

PACESETTER SCHEME 2020-2022 APPLICATION FORM

<p>Health Board</p>	<p>Hywel Dda University Health Board</p>
<p>Pacesetter Scheme Title</p>	<p>Pharmacy Delivery Driver Enhanced Service</p>
<p>What is the problem the scheme will try to address?</p>	<p>Vulnerable isolated adults in the community who have limited or no access to Primary Care services and/or third sector organisations and are at risk of deterioration of their health or wellbeing without intervention.</p>
<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>	<p>To monitor and offer low level support and signposting for patients who are vulnerable, housebound, with limited mobility who live in their own homes, and have their prescribed medication delivered to their homes as part of Community Pharmacy service provision. Community Pharmacy deliveries are not funded by the NHS but are an extremely valuable service for patients who are unable to access the Community Pharmacy because of mobility issues, mental health or frailty. Delivery drivers in some cases may be the only contact that vulnerable, isolated adults in the community have, therefore they are in the ideal position to offer low level support and signposting, as well as reporting any perceived changes in health and wellbeing to GP Practices. This service would ensure that Delivery Drivers who offer this Enhanced Service are DBS checked and are trained to recognise signs & symptoms of deteriorating health as well as protection of vulnerable adults (POVA) and are able to signpost to local services for additional support such as, as Fire Safety Check from the Fire Brigade and adaptations to the living environment from Care & Repair. This will ensure that patients are able to live independently for longer and that any health or wellbeing changes are addressed as early as possible.</p>
<p><u>Allocation requested (£)</u></p>	<p><u>£40,000 (per annum)</u> Set up costs per pharmacy £200 x 10 pharmacies = £2000 Backfill for Delivery Driver Training – 2 days – £150 = £1500 DBS Checks up to 20 Delivery Drivers £75 x 20 = £1500.00 50 patients per pharmacy eligible for the service. 500 patients Annual wellbeing review - £10 per patient = £5000</p>

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	<p>Monthly wellbeing scoring - £4 per patient x 12 = £48 per patient x 500 = £24,000 Service design and Training - £3,000 Additional costs for Evaluation, technology, etc. - £3,000 TOTAL = £40,000 <i>N.B. costs will be reviewed by the steering group and negotiated with CPW before the project starts.</i></p>
<p>Start date of the scheme.</p>	<p>1 April 2020</p>
<p>Duration of the scheme. <i>(maximum 2 years)</i></p>	<p>12 months with review at 9 to test effectiveness of the model. Dependent on the evaluation there is the potential that this model could be scaled up and rolled out to all Community Pharmacies within Hywel Dda.</p>
<p>Overarching aim of scheme. <i>(What are you hoping to achieve?)</i></p>	<p>To provide signposting and wellbeing support to vulnerable isolated adults in the community. This will improve health by reporting changes in conditions at an earlier stage and also by engaging the third sector to offer support/advice on various areas such as fire safety, benefit advice, access to adaptations and mobility aids.</p>
<p>Objectives of the scheme. <i>(The steps you to achieve the aim)</i></p>	<ul style="list-style-type: none"> • Establish a Steering Group of key stakeholders to shape the project and to monitor progress an on-going basis; • Provide a comprehensive training package to delivery drivers who engage in the scheme; the Pharmacy will only be able to participate in the service once the delivery driver has completed all the training below (and anything else deemed appropriate by the steering group) the training will include the following; <ul style="list-style-type: none"> ○ Basic Life Support (3 hours) Accredited Training delivered by an external provider ○ Triage & Treat (3 Hours) – Already delivered within HB by Emergency Nurse Practitioners ○ POVA online Training (1 Hour) accessed via HEIW ○ Dementia Awareness (2 Hours) Delivered by Dementia Friends through the Alzheimer’s society ○ Referral Signposting Event (2.5 Hours)

