

Red Kite Health Solutions – Pharmaceutical Services March 2022

Aim

- To review the activity of the Red Kite Pharmaceutical team across the South Powys Locality/Cluster
- To report on the clinical outcome activity (recorded via the data collection template in EMIS Web)
- To continually audit the quality of the data recording within these reports to identify any shortcomings in the data template capture, training and understanding of new pharmacy team staff to ensure the identification of appropriate outcomes

Method

An Emis Web report was created to identify:

- The number of hospital discharges reviewed by the pharmaceutical team
 - The medication outcome/action resulting from the review
 - Identification of hospital discharges where the template had not been used effectively to record the clinical outcome
 - Identification of number of patients, number of hospital discharges and the numerous clinical outcomes – to identify multiple discharges.
- The number of medication interventions performed by the pharmaceutical team in response to patient queries and the outcome of those queries
- The number of clinical interventions undertaken by the team
- The number of actions removed from the GP workload

Considerations

- Activity outcomes are recorded consistently across the 4 practices making the data collection more robust.
- Our team membership increased in March 2020 with the introduction of 1 WTE in Ystradgynlais and 1 WTE Pharmacy Technician covering multiple sites
- In addition to both mandatory and group training, we currently have two Pharmacists who have been supported to complete an independent prescribing qualification in respiratory and one Pharmacist who has completed a diploma in diabetes. In addition, we have one Pharmacy

Technician who has been supported to complete a degree in pain management. We look forward to continuing to encourage and support the team in enhanced roles within the locality.

- The following additional areas are not included within the data collection activity and in themselves amount to a significant workload:
 - DMARDS – identification of shared care protocols and identification and review of appropriate blood monitoring etc. including SOP'S
 - Safe and efficient management of patients taking Warfarin and NOACs
 - Respiratory Clinics
 - Polypharmacy review clinics
 - Support to practice staff (nursing and non-clinical)
 - Supporting the development of clinical patient pathways
 - Agreed performance against national prescribing indicators
 - Ongoing training and support to new members of the team
 - Providing information to community pharmacies and hospital consultants (via direct telephone lines into the pharmaceutical team)
 - SOPs have been put into place to assist in the prescribing of Nutritional Supplements in one practice and these have been shared across the locality
 - Support to the triage team
 - An EMIS template has been developed to enable the calculation of the MUST scores to ensure consistent coding and recording of data
 - COPD rescue packs and clinical templates
 - Point of Care CRP testing and data collection
 - Presenting at practice clinical meetings
 - Care homes
 - Hormone replacement therapy review
 - Heart Failure
 - Diabetes
 - Cross-cover of the technician team during annual leave/sickness cover through a remote service
 - COVID and Influenza clinics
- Team members hold weekly teams meetings to discuss and agree priority areas and use the facility to obtain clinical support throughout the locality. In addition, team members also attend Medicines Management monthly meetings at Powys Teaching Health Board to share learning.

- In Oct 2020 and in addition to the continued workloads, the following prescribing priority areas were of particular focus:
 - Oral Nutritional Supplements
 - Respiratory
 - Emollients
 - Vitamin D
- From April 2020, all members of the team were given the capacity to work remotely, which has been invaluable during the COVID-19 pandemic. This has allowed team members to cover multiple sites and absence. However, it is notable that the lack of physical presence has created issues in formulating agreement for changes within some areas. Additional time has been set aside to rectify this during 21/22, with a hope for some physical return to the practices over the coming months.

Concerns

- Duplicate hospital discharges continue to cause confusion and an additional workload. To date we have coded **3,107** occasions of duplicated discharges. We still believe this activity is under-recorded. The percentage of hospital discharges identified as duplicates from commencement to March was **2.85%**. All these duplications would automatically have been passed to the GPs for action prior to having the pharmacy team, adding an increased workload to the GP.

Results

The results for the Cluster for the period September 2016 to March 2022 have identified the following:

Hospital Discharges

100,128 Hospital discharges/letters have been actioned by the Pharmaceutical Team. These discharges relate to **74,789** patients.

Of the 100,128 discharges, 1,072 do not have a clinical outcome coded – this figure under review. A consultation would have been made within the patient's EMIS web medical record to describe the actions taken but as they weren't read coded it is not possible to include the outcome activity within the report.

A review of the clinical outcomes for the hospital discharges, where the template was used is as follows:

**** Please note there are duplicate actions per discharge****

- No Change to meds 48,671
- Rx commenced 28,721
- Rx Changed 4,018
- Rx Stopped 9,451
- Rx Restarted 1,280
- Dose Decreased 4,900
- Dose Increased 7,297
- Duplicates 3,107
- No outcome recorded 1,072
- Follow up calls 502 (Recorded from June 19)
(To Patient/other agency)
- Clinical Intervention by team 16 (Recorded from June 19)
(Incorrect med/dose/instruction identified)
- **TOTAL ACTIONS 109,035**

The activity for **Hospital Discharges/Letters** has continued to demonstrate ongoing increases in activity. To ascertain whether activity levels are consistent across the practices we have reviewed the activity of hospital discharges as a percentage of registered patients. Please note only hospital discharges/letters with medication are included in our statistics. In addition, where individual patients have had discharges in different months they will be included more than once.

