on NICE standards. High satisfaction with service users and with pharmacists delivering a patient-centred service.

• This service should be commissioned to play it’s part within the pathway, especially as:

  NICE (CG 43) advises that “Drug treatment should only be considered after dietary, exercise and behavioural approaches have been started and evaluated.”
5. South Ribble Neighbourhood Team
Local Area Co-ordination Pilot [www.lancashire.gov.uk](http://www.lancashire.gov.uk)

**Partners:**
- South Ribble Borough Council
- Lancs County Council (Public Health joint unit)
- Children & Young People and Environment
- Chorley & South Ribble CCG
- Lancashire Care Foundation Trust
- Lancashire Teaching Hospital Foundation Trust
- NHS Central Lancashire
- Local Pharmaceutical Committee
- VCFS, local user led organisations e.g. Age Concern
- Local community groups
- Provider market place
- Local Children’s centres and the Children’s Trust Partnership Board.
Action Plan

Aim is to integrate with public health and wellbeing agenda, hospital avoidance & discharge, QIPP LTCs, children & young peoples agenda:

• Communication
• Information Hub
• Pathways for existing and new offers
• Asset based approaches
• Outcomes
• Link to Neighbourhood Teams Long Term Conditions
North West Centre for Professional Workforce Development

Leading across the professional networks of Pharmacy, Healthcare Science and Allied Health Professions

www.nwcpwd.nhs.uk
How CPWD will support Local Service Commissioners

- Identify workforce solutions to align workforce development to service commissioning priorities.
- Share innovation & good practice to support service transformation and consolidation.
- New services and changes in service provision by identifying and developing new ways of working.
- Communicate, engage & consult with members of their networks across all sectors and at all levels.
- Facilitate workforce development in order that the workforce will have the right knowledge and skills to adapt to changing needs of NHS healthcare commissioners.
- Support the workforce to deliver excellent healthcare & health improvement and satisfy the NHS and Public Health Outcomes Frameworks.
How will you know if multi-disciplinary commissioning works?

1. Ask patients and listen to what they value.

2. Evidence of good practice in one area is taken up and spread rapidly across regions.

3. Innovation happens - new ways of thinking and doing are critical success factors.

4. Networking, new relationships and a new culture of trust and respect underpin behaviours.

5. Integrated care pathways - “whole systems working.”

6. Improved health outcomes, including for those who do not access mainstream services.