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	<ul style="list-style-type: none"> • Organise a referral signposting event in pilot county where Delivery drivers will have the opportunity to understand the third sector and statutory support available to enhance the signposting service; • Develop a wellbeing pro forma with input from GPs that can be used to monitor identified patients at regular intervals; • Provide feedback through the Community Pharmacies to GP Practices where there are issues that may be of concern; • Set up an annual wellbeing check pro forma that can be offered to patients who are vulnerable and isolated to assess support that may be needed. • Feedback will be sought from the delivery drivers, patients, GP practices and Pharmacies involved in the pilot to establish the benefit of the service. • Measures will be put in place to monitor the number of referrals into statutory and third sector and the effectiveness of these referrals as well as follow up on outcomes.
<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>See Annex 1</p>
<p>Describe how stakeholders, including patients and communities, will be involved in the design, delivery and review of the scheme.</p>	<p>Through the Steering Group for the project which will have representation from GP's, Community Pharmacists, Community Health Council and Health Board staff. The Steering Group will meet on a quarterly basis. The Steering Group will be involved in the design of the paperwork for the project identifying appropriate training requirements as part of the project. Project updates will be shared at the meetings and changes will be made where required to meet the needs of the patients as well as the stakeholders involved in the project.</p>
<p>Describe expected outcomes.</p>	<p>See Annex 2.</p>

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<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>This has not been tested elsewhere.</p>
<p>Describe how this scheme is different to what is already in place locally or what has been tested elsewhere.</p>	<p>Many Community Pharmacies within Hywel Dda offer a Pharmacy Delivery Driver Service. Offering this service is a commercial decision by pharmacies and is not funded by the NHS. Yet the impact of harnessing this resource by the NHS could be considerable in areas where the Pharmacy Delivery Driver is the only person that some vulnerable and isolated members of the community might see. In addition a delivery driver may be the one person who visits a patient regularly and therefore notice changes or deterioration in that person's health. At present there is no formalised means of reporting health changes. In addition Delivery Drivers are often not aware of the third sector services that are available within the area and most don't possess a basic first aid qualification but on some occasions they have been the first person at the home of someone who has fallen or been injured.</p>
<p>DETAILS OF THE SCHEME</p>	
<p>Describe the key stages of the scheme and timescales for each stage. (quarterly or relevant intervals)</p>	<p>Year 1 Set up steering group Engage with Community Pharmacy/GP Practices/Third Sector/Community Health Council Set up paperwork for the service (including monitoring and evaluation tools). Share service detail with Community Pharmacy Wales for support. Quarterly Steering Group Meetings Organise Training/Networking Event. Carry out DBS checks on identified delivery drivers Develop Baseline data Enhanced service offered to a minimum of 10 Community Pharmacies within Hywel Dda in the pilot period Good practice and evaluation to be shared nationally Scope up the service to be offered to all Community Pharmacies in Year 2</p>

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<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>The project will be managed by the Primary Care Manager for Service Improvement and overseen by the Head of Community Pharmacy Contracts. Support with administration of the service will be offered by the Primary Care Officer for Service Improvement and the Primary Care Administrator for Community Pharmacy.</p> <p>There will be quarterly Steering Group meetings where the Primary Care Manager for Service Improvement will report to the group on key milestones and outcomes for the project and they will have the opportunity to discuss areas of concerns or improvement.</p>
<p>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></p>	<p>See Annex 3</p>
<p>Describe what resources (expertise and financial) has been allocated for evaluation.</p>	<p>For evaluation, a framework will be created and embedded within the project from the outset. Expertise will be drawn from internal teams linked to service improvement, and patient experience to support a holistic framework.</p>
<p>Outline the ways you plan to share the learning locally and nationally.</p>	<p>We will share the work nationally through Community Pharmacy Wales and Primary Care One on an All Wales basis. The final evaluation report, with key findings and workforce models will be shared through a variety of forums i.e. Primary Care One, Primary Care Hub, Pacesetter Forums and locally through our website and updates provided through regular cluster meetings.</p> <p>We will seek to find case studies of good practice which with consent will be shared through our communications team on a local as well as a national level.</p>

