Excellence in Education
Morning plenary

NES Pharmacy Conference
Excellence in education
5th May 2017

#NESPharmConf17
@NES_Pharmacy
@NHS_Education
Future Professional Developments in Scotland

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Chief Pharmaceutical Officer for Scotland
Future Professional Developments in Scotland

• Scottish Context and Modern NHS

• Pharmacy Profession contribution

• CPO Strategic Priorities
Our Context
Approx 5 million people
• Approx £13 billion
• 14 Health Boards
• 8 Support Boards
• Integrated delivery
• Moving towards social care integration
INEQUALITIES PERSIST

Each stop on the Argyll line travelling East represents a drop of 1.7 years in male life expectancy.

Males - 75.8y
Females - 83.1y

Life expectancy data refers to 2001-5 and was extracted from the GCPH community health and well-being profiles. Adapted from the SPT travel map by Gerry McCartney.
Multimorbidity is common in Scotland

More people have 2 or more conditions than only have 1
Our Approach

The Scottish Government
“Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting.”
Strategic Direction of Change

Improving Population Health
Setting the Context for Change
National Clinical Strategy: The Approach

- Support and enhance Primary Care
- Balance Health and Social Care
- Reduce reliance on in-patient beds
- Fewer in-patient units offering more specialised care
- Realistic Medicine
PRIMARY CARE

At the HEART of NHS DELIVERY

SHARING
Realistic Medicine

- Aims to add value:
  - Reduce unwanted variation & waste
  - Least invasive processes first
  - Manage risk proportionately
  - Understand limits of evidence
  - Avoid over-diagnosis/over-treatment
  - Informed patients
  - Avoid medical response to social problems
Realism in Healthcare

- Doctors choose less treatment for themselves than for patients

- Is Medicine now causing hidden harm?

- Focus on patient – unwarranted variation in practice and outcomes?

- Multiple conditions – leading to over-complex medical regimes?

The 4 principles of prudent healthcare:

1. Public and professionals are EQUAL PARTNERS through CO-PRODUCTION
2. CARE FOR those with the greatest health need FIRST
3. Do only WHAT IS NEEDED and do NO HARM
4. Reduce INAPPROPRIATE VARIATION through EVIDENCE-BASED approaches

For further information visit www.prudenthealthcare.wales
Hiding in Plain Sight: Pharmacy in a Modern NHS

• Scottish Context and Modern NHS

• Pharmacy contribution

• Strategic Priorities
Pharmacy is the health professional that links the health sciences with the chemical sciences and is charged with ensuring the safe and effective use of pharmaceutical drugs.
Pharmacy Policy Timeline -  
15 Year Journey to improve Pharmaceutical Care....

2002  The Right Medicine - A Strategy for Pharmaceutical Care in Scotland

2010  Independent Regulator the GPhC established and Royal Pharmaceutical Society (RPS) as the Professional body

2013  Prescription for Excellence

2013  Polypharmacy - Kings Fund report

2014  Now More than Ever: Why Pharmacy needs to Act Nuffield & RPS

2016  Realistic Medicine - CMO Annual Report Scotland

2017  Realising Realistic Medicine- CMO Annual Report

2017  Refresh of PfE SG Strategy....
Pharmacy Now - and in the Future?

Hospital
• Advise on selection of medicines, and dose and route
• Specialist clinical advise on side-effects and new treatments
• Clinically assess and prepare patients for discharge
• Manufacture medicines when preparations are not available....
Pharmacy Now - and in the Future?

Community

- Clinically checking prescriptions for safety, appropriateness and supervising dispensing
- Minor Ailments Service
- Chronic Medication Service for long term conditions
- Public Health Service e.g. Smoking Cessation, Needle Exchange....
Community Pharmacy

Existing roles
• Minor Ailment Service
• Public Health Service
• Chronic Medication Service
• Access to regular repeat prescriptions out of hours

Further Developments
• Treatment of a wider range of common conditions using PGDs
• Pharmacist prescribing
• Pharmacists working in different care settings
• GP Practice Pharmacy....
Pharmacy **Now** - and in the Future?

