System Leadership

Integrating Pharmacy and Medicines Optimisation (IPMO) into North East & North Cumbria Integrated Care System

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Supported by the Pharmacy Integration Fund

NHS E & I, North East and Yorkshire

5th July 2019

NHS England and NHS Improvement

Context

- Long Term Plan

- LTP encourages all organisations in each health and care system to join forces

- Putting local populations at the heart of system working

- A focus on outcomes, not structures

- Improvements in population health management and outcomes as the prime objective of collaborative working and integration

"The case for integrating care around the needs of patients, service users and populations is compelling ………….. **A disjointed response to these needs is unlikely to deliver the best possible outcomes**"

Prof Sir Chris Ham

Integrated care won't reduce how much we spend on the NHS but it should enable resources to be used more effectively".

Professor Sir Chris Ham, Chief Executive of The Kings Fund
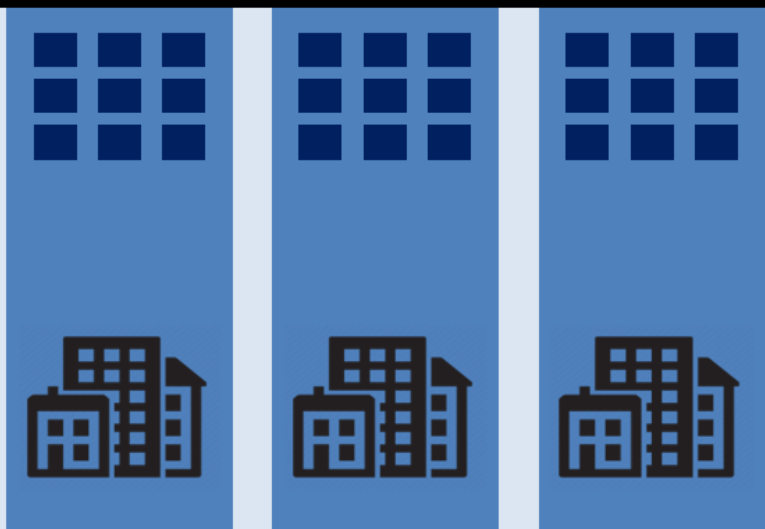
Level	Pop. Size	Purpose
Neighbourhood	**~50k**	• Strengthen primary care • Network practices • Proactive & integrated models for defined population
Place	**~250-500k**	• Typically borough/council level • Integrate hospital, council & primary care teams / services • Hold GP networks to account
System	**1+m**	• System strategy & planning • Hold places to account • Implement strategic change • Manage performance and £
Region	**5-10m**	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

