

PACESETTER SCHEME 2020-2022 APPLICATION FORM	
Health Board	Hywel Dda University Health Board
Pacesetter Scheme Title	Pharmacy Academy
What is the problem the scheme will try to address?	<p>Recruitment, retention and sustainability of primary care services.</p> <p>Provision of an enhanced range of services that can be delivered in a GP Practice or Community Pharmacy setting, supporting the transition of care closer to home.</p>
Short description of the scheme <i>(no more than half a page - embed 'Plan on a Page' if available or add simple template as annex 2)</i>	<p>A cohort of 2 qualified pharmacists will be recruited at band seven, these staff will undertake a two year programme when they will rotate between secondary care, community pharmacy and primary care and also complete the Independent Prescribers qualification. This programme will provide suitably qualified and experienced staff at the end of the two years, who can immediately work in practice and/or community pharmacy and are able to undertake roles that releases general practitioners to work prudently. The pharmacists are provided with a mentor who provides ongoing support and education opportunities to undertake a competency based programme.</p> <p>Band 7 pharmacists will have the necessary experience in practice in their area of work and will be able to work autonomously.</p>
Allocation requested (£)	£100,390 per annum for 2 years
Start date of the scheme	April 2020
Duration of the scheme	2 years

<p><i>(maximum 2 years)</i></p>	
<p>Overarching aim of scheme <i>(What are you hoping to achieve?)</i></p>	<ul style="list-style-type: none"> • To promote Community Pharmacy as a career opportunity; • To improve the range of services available within the primary care/hospital interface improving sustainable service provision; • To provide additional choice to patients when needing clinical care; • To support the development of a sustainable infrastructure within primary care through working with multi-professional groups to implement the Primary Care Model for Wales
<p>Objectives of the scheme <i>(The steps you to achieve the aim)</i></p>	<ol style="list-style-type: none"> a) Increase resilience for clinical service delivery; b) Promote Community Pharmacy as a suitable place to undertake monitoring/review of a long term condition; c) Offer pharmacists the opportunity to increase their clinical knowledge and range of service provision; improving links across primary, community and secondary care; d) Supports the Health Board strategic direction of promoting and improving the range of services that Community Pharmacies can deliver
<p>Describe here how the scheme aligns to the wider strategic agenda and indicate which components of the <i>Primary Care Model for Wales, Strategic Programme for Primary Care, A Healthier Wales</i> the scheme addresses (refer to annex 1)</p>	<p>The scheme aims to improve sustainability of General Medical Services as well as providing a choice to patients. Working across primary and secondary care, this pacesetter will bring care closer to patients' homes as well as promoting Community Pharmacy and the professional role of pharmacists. This scheme will be incorporated into the Primary Care Communications plan to ensure that appropriate public awareness campaigns are developed to promote awareness and uptake.</p>
<p>Describe expected outcomes</p>	<p>Improved accessibility to a range of services for patients that they may have otherwise had to attend hospital for e.g. INR monitoring</p>

<p><i>(How will you know when you have achieved your aim - embed draft logic model if available – annex 2)</i></p>	
<p>Has this idea been tested previously, locally, nationally or elsewhere in UK, and if so how does this proposed scheme offer new learning?</p>	<p>ABU proposing a similar model however this model is supporting the transfer of services from a secondary to a primary care base, providing improved access to services within the community and promoting Community Pharmacy based care as a means of supporting sustainability of services through a networked approach as opposed to delivering directly from GP Practices.</p> <p>Hywel Dda has already run a small pilot with one Community Pharmacy to take over the monitoring arrangements for a cohort of INR patients from a number of Practices who would otherwise have attended hospital for this service.</p>
<p>Describe how this scheme is different to what is already in place locally or what has been tested elsewhere</p>	<p>As above.</p>
<p>DETAILS OF THE SCHEME</p>	
<p>Describe the key stages of the scheme and timescales for each stage <i>(quarterly or relevant intervals)</i></p>	<p>January 2020 – recruit to programme for April 2020 start</p>
<p>Describe the governance and project management arrangements for the scheme including lead roles <i>(project support, clinical and non-clinical lead(s))</i></p>	<p>If the submission is successful a project manager will be appointed as a non-clinical lead for the project. The Health Board Medicines Management Community Pharmacy Lead will be the Clinical and Management Lead. Regular reports will be presented and reviewed by the Health Boards Primary Care Sub Committee and the Medicines Management Sub Committee.</p>

Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.	All stakeholders will be engaged in the design, delivery and review of the scheme through the Healthier Mid & West Wales Transformation programme. The Medicines Management Transformation Lead will ensure engagement and a 'check and challenge' process with this work.
Describe the plans and key milestones for monitoring progress and evaluation <i>(attach an outline logic model and evaluation plan, if available- see annex for template)</i>	<ul style="list-style-type: none"> • Process measures will be monitored in monthly sessions, outcome measures monitored at the end of cohorts • Number of staff recruited to programme • Number of staff recruited and retained in practice • Number of patients who have their care transferred from secondary to primary care
Describe what resources (expertise and financial) has been allocated for evaluation	Transformation team to support evaluation with in house resource
Outline the ways you plan to share the learning locally and nationally.	Process and outcome measures will be evaluated and opportunities taken to share locally and nationally. Consideration will be given to publication when sufficient data is collated

Annex 1

COMPONENTS OF NATIONAL STRATEGIC POLICIES AND WAYS OF WORKING – Tick one or more of the relevant component which the scheme addresses	
<u>Primary Care Model for Wales</u>	<u>TICK</u>
1. An informed public	X
2. Empowered communities	X
3. Support for well-being, prevention and self-care	X
4. Local services (inc more services in the community)	X
5. Seamless working	X
6. Effective telephone systems	
7. Quality out of hours care	
8. Directly accessed services	X

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9. Integrated care for people with multiple care needs	X
10. Estates and facilities support MDT working	
11. IT systems enable cluster communications and data sharing	
12. Ease of access to community diagnostics supporting high-quality care	
13. Finance systems designed to drive whole-system transformative change	
A Healthier Wales - The Ten Design Principles (page 17)	TICK
1. Prevention and early intervention – enabling and encouraging good health and wellbeing	X
2. Safety – healthcare does no harm, enabling people to live safely in families and communities	X
3. Independence – supporting people to manage their own health and wellbeing and remain in their own homes	X
4. Voice – Empowering people to understand, manage and make decisions about their health, wellbeing and care	X
5. Personalised – services tailored to individual needs and preferences	X
6. Seamless – services and information which is not complex and co-ordinated	X
7. Higher value – better outcomes and patient experiences	X
8. Evidence driven – understand what works, evaluating innovative work and learning from others	X
9. Scalable – Ensuring that good practice scales up	X
10. Transformative – new ways of working are affordable and sustainable and change or replace approaches	X
Aims of the primary care pacesetter fund	TICK
1. Sustainability – contracting general medical services at cluster level	
2. Use of digital technology to improve access	
3. Delivering more care in the community	X
The Strategic Programme for Primary Care	TICK
1. Prevention and wellbeing	X
2. 24/7 Model	
3. Data & Digital Technology	
4. Workforce & Organisational Development	X
5. Communication & Engagement	
6. Transformation & the Vision for Clusters	X

Logic Model and Evaluation Plan templates
Annex 2

Example logic model template				
Project title:				
Project aim (the overarching thing your project wants to achieve):				
Project objectives (the steps necessary to achieve the project aim):				
Consider inputs, outputs & outcomes for each of your objectives				
Inputs	Outputs		Outcomes	
	Intervention/ activity	Participants	Short term	Medium term

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<p>Objective 1: What needs to be invested in terms of finance, people, time, etc? e.g. 1 session of a Band 6 project manager for 24 months.</p>	<p>What activities need to be carried out with these inputs? e.g. submit a request form.</p>	<p>Who will carry out these activities & who will benefit from them? e.g. people with diabetes.</p>	<p>What does success look like during the project or immediately after? e.g. attend 1st appointment.</p>	<p>What does success look like in the medium term? e.g. weight loss at 4 weeks participation.</p>	<p>What does success look like in the long term? e.g. lower premature mortality rate.</p>
<p>Objective 2: Etc.</p>					
<p>Key assumptions: Are there enablers or barriers to inputs or outputs within scope of the project that can be enhanced or mitigated as appropriate? e.g. this may include transformation enablers identified in the Pacesetter critical appraisal, such as committed leadership.</p>			<p>External factors/ influences: What outside forces might affect your anticipated outcomes that could be beyond the direct control of the project? e.g. a further requirement for cost savings across the health board.</p>		
<p>Costs & value: What are the ongoing costs forecast and value proposition to inform future business plans? e.g. identify potential follow-on funding for scaling up within the health board if deemed successful.</p>			<p>Unintended results: Aside from the intended results the project should produce, what might be the unintended consequences of your project activity? e.g. success may impact the viability of another service area.</p>		

EVALUATION PLAN				
What do we want to know? (Evaluation Question)	How will we know it? (Indicator)	How to collect information about the indicator? (Data source/ method)	When and where will info be collected? (Timeframe)	Who will do this? (Responsibility)