**GP Practice**

- Consulting patients & treating Long Term Conditions
- Undertaking PolyPharmacy Reviews
- Managing the medicines of patients discharged from hospital
- Holding Specialist Clinics e.g. Pain Management
- Working with GP’s to improve the quality and safety of prescribing....
Integrated Pharmaceutical Care

Community pharmacist
- Extended MAS
- CMS
- PHS

Pharmacist in GP Practices
- Medicines management
- Discharge / MR
- Polypharmacy reviews

- Diagnosis
- Complex care
- Case management

GP
Pharmacy Now - and in the Future?

All Pharmacy Professionals - Pharmaceutical Care

• Treating all minor ailments and injuries
• Clinically managing patients with LTC’s in hospitals/homes and care homes/community
• Leading specialist clinics and Prescribing
• Early health interventions for COPD, Dementia, CV disease etc...
Pharmacy Commitments

Integrated Pharmaceutical Care

Safe
Effective
Person-centered
Future Professional Developments in Scotland

• Scottish Context and Modern NHS
• Pharmacy contribution
• CPO Strategic Priorities
  – Pharmaceutical Care
  – Education - Competence - Professionalism
  – Safer Use of Medicines
  – Evidence and Outcomes
Pharmaceutical Care

‘The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life.’

(Hepler & Strand 1990)
What do patients and the public need from health professionals?

- Competence
- Flexibility
- Adaptability
- Consistency of performance
- Evidence of impact
- Demonstrable and effective
Miller’s simple model of clinical competence

Competency is a complex construct

- skills
- knowledge
- values
- behaviours
- experiences
Competence and Capability

Professional Education vs. Professional Practice

Demands of Professional Practice with its:

• Uncertainty,
• instability,
• uniqueness and
• value conflicts

(Schon 1987)
Integrated Initial E & T Review

“The Cabinet Secretary for Health has approved the Five Year Integrated Initial Education Programme for Pharmacists in Scotland.

It will be implemented by 2020-2021 with an enhanced “four plus one” model providing transitional programme structure.”
Professional development frameworks and recognition

Initial education

Early careers (return to work)

Established careers

Established career and expertise

Advanced Mastery

Level of knowledge, skills, experience (Competence)
Shifting the workforce as a whole...
Toward Interprofessional Learning & Education: Mapping common outcomes for prequalifying healthcare professional programs in the UK

Study mapped the outcomes/standards of healthcare professions regulators:

- General Medical Council
- General Dental Council
- General Pharmaceutical Council
- Nursing and Midwifery Council
- Health Care Professions Council

Kathryn Steven, Stella Howden, Gary Mires, Iain Rowe, Natalie Lafferty, Amy Arnold, and Alison Strath

Medical Teacher
Figure 1. Seven themes and 22 subthemes from the mapping exercise.

Kathryn Steven; Stella Howden; Gary Mires; Iain Rowe; Natalie Lafferty; Amy Arnold; Alison Strath; Medical Teacher
Safer Use of Medicines

1 in 5 adults in Scotland are dispensed 5 or more medicines.

59% of patients over 70 years old are dispensed 5 or more medicines.

101.1 million prescription items are issued in primary care.

4.1 million prescribing errors.

40,000 in 3.4 million dispensing errors.

61,000 non-elective hospital admissions are due to medicines.

5 classes of medicines account for most admissions:
- NSAIDs
- Antiplaletters
- Anticoagulants
- Diuretics
- Anti-hypertensives

435,000 inpatient prescription items are prescribed in an average 500 bed acute hospital.

2.2 million doses of medicines administered in an average 500 bed acute hospital.

32,500 prescribing errors with up to 200 causing patient harm.

35 to 85 dispensing errors.

189,000 administration errors.

15,000 patients admitted to all acute hospitals experience an adverse event due to medicines.

280 preventable deaths across all acute hospitals are due to medicines.

Published July 2015

Initially commissioned by NHS England.
Evidence and Outcomes
Quality improvement- and how can it transform healthcare...

“...everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”

Batalden, P; Davidoff, F. QualSafHealth Care. 2007 February; 16(1): 2–3
Announcement of a Quality Improvement Methodology pool for quality improvement activities undertaken in Community Pharmacy July 2016
Future Professional Developments in Scotland

Key Messages
• NHS Transformation continues....
• Primary Care at centre - including Pharmacy
• Enhanced Pharmaceutical Care services
• Medicines Safety to reduce - Harm and Unwanted Variation

• Making Scotland the safest place for patients to be taking medicines.....
Thank You

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