

NHS Primary Care Contracting

Identifying Change Levers in Primary Care Best Practice Examples

Hillingdon PCT – Pharmacy Diabetes Scheme

PSA Target Group:

Reducing health inequalities, Improving access to care, Improving the patient/user experience

PCT / Practice Name: Hillingdon PCT

Title of Initiative: Pharmacy Diabetes Scheme – across 10 pilots sites

PCT / Practice Hillingdon PCT

What was the main prompt for this initiative?

Value for money

Peer group interest

Organisational development

Working towards standards for better health

What do/did you hope to achieve from this initiative?

There were several hopes. The scheme was designed to educate patients in the nature of their diabetes by pharmacists. This would in turn complement the medication that they were taking and facilitate a reduction in BMI, BP, HBA1c and Total cholesterol. It was also hoped that the scheme would further utilise the skills of pharmacists and enhance the governments agenda of self care and improved patient access

What is perceived as the key lever/driver for this change?

Changing government policy on patient access and integration of medical services.

When did the initiative start?

2002 and revamped in 2004

When does/did the initiative end?

No end

Did your initiative address any of the following targets?

Reducing mortality rates

Reducing Health inequalities

Tackling the underlying determinants of health and health inequalities

Improving long-term conditions

Improving access to care

Does your initiative meet any of the following strategic tests for Primary Medical Care Contracting?

Vehicle for strategic change

Develop an integrated unscheduled care programme

Enhanced services shift treatment from secondary to primary care

Develop a more entrepreneurial culture in primary care

Improve patient experience

Take opportunities for skill mix and forge effective new partnerships

Positive impact on R&R and morale

Of which areas did your initiative support system reform?

Improving primary care and management of LTC

Safe, well-integrated and better quality services

Fast access to the most appropriate service

Services provided within an environment of promoting self-care

In which other areas has your PCT/practice's initiative made a significant contribution to primary care development?

Development of healthcare roles in primary care settings

Reduction in workload for GPs or other clinicians

Innovative scheme positively evaluated as bringing benefit

Health professionals in primary care such as OCC therapists

What criteria did you use to assess the success of the development: what were the outcomes?

Patient Satisfaction

Choice

Cost effectiveness

Health outcomes

How did the initiative fare against these criteria?

All elements of the scheme were evaluated. The scheme was well received by most patients. Parameters such as BMI, BP, Total Cholesterol and HbA1c were significantly reduced due to patient education. There are 10 pharmacies on the scheme at present and therefore significant choice for the patient. Additionally, minimal costs are associated with the scheme.

What were the set-up costs of your initiative?

£30,000

Where did the funding come from?

TBC

What were the financial incentives of your initiative?

Health Economy

What contractual mechanism(s) was your initiative set-up under?

Other pharmacy contract

Can you provide examples of how your initiative provides value for money:

Since the Phase 2 launch, 181 patients have been recruited; 59% (n=107), 30% (n=54) and 20% (n=36) have been followed up at 2,4 and 6 months post-recruitment, respectively. Monitoring parameters were measured at recruitment and follow-up,

Random blood glucose – 81% (n=147) of patients had an initial random blood glucose measurement

recorded. Of these patients, 31% (n=46) had a reading above 10 mmol/l. From paired data analysis on 86 patients, 28% (n=24) had a blood glucose level above 10 mmol/l at recruitment; 96% of these (n=23) went on to improve their blood glucose and 63% (n=15) achieved the target.

HbA1c – 83% (n=151) of patients had an initial HbA1c level recorded, of which 37% (n=56) were above the

target. Cholesterol – 85% (n=154) of patients had their initial total cholesterol level measured; 29% (n=44) had a total cholesterol level exceeding 5 mmol/l. From paired data analysis on 63 patients, 37% (n=23) had a total cholesterol level in excess of 5 mmol/l at recruitment, subsequently 74% (n=17) of this cohort reduced their cholesterol and 52% (n=12) went on to achieve the target. Blood pressure – 95% (n=172) of the

patients had an initial BP measurement recorded, 56% (n=96) of which had BP readings above 145/85 mmHg. BMI – 93% (n=169) of patients had an initial BMI reading recorded; 85% of these (n=143) had a BMI in excess of 25, 41% (n=70) in excess of 30, and 15% (n=25) in excess of 35. From paired data analysis

(n=93), 84% (n=78) of patients had a BMI in excess of 25 at recruitment, subsequently 32% (n=25) of these patients went on to reduce their BMI and 6% (n=5) went on to achieve the desired target.

Can you provide examples of cost savings (directly or indirectly) as a result of your initiative?

It is difficult to quantify the long term cost savings of this scheme as it is directly attributable to the long term changes in attitude to diabetes and reduction of essential parameters. However, in increasing the patients awareness of the condition had significant effects on reduction of secondary care admissions, medication wastage and help with GP appointment availability. .

What were the main difficulties in setting up and implementing your initiative?

Significant resistance to change was encountered by both pharmacists and other health care professionals. Additionally, the scheme was initially viewed as a separate entity from the remainder of the diabetes scheme in the trust and not an integral part of it - this created problems with relation to inter-professional work.

How were they overcome?

The results of the scheme spoke for itself. After the outcomes report (and the significant results produced) much resistance was lowered.

It is our intention to add supplementary (and eventually independent) prescribing on to the scheme to integrate it with the rest of the service within the trust. Additionally, when funds become available, it is our intention to add a screening element for patients.

What factors do you believe were the most important to the success of the initiative?

The scheme highlighted the successful approach to patient education and translating understanding into actual reduction in essential body parameters needed for a healthy diabetic. Additionally, the scheme is now to be used as a template for introduction of other services (e.g. respiratory etc) that can be easily modelled on the diabetes scheme.

What were the main benefits of the initiative?

The scheme showed that patient education is significant in the overall approach to medical care. The scheme also showed the significant effect that pharmacists placed in the community can have in the approach to the overall health economy.

With the benefit of hindsight, are there aspects of this initiative you would have approached differently?

None

FOR FURTHER DETAILS ON THIS, CONTACT dipen.shah@hillingdon.nhs.uk