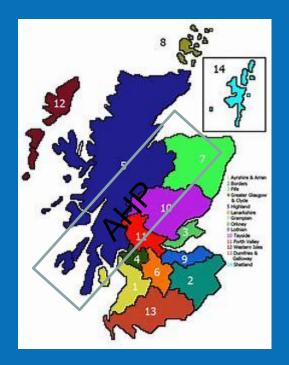
The Scottish Government Healthcare Scientist Annual Event: Patient Group Directives

28th June 2018

Jan Beattie @JanAHPO

• About Me !







 Prescription only medicines (POMs)

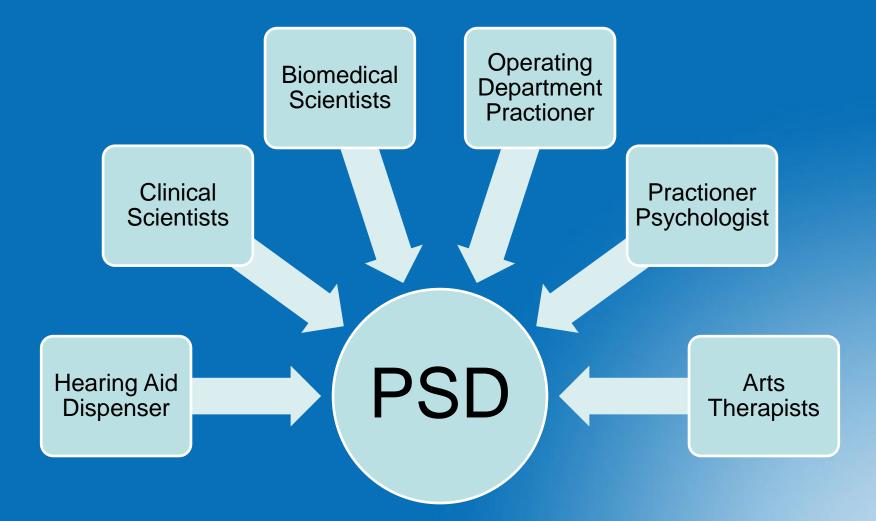
• Pharmacy medicines (P)

 Medicines on the general sale list (GSL)