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>	TICK
1. An informed public	✓
2. Empowered communities	✓
3. Support for well-being, prevention and self-care	✓
4. Local services (inc more services in the community)	✓
5. Seamless working	✓
6. Effective telephone systems	
7. Quality out of hours care	
8. Directly accessed services	
9. Integrated care for people with multiple care needs	
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	
<u>A Healthier Wales - The Ten Design Principles</u> (page 17)	TICK
1. Prevention and early intervention – enabling and encouraging good health and wellbeing	✓
2. Safety – healthcare does no harm, enabling people to live safely in families and communities	✓
3. Independence – supporting people to manage their own health and wellbeing and remain in their own homes	✓
4. Voice – Empowering people to understand, manage and make decisions about their health, wellbeing and care	✓
5. Personalised – services tailored to individual needs and preferences	
6. Seamless – services and information which is not complex and co-ordinated	✓
7. Higher value – better outcomes and patient experiences	✓
8. Evidence driven – understand what works, evaluating innovative work and learning from others	
9. Scalable – Ensuring that good practice scales up	✓
10. Transformative – new ways of working are affordable and sustainable and change or replace approaches	✓
<u>Aims of the primary care pacesetter fund</u>	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	✓
<u>The Strategic Programme for Primary Care</u>	TICK
1. Prevention and wellbeing	✓
2. 24/7 Model	
3. Data & Digital Technology	
4. Workforce & Organisational Development	
5. Communication & Engagement	✓

Logic Model and Evaluation Plan templates

Annex 2

Example logic model template

Project title: Pharmacy Delivery Driver Enhanced Service

Project aim (the overarching thing your project wants to achieve): A service to monitor and offer low level support and signposting for pharmacy delivery patients who are vulnerable, housebound, with limited mobility who live in their own homes.

Project objectives (the steps necessary to achieve the project aim):
 Establish a steering group comprising of key stakeholders and referral agencies.
 Liaise with GPs/Pharmacists to agree service details.
 To develop a Service Specification, Service Level Agreement and other project paperwork in partnership with Steering Group and GPs/Pharmacists.
 Set up agreed referral pathway to GP practice, and third sector organisations where additional need is identified.
 Set up a minimum standard training requirement for Delivery Drivers to carry out the service.
 Organise training days for Delivery Staff to attend across the three counties.

Consider inputs, outputs & outcomes for each of your objectives

Inputs	Outputs		Outcomes		
	Intervention/ activity	Participants	Short term	Medium term	Long term
Need to identify key stakeholders with an interest in supporting the project including a Pharmacy Delivery Driver keen to develop the service and improve what is currently offered to patients.	Email third sector organisations (e.g. Red Cross, Care & Repair, MIND), GP practice, Community Health Council, Pharmacy staff for interest in attending. Set up draft terms of reference for the group including frequency of meetings and objectives.	Primary Care Manager for Service Improvement with Support from Pharmacy team to set up and chair the meetings. Participation from a range of organisations.	Good interest from a range of organisations.	Good attendance and input at the first four meetings.	Steering Group support and input into the delivery of the new service.

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<p>Establish a working group of GPs and Pharmacists to support with the set up of service to ensure that it meets the needs of the patient and of the practices/community pharmacy.</p>	<p>Email expression of interest to GP practices/Pharmacies. Set up a virtual network to discuss.</p>	<p>Primary Care Manager for Service Improvement - Three GPs and three Pharmacists. (consider Pharmacy Champions and GP leads)</p>	<p>Working group set up.</p>	<p>Input provided and support given to ensure that the service is robust.</p>	<p>Positive response from GP practice and Pharmacy that the service is meeting mutual aims.</p>
<p>To create a draft version of all paperwork to be discussed and scrutinised by the Steering Group.</p>	<p>Draft paperwork sent before steering group – opportunity to discuss and amend as necessary to ensure that it meets the needs of the service and also of key partners and referral pathways.</p>	<p>Primary Care Manager for Service Improvement, Community Pharmacy Team, Steering Group.</p>	<p>Paperwork drafted and supported by Steering Group.</p>	<p>Pharmacies signing up to the Service and able to use the paperwork.</p>	<p>Positive feedback about the service and the paperwork from Delivery Drivers and patients.</p>
<p>To support the set up of collaborative meetings between participating pharmacies and their local GP practices. To share service information with the third sector and negotiate referral pathways.</p>	<p>To provide information packs to participating Pharmacies with service information that can be discussed with GPs. Utilise Voluntary associations in each county (PAVS, CAVS, PAVO) to ensure that the information is shared. Link in with signposting services such as CUSP and</p>	<p>Primary Care Manager for Service Improvement</p>	<p>Information packs produced. Information shared and third sector engagement received. Referral pathways drafted and supported.</p>	<p>Service is embraced by participating GP practices and Community Pharmacies. Referral pathways being utilised and patients satisfied with outcomes.</p>	<p>Service is benefitting Patients, GP Practices and Pharmacies. Increase in the number of pharmacies offering the enhanced service.</p>

