

<b>Report to:</b>	<b>SINGLE COMMISSIONING BOARD</b>
<b>Date:</b>	1 November 2016
<b>Officer of Single Commissioning Board</b>	Clare Watson, Director of Commissioning
<b>Subject:</b>	<b>ASHTON IN-HOUSE PHARMACISTS</b>
<b>Report Summary:</b>	To present the case for continuing funding of in-house pharmacists in the Ashton neighbourhood, using the Better Care Fund monies.
<b>Recommendations:</b>	That the five Ashton practices – Ashton GP Service, Bedford House, HT Practice, Tame Valley and Waterloo – receive funding from the Better Care Fund to cover the costs of in-house pharmacists for 2016/17.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>There is no evidence attached to the report, which supports the case for in house pharmacists, only assertions, accepting that the finance group who agree with the report consider that going down this route will achieve savings.</p> <p>The Finance Group are supportive of this proposal and in line with the recommendations for other proposals of this nature, it is recommended the CCG fund this to the 30 September 2016 but from the 1 October 2016 this should be funded from the Neighbourhood funds. During the period October – March 2017, the Neighbourhoods will determine whether this is a scheme they would wish to support beyond March 2017. This scheme will be subject to on-going performance monitoring to ensure value for money in line with the other pharmacist schemes in operation. Funding for this proposal would be from the Section 75 element of the Integrated Commissioning Fund.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	In the absence of evidence, as highlighted by the section 151 officer above, it is not possible to form a view as to whether this approach represents value for money and therefore a better solution for the public purse. It is clearly in the public interest, however, for pharmacy services to be available according to need, ensuring that the sick and vulnerable are able to properly access them in a timely way and in accordance with their health and welfare requirements. Accordingly, this approach should be reviewed in light of some measurable deliverables.
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	To develop cost effective solutions and innovative services, through improved efficiency and delivering more joined up services that meet local need.
<b>How do proposals align with Locality Plan?</b>	To support primary care providers working together at neighbourhood level
<b>How do proposals align with the Commissioning Strategy?</b>	Helping to improve the quality of care delivered in primary care and support cost reductions by reducing prescribing costs.
<b>Recommendations / views of the Professional Reference Group:</b>	The recommendations were accepted by PRG.

<b>Public and Patient Implications:</b>	The general practice offer to patients will be improved by in-house pharmacists.
<b>Quality Implications:</b>	In-house pharmacists can improve the quality of care patients received from general practice.
<b>How do the proposals help to reduce health inequalities?</b>	In-house pharmacists improve the management of patient medication to ensure patients are receiving the most appropriate medication to manage their health, which may reduce inequalities.
<b>What are the Equality and Diversity implications?</b>	None
<b>What are the safeguarding implications?</b>	None, patients are seen by their own practice and therefore with adherence to Primary Medical Services regulations
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	None, patients are seen by their own practice and therefore with adherence to IG responsibilities. N/A
<b>Risk Management:</b>	Risks will be managed through clear process and documentation.
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Christopher Martin, Primary Care Development and Quality Manager  Telephone:  e-mail: Christopher.martin4@nhs.net

## 1. INTRODUCTION

- 1.1 In-house pharmacists were introduced in the Ashton Neighbourhood in the 2015/16 financial year funded from the Better Care Fund or the Commissioning Improvement Scheme.
- 1.2 The five Ashton practices who funded their schemes under the Commissioning Improvement Scheme (CIS) did not have a mechanism for the Clinical Commissioning Group to disburse funds to them as the CIS funding stream was paid to practices in two lump sums, which the practices then used to pay for the in-house pharmacists.

## 2. CONTEXT

- 2.1 There are five practices in Ashton who funded their pharmacist by the CIS scheme – Ashton GP Service, Bedford House, HT Practice, Tame Valley and Waterloo.
- 2.2 The table below shows the 2016/17 costs for each of these practices alongside the funds available under the Better Care Fund

Practice	Payments From	Time	Monthly Payment	16/17 Total Payment	16/17 Budget (£5 per weighted patient)
Ashton GP Service	Apr-16	2 x 3hr sessions a week	712.8	8553.6	15730
Bedford House	Apr-16	4 x 3 hour sessions a week	1425.6	17107.2	35640
HT Practice	Apr-16	2 x 4hr sessions a week	950.4	11404.8	39320
Tame Valley	Apr-16	32hrs per month	950.4	11404.8	33695
Waterloo	Apr-16	2 x 3hr sessions a week	712.8	8553.6	13150
Total				57024	137535

- 2.3 It is accepted that in-house pharmacists provide financial savings to practice prescribing as well as reducing the workload on GPs.
- 2.4 Bedford House, one of the practices above has since February 2016, in conjunction with restricted pharmacy ordering of patient prescriptions, reduced the number of items prescribed by 5.9% against a CCG wide reduction in items prescribed by a 1.51% average. Bedford House has reduced its cost by 9.1% against a CCG wide average reduction in cost of 3.4%.
- 2.5 If Bedford House had not put these measures in place it is estimated that it would have spent approximately £40,000 more on prescribing since February 2016.
- 2.6 The medicines management team believes that if these five Ashton practices retain the services of an in-house pharmacist throughout 2016/17 this will be a major contributory factor in making significant savings on the Ashton prescribing budget,

## 3. RECOMMENDATIONS

- 3.1 That the five Ashton practices named above receive funding from the Better Care Fund to cover the costs of in-house pharmacists for 2016/17.