Each level performs specific functions under the following common headings
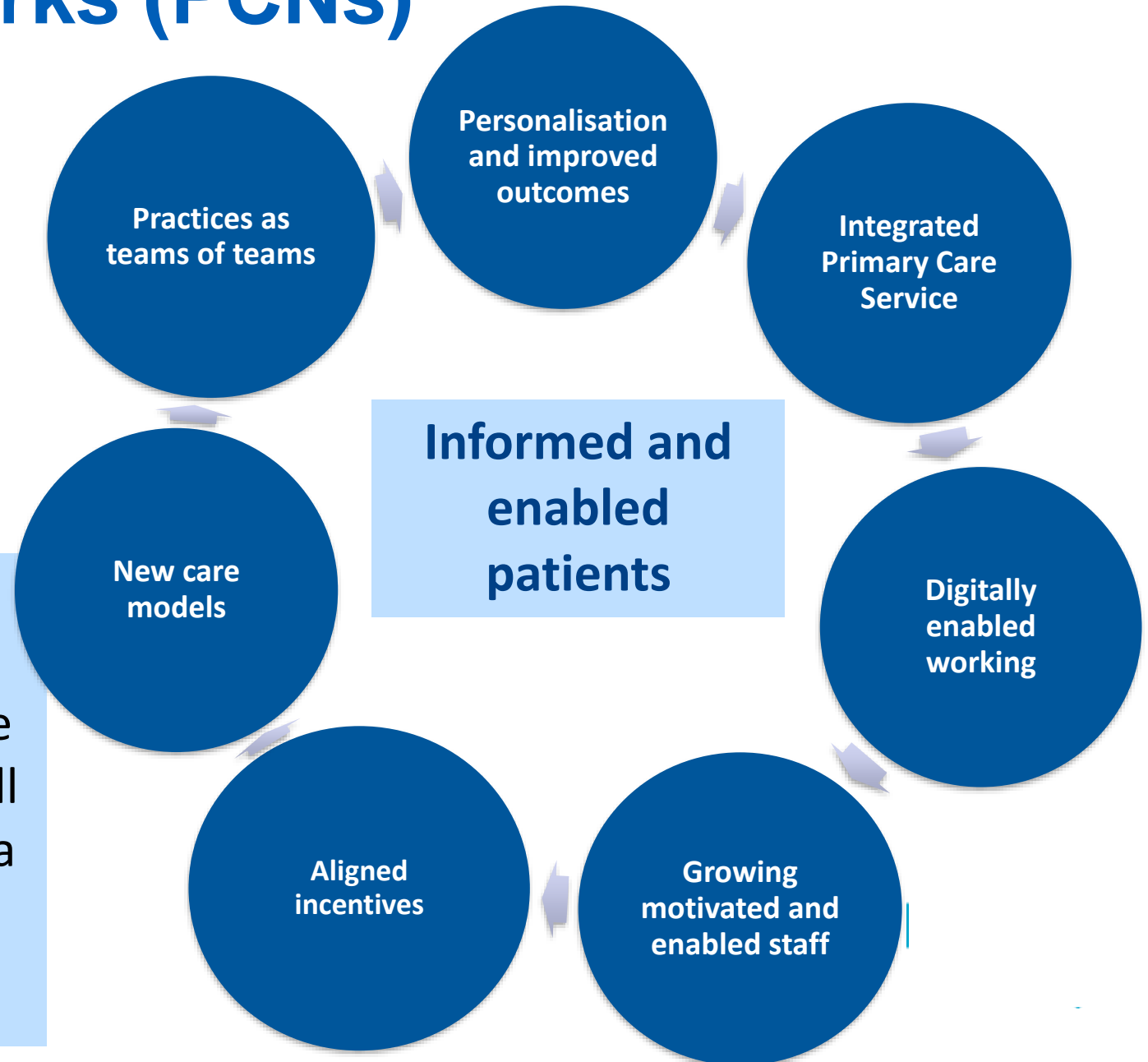1. Leadership, engagement and workforce
2. Care redesign
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources

Each level perform similar functions . What differs is the who, the what and the how

Primary Care Networks (PCNs)

Primary care networks are small enough to give a sense of **local ownership**, but big enough to have impact across a **30- 50K population.**

They will comprise groupings of 100-150 clinicians and wider staff **sharing a vision** for how to improve the care of their population and will serve as service delivery units and a **unifying platform** across the country.

Practices as teams of teams

Personalisation and improved outcomes

Integrated Primary Care Service

Informed and enabled patients

Digitally enabled working

New care models

Aligned incentives

Growing motivated and enabled staff

Long term plan is central

14 working groups were set up to develop plan for the NHS which was published January 2018:

Clinical priorities:
- **Cancer**
- **Cardiovascular and respiratory Learning Disability and Autism**
- **Mental Health**

Enablers:
- **Workforce, Training and Leadership**
- **Digital and Technology**
- **Primary Care**
- **Research and Innovation**
- **Clinical Review of Standards**
- **System Architecture**
- **Engagement**

Efficiency still a major priority given funding challenges

Life course programmes:
- **Prevention, Personal Responsibility and Health Inequalities**
- **Healthy Childhood and Maternal Health**
- **Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia**