	<u>Discharges</u>	<u>Practice population %</u>	<u>Percentage</u>
Brecon	36,484	15,545	234.70%
Crickhowell	22,028	9,306	236.71%
Haygarth	15,717	8,554	183.74%
Ystradgynlais	25,899	12,254	211.35%
Average			216.62%

The variances could be due to different processes when members of the pharmacy teams are absent as opposed to vast differences within practices of numbers of

hospital discharges. We also do not have a record of those hospital discharges for patients on no medication. This does also not account for the number of clinical letters sent to GP's in some of the practices.

Medication Queries

In addition to the Hospital Discharges the Pharmaceutical Team are also responding to medication queries from patients, colleagues, secondary care and community pharmacies and this activity is also being recorded.

For the period September 2016 to March 2022 we have identified that **39,473** patients/carers/other agencies have accessed the service and have raised **46,090** queries – please note again there can be numerous outcomes for each contact. We have identified clinical outcomes for all this activity and these are as follows:

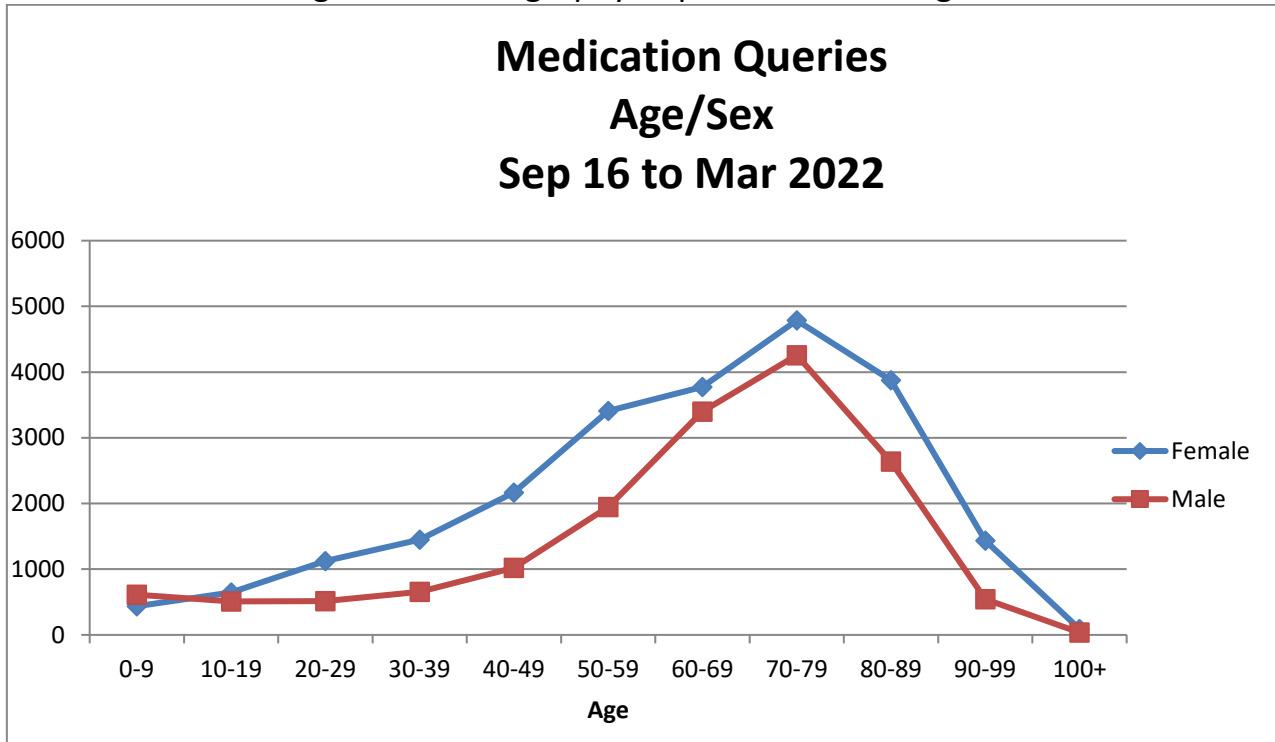
• Medication request	21,121
• Medication Side effects	1,394
• Medication advice	9,647
• Repeat Prescription query	8,604
• Out of Stock	4,628
• Follow up calls (To Patient/other agency)	2,603 (Recorded from June 19)
• Clinical Intervention (Incorrect med/dose/instruction identified)	23 (Recorded from June 19)
• TOTAL	48,020