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	Community Connectors to ensure patients are receiving the most appropriate onwards referrals.				
Objective 5: Establish the training required to deliver the service. Costs to get training delivered locally and to set up Networking events in each county.	Organise training events and on-line training for Delivery Drivers to meet the standard set. Arrange venue and Networking event in each county for appropriate organisations to share information on the services they offer so that delivery drivers have awareness and can make appropriate referrals.	Training organisations, CAVS, PAVS, CAVO, Third Sector Organisations and service providers such as the Fire Brigade.	Delivery Drivers feel equipped and confident to deliver the enhanced service.	Delivery Drivers feel valued and engaged in their role. Patients feel less isolated and more engaged with local services where required.	Delivery Driver Service becomes mainstreamed and offered to all Pharmacies within Hywel Dda. Evaluation shows the service has been beneficial to patients and there is qualitative and quantitative data to support this.
<p>Key assumptions: Delivery Drivers and Community Pharmacy will be invested in the new enhanced service. Community Pharmacy Wales and the Local Medical Council will support the service and see the benefits for both Community Pharmacy and GP practice. Patients will consent to the service. Delivery Drivers will be willing to attend the training events and Community pharmacy will be able to release Deliver Drivers.</p>			<p>External factors/ influences: Community Pharmacy/Delivery Divers not wanting to engage. GP Practices not wanting to be involved. Third sector changes will affect pathways and referrals. Community Pharmacy deciding not to offer deliveries in the future.</p>		
<p>Costs & value: Once service is set up costs will be transferred on an on-going basis to the Community Pharmacy budget and will be paid through the Enhanced service allocation.</p>			<p>Unintended results: The service may create extra work for GP practices. Additional pressure on Delivery Drivers.</p>		

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This will support the sustainability of the Delivery Service for Community Pharmacy and offer increased service for the patient.	Change in role will incur salary costs increase in Delivery Driver role making the service unaffordable for Community Pharmacy.
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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)
How many patients have been seen by the Delivery drivers who fall into the category of vulnerable, isolated or house-bound. Number of Wellbeing checks and Annual reviews.	Numbers provided by Community Pharmacies involved in the service.	Through monthly enhanced service claims.	Monthly on an on going basis.	Community Pharmacy Team
If patients have benefitted from the service.	Improvement in patients environment. Early signs of deterioration reported to GP. Signposting to other agencies and feedback of the impact.	Outcome Star (or similar patient outcomes tool) Feedback from patient. Feedback from GP practice. No of patients referred to GP. No of referrals made. Feedback from referral agencies.	Information will be collected on an on going basis by the Community Pharmacy. Information will be shared with the CP team on a monthly basis.	Primary Care Manager – Service Improvement Community Pharmacy Team

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<p>Delivery Drivers feel more confident within their role and better equipped to deal with unexpected scenarios.</p>	<p>Through Feedback from Delivery Drivers and Community Pharmacy.</p>	<p>Feedback forms after training and Networking events. Outcome star completed at outset of involvement with the project and then again after 6 months.</p>	<p>On going basis.</p>	<p>Primary Care Manager – Service Improvement Community Pharmacy Team</p>
<p>Effectiveness of Steering Group</p>	<p>Number of people attending, coverage of attendees from GP / Pharmacy / CPW / Third Sector/ Health Board / Fire Brigade.</p>	<p>Minutes from steering group.</p>	<p>Quarterly</p>	<p>Primary Care Manager – Service Improvement Community Pharmacy Team</p>