November 2018 to March 2019, staff, patients, the public and other stakeholders had the opportunity to help local health and care organisations determine what the plan meant for their local area

https://www.longtermplan.nhs.uk/
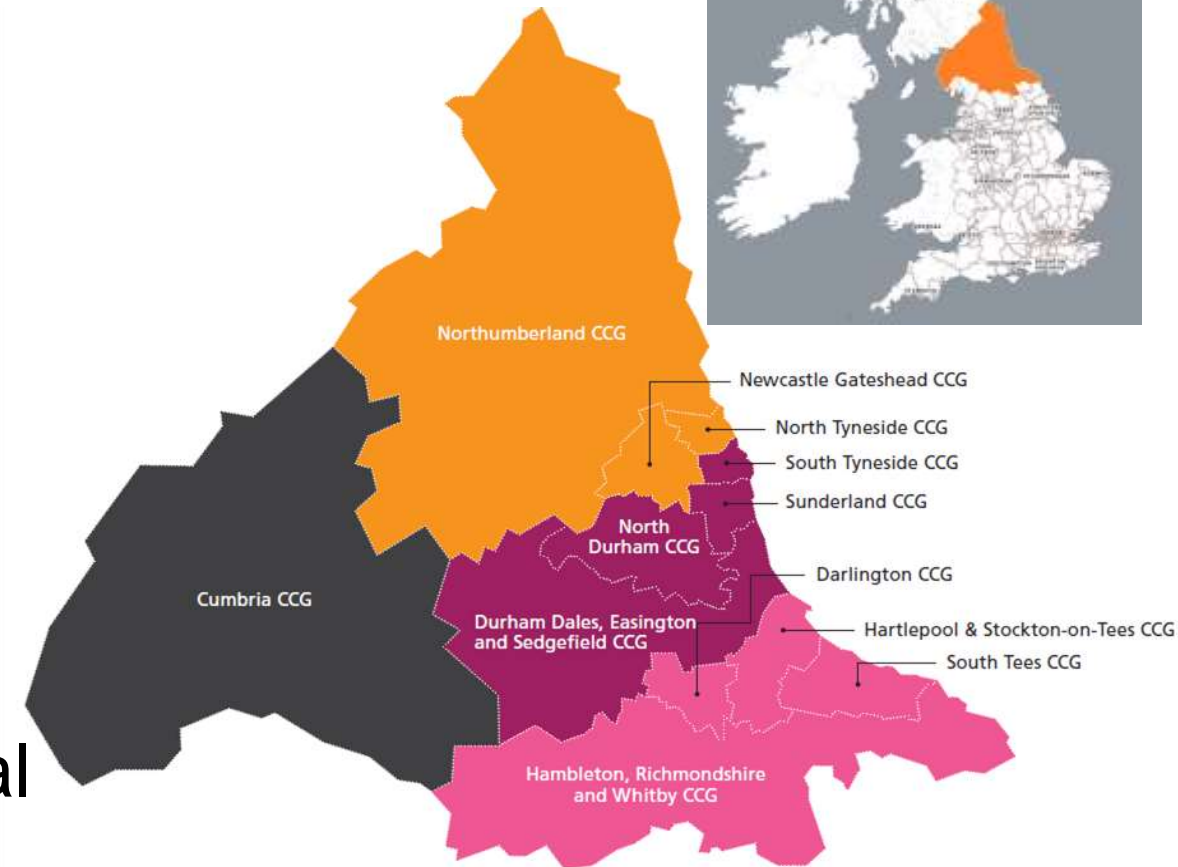
NENC ICS Context

Need to think differently – to think system-wide; take a whole systems approach

- Proposition for IPMO: pharmacy and medicines optimisation into the ICS

- To **Collaborate** – to work together - aligned with National and ICS Priorities

- Review what we know about **the workforce** to inform strategy and actions

- **Efficiencies** – aim to reduce unwarranted variation;

  - 'do it once' - where it makes sense. Stop if not adding value.