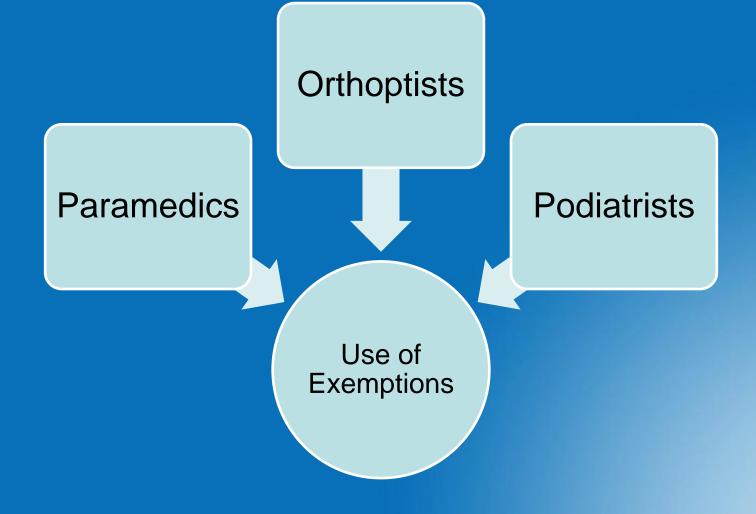
Prescribe

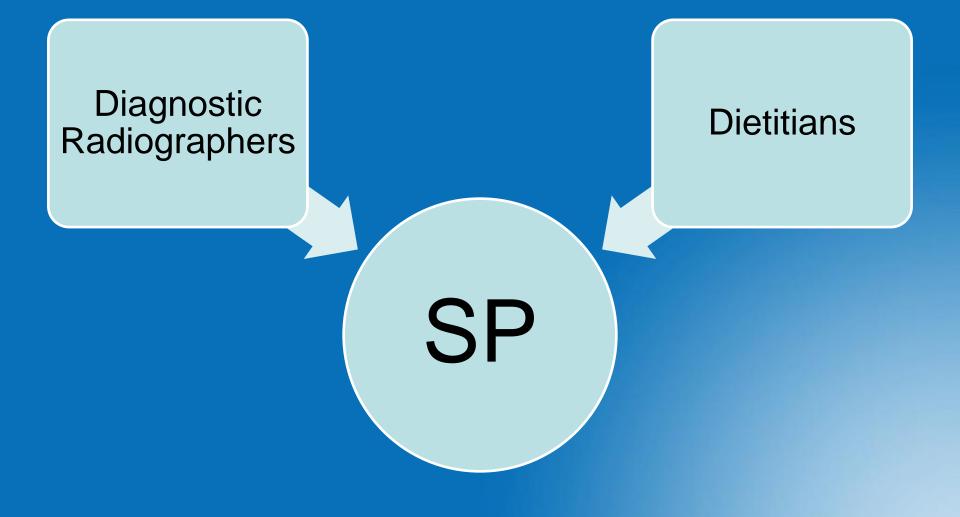
• Dispense

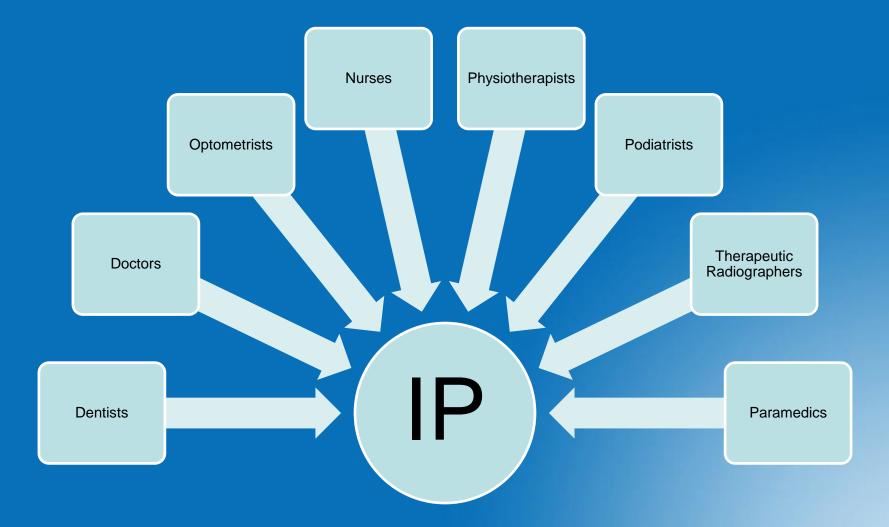
Administer











- The use of patient group directions (PGDs) by:
- biomedical scientists
- clinical scientists
- operating department practitioners
- •
- The use of exemptions within medicines legislation by:
- dental therapists
- dental hygienists
- •
- In addition:
- a review of the controlled drugs lists that podiatrist and physiotherapist independent prescribers can prescribe
- a review of the list of exemptions used by paramedics

- 23,153 BMS registered with HCPC
- Currently have PSD rights

 5559 CS registered with HCPC

- Proposals across all sectors
- Across the UK

- Provision of best care, first time, in the right place
- Improved outcomes
- Medicines optimisation
- Clear lines of clinical responsibility and accountability
- Reduced resource usage and cost effectiveness





Public consultation

Commission on Human Medicines (CHM) process

Changes to legislation

Implementation

• What is the difference to the patient ?

e.g.

- Patient stories
- Waiting times
- Number of appointments
- And ?

Is there any impact to your service ?

e.g.

- Less time taken writing or calling to GP/consultant.
- Reduced patient delay or repetitive testing resulting in more efficient use of staff time.
- Increased length of consultation time
- What else ?

- What is the impact on your wider team ?
- e.g.
- Fewer GP/Consultant appointments.
- Increase/decrease in use of medication (pharmaceutical budget)
- Fewer interdisciplinary referrals
- Others ?

NATIONAL OUTCOMES Our children have the best start in life and are ready to succeed		We live longer, healthier lives		Our people are able to maintain their independence as they get older		ain their I hey get i	Our public services are high quality, continually mproving, efficient and responsive
We start well		We live well		We age well		II	We die well
PRIMARY CARE VISION Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services.							
HSCP OUTCOMES	People can look after own health			Live at home or homely setting		Experience Services	Services improve quality of life
Services mitigate inequalities	Carers supported improve health			People using services safe from harm		l Workforce ving Care	Efficient Resource Use
PRIMARY CARE OUTCOMES We are more informed and empowered when using primary care			Our primary care service better contribute to improvin population healt		proving	Our experience as patients	
Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care			Our primary care infrastructure – physical and digital – is improved				Primary care better addresses health inequalities

THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND



Priorities:

- Pharmacy/prescribing extending current programme
- Vaccinations
- Community Treatment and Care Services
- •
- Urgent care
- Wider MDT(physio; links workers; mental health)



- National Workforce Plan (Primary Care)
- Public Health Priorities for Scotland
- A Healthier Future Action and Ambitions on Diet, Activity and Healthy Weight
- Welfare Review
- Digital Health
- Transforming Roles