Cumulative figures

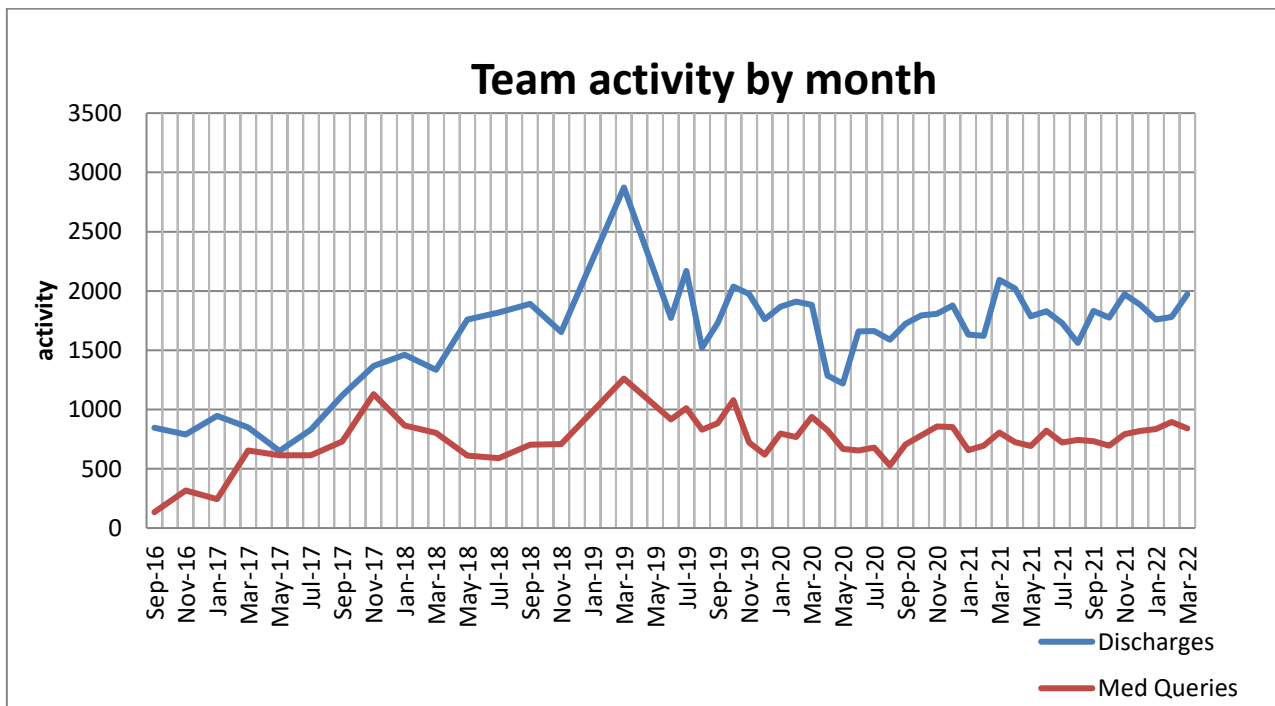
Prior to the introduction of the Pharmacy team all discharges, letters and queries would have been GP workload, often-necessitating appointments for patients to discuss medication and queries.

157,055 GP actions have been avoided for the cumulative period since the introduction of the Pharmacy team.

We have also reviewed this activity on an age/sex basis over the months to have a better understanding of the demography of patients accessing the service.



The graph below clearly shows how the pharmaceutical team has embedded itself within the primary care setting and are accomplishing a heavy workload which in the past would have automatically been directed to the GPs.



Prescribing Savings

In Aug 2018-Mar 2019, Red Kite undertook a project across the cluster looking at respiratory patients as part of the prescribing priorities and targets outlined by Powys Teaching Health Board and intended to promote cost effective and quality prescribing. Our Respiratory IP trained Pharmacist undertook clinics in each of the cluster practices to review respiratory patients and amend medication where appropriate to triple therapy alternatives as per guidance. The outcome of the project is outlined below:

No of patients seen across the cluster by Pharmacist	225
No of due COPD reviews completed by Pharmacist	155
No of patients changed to Triple therapy	184
No of patients changed to LABA/LAMA	3

Quarterly items of Trelegy/Trimbow as a % of all LAMAs prescribed =

Total savings per annum

Crickhowell practice	£1,927.54
Brecon Medical Group	£6,832.80
Haygarth Doctors	£2,365.20
Ystradgynlais GP	£4,555.20 (Triple)
	£694.80 (LABA/LAMA)

Total savings= £16,755.54

NB: Project savings have been calculated separately in order for us to see the definitive savings across the pilot in addition to the ongoing savings made across the team.

The Pharmaceutical team continue to identify prescribing savings during their day to day tasks. All savings are allocated on an annual basis and split across the relevant financial year. For example, a saving made in April will be identified as 12/12ths for the current financial year but a saving identified and actioned in September is split between the two financial years of 2020/21 and 2021/22

Savings have been allocated to the following financial years:

2016/17	£105,559
2017/18	£306,118
2018/19	£237,190
2019/20	£226,906
2020/21	£207,435
2021/2022 C/F	£71,116
Apr-Mar 22	£218,584
2022/2023	£85,068
2018/19 Respiratory project	£16,756
Total =	£1,403,615