  - data sharing as part of aim for consistency; good use of tech and digital

- **Good model working**

  - could/should that model be rolled out or developed at scale (ICS /ICP) and how?

- **Governance and structure** – to 'dock in' most efficiently and effectively into the ICS structure and contribute to / inform ICS strategies.

Our geography

The NENC ICS covers a large geographical area

- Population of 3,264,000
- 4 ICPs
- 12 CCGs
- 11 NHS Foundation Trusts
- an annual medicine spend of just over £500,000,000 FP10 + hospital

Northumberland CCG

Newcastle Gateshead CCG

North Tyneside CCG

South Tyneside CCG

Sunderland CCG

North Durham CCG

Darlington CCG

Cumbria CCG

Durham Dales, Easington and Sedgefield CCG

Hartlepool & Stockton-on-Tees CCG

South Tees CCG

Hambleton, Richmondshire and Whitby CCG

As at Feb 2019

NENC Pharmacy Overview

Large geography and evolving landscape – how do we accommodate that in what we do?

'North Cumbria'
- **Population 325,000**
- 1 CCG, 8 emerging PCNs
- 11 Hospital sites
- 63 Community Pharmacies

'North'
- **Population 1.077M**
- 3 CCGs, 22 emerging PCNs
- 25 Hospital sites
- 244 Community Pharmacies

'Central'
- **Population 997,000**
- 4 CCGs, 23 emerging PCNs
- 21 Hospital sites
- 236 Community Pharmacies

'South'
- **Population 849,000**
- 4 CCGs, 18 emerging PCNs
- 25 Hospital sites
- 168 Community Pharmacies

As at Feb 2019

IPMO Pilot - pharmacy and medicines optimisation into the ICS

1. Workforce

- Pharmacy has been identified as a key resource in the Long Term Plan for primary care but also increasingly recognised in secondary care.
    - The current picture – numbers - capacity
    - The current picture – capability. what pharmacy is doing, can do and could do in future?
        - The problem is a system issue and not sector – have to work together
        - Consider what needs to be in place to ensure a skilled flexible workforce 'doing the right work and in the right place'.
        - Pharmacy Workforce Group to link in with ICS Workforce Board

