

General Practice Forward View: Clinical Pharmacists in General Practice- Phase 2

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Primary Care Commissioning Committee meeting

September 2018

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Purpose of Paper	

In 2017 Primary Care Sheffield (PCS) successfully bid for NHS England funding to employ 12 clinical pharmacists, covering 40 GP practices and 336,000 patients throughout the city. The funding was provided on a sliding scale: 60% in year 1; 40% in year 2; 20% in year 3 with GP practices funding the remaining cost of employing the pharmacists. Sheffield CCG agreed to support 30% of the practice funding associated with this programme as it was envisaged that in addition to providing clinical support the pharmacists would also contribute to QIPP delivery. Evidence to date supports this assumption.

The purpose of this paper is to request expansion of this previous agreement to support recruitment of additional pharmacists to work in the extra GP practices that now wish to participate in the programme.

Key Issues

This proposal is essentially an invest to save scheme in which both the benefit and funding will be realised via the CCG's prescribing budget. The financial risk that costs will not be covered by at least equivalent savings is assessed as low.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by the Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to:

Approve the expansion of our existing investment arrangement as set out in the paper to allow the recruitment of clinical pharmacists to work in the three new GP practices that have been accepted by NHS England, plus the additional new GP practices in West Locality, once NHS England has agreed their inclusion in the programme.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

Strategic Objective - To ensure there is a sustainable, affordable healthcare system in Sheffield. It supports management of the CCG's principal risks 3.1, 4.1, 4.2 and 4.3 in the Assurance Framework.

Are there any Resource Implications (including Financial, Staffing etc)?

Yes

Have you carried out an Equality Impact Assessment and is it attached?

No, this initiative would be of potential benefit to all protected characteristics

Have you involved patients, carers and the public in the preparation of the report?

No

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1. Introduction / Background

A second phase of the national programme to support general practice with Clinical Pharmacist capacity launched in January 2017. Primary Care Sheffield Ltd (PCS) successfully bid for 12 pharmacists, covering 40 GP practices and 336,000 patients throughout the city at a ratio of one clinical pharmacist to 30,000 patients. Funding from NHS England was provided on a sliding scale: 60% in year 1; 40% in year 2; 20% in year 3. Practices are asked to contribute the remaining cost towards funding the pharmacist.

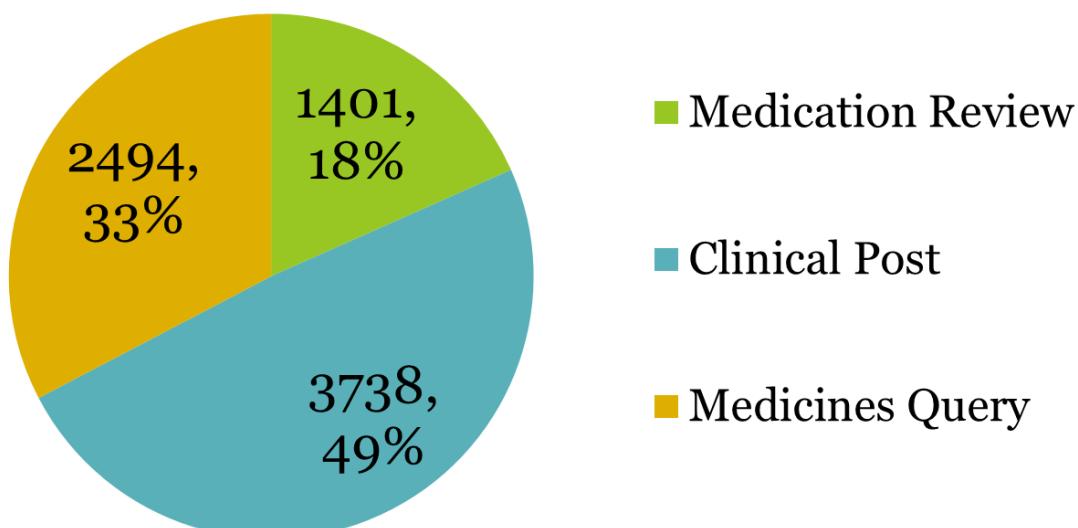
On 31 January 2017 prior to the successful bid by PCS, Sheffield CCG agreed to give financial support to mitigate the proposed practice funding associated with this programme. The original proposal of a 70:30 split was agreed, where the bulk of this funding would come from general practice and 30% from the CCG.

2. Context

This national programme planned to deliver 1500 pharmacists over three years, where the pharmacists work in general practice as part of a multidisciplinary team, in a patient facing capacity to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. GPFV expects by the close of the programme to have one WTE pharmacist per 30,000 patient population across the country.