2. Governance and Structure

- Looked at current structures and Terms of Reference and remit of the many groups
- Delivering consistency? Potential for streamlining? Linked into system architecture, decision-making and strategy?
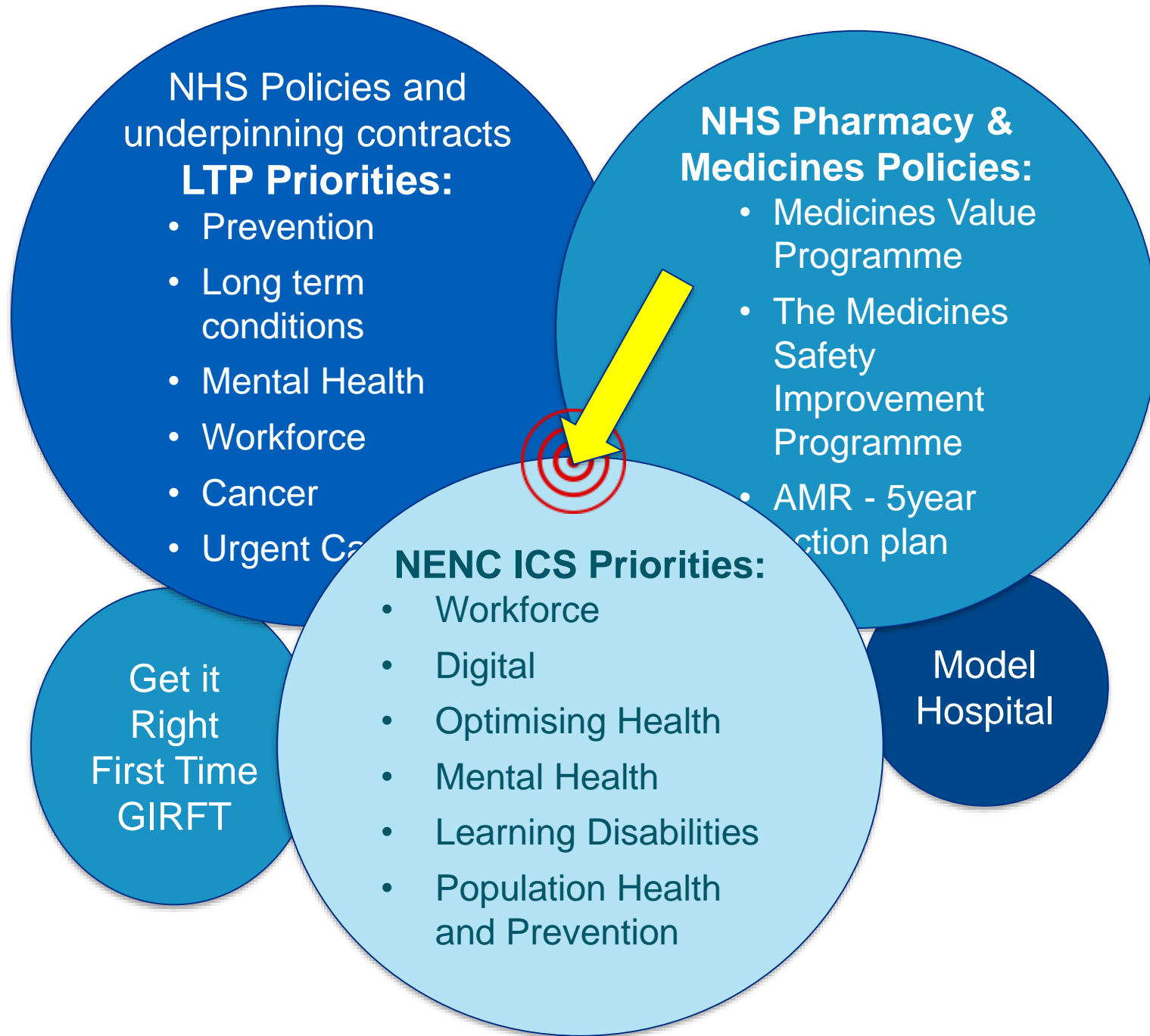- Propose possible architecture - may evolve as tested

3. IPMO Priorities in NENC ICS

- Much is already being done in the region. Consistent? System-wide? Priorities TBC!

Engagement

What to prioritise?

- Alignment

NHS Policies and underpinning contracts
LTP Priorities:
- Prevention
- Long term conditions
- Mental Health
- Workforce
- Cancer
- Urgent Ca...

NHS Pharmacy & Medicines Policies:
- Medicines Value Programme
- The Medicines Safety Improvement Programme
- AMR - 5year ...ction plan

NENC ICS Priorities:
- Workforce
- Digital
- Optimising Health
- Mental Health
- Learning Disabilities
- Population Health and Prevention

Get it Right First Time GIRFT

Model Hospital

Thoughts on system working ….

NHS

- Survey to understand how **senior pharmacy leaders** are working together across the country
- They suggested issues, barriers, and solutions for pharmacy and medicines system leadership across STPs and ICSs
- The following themes were identified:
  1. A need for joined-up working between all stakeholders
  2. A need for culture change
     - Staff attitude, working arrangements, organisational practice
  3. Improving current ways of working
  4. Lack of capacity

What does that mean for me?

- Think about what all this means for you – now - and in the future!
- Is my clinical / policy/ system knowledge where it needs to be to meet the opportunities and challenges ahead?
- Today is a start - opportunity to converse, contribute, connect…. and plan!

Conversations can make things happen!

NHS