3. Appraisal of programme to date

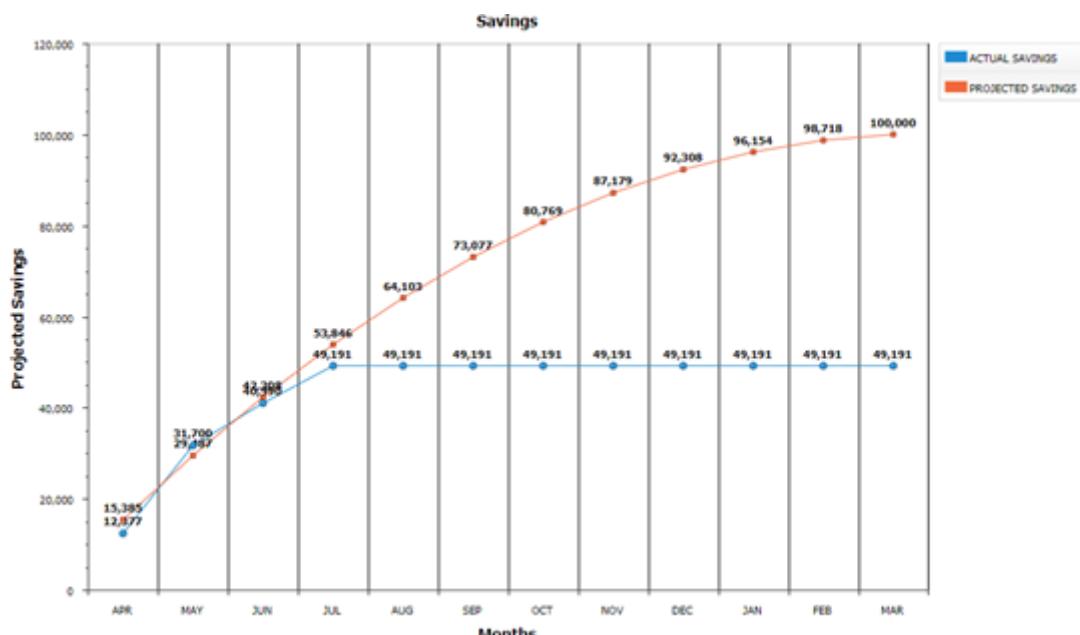
Locally, the PCS clinical pharmacists are now successfully delivering an effective service to their practices and as a result several more practices are keen to recruit a pharmacist at practices, releasing GPs to carry out other work at surgery. Based on May to July 2018 data following activity has taken place.



4. Current efficiencies

As a condition of the CCG acting as a financial stakeholder for the existing programme, practices were asked to agree close collaboration between their clinical pharmacist and the CCG's medicines management team, in order that an element of their work could be focussed on areas that would deliver cost reduction in addition to better patient care. The value of this cost saving was agreed to be at least equal to the funding provided by the CCG. This saving would therefore need to be as a minimum £80,000 in 18/19, rising to £112,000 in 19/20 and to £146,000 in 20/21.

Verified evidence provided by PCS of savings to date is shown in the below and is projected to exceed the cost of support. Currently savings at £49k with savings projected to over £100k by end of 2018/19 financial year.



5. Additional Bid Process in 2018/19

Bids from PCS for three more practices totalling a further 24,000 patients, have been accepted by NHS England panels. West Locality is currently proposing to use PQIS funding to subsidise joining the programme with PCS. Up to 13 new practices from West locality, totalling 161,000 patients can be expected in addition to the 24,000 above, totalling 185,000. To support this expansion PCS need to fund at least 6.2 WTE pharmacists.

6. Funding

The funding example below is for the additional funding required, to support the new practices in the same fashion as the existing practices. The WTE is split between Senior Clinical Pharmacists (SCP) and Clinical Pharmacists, who report to the SCP, as set out in the programme.

	NHSE contribution								
	Yr1		Yr 2		Yr 3		NHSE total (40%)	Remaining (60%)	Total
Clinical Pharmacist	£ 29,000	£ 20,000	£ 11,000	£ 60,000	£ 90,000	£ 150,000			
Senior Clin Pharmacist	£ 36,000	£ 24,000	£ 13,000	£ 73,000	£ 109,500	£ 182,500			
Funding Gap									
Clinical Pharmacist	£ 21,000	£ 30,000	£ 39,000						
Senior Clin Pharmacist	£ 24,833	£ 36,833	£ 47,833						
Worked example									
5.2 WTE Clinical Pharmacist	£ 109,200	£ 156,000	£ 202,800						
1 Senior Clin Pharmacist	£ 24,833	£ 36,833	£ 47,833						
	£ 134,033	£ 192,833	£ 250,633						
CCG 30% contribution	£ 40,209.90	£ 57,849.90	£ 75,189.90						

In summary as per table 1 below the following funding would be required from the CCG:

Table 1	CCG contribution towards 5.2 CP and one SCP
Year 1	£40,210
Year 2	£57,850
Year 3	£75,190
Total	£173,250

7. Rational for CCG Support

The recruitment and implementation of the current phase of GPFV pharmacists has been a success to date. The pharmacists have conveyed additional clinical capacity into the primary care team and the current verified prescribing savings are projected to over deliver against the CCG cost of support. Expansion of this scheme will provide additional clinical capacity and enhanced opportunity for prescribing efficiencies which are likely to exceed the additional CCG cost of support. The cost per table 1 would be funded by a budget transfer from prescribing to the PCS contract. The expectation is that it would be covered by the resultant prescribing savings.

8. Recommendation

The Primary Care Commissioning Committee is asked to:

Approve the expansion of CCG existing investment arrangement as set out Table 1 to allow the recruitment of clinical pharmacists to work in the three new GP practices that have been accepted by NHS England, plus the additional new GP practices in West Locality, once NHS England has agreed their inclusion in the programme

Paper prepared by: Gary Barnfield, Head of Medicines Management

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