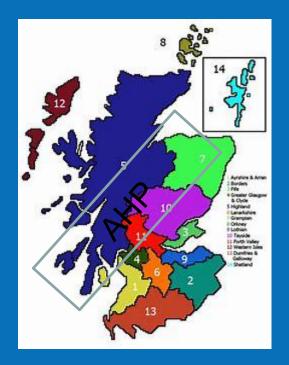
# The Scottish Government Healthcare Scientist Annual Event: Patient Group Directives

28<sup>th</sup> June 2018

Jan Beattie @JanAHPO

#### • About Me !







 Prescription only medicines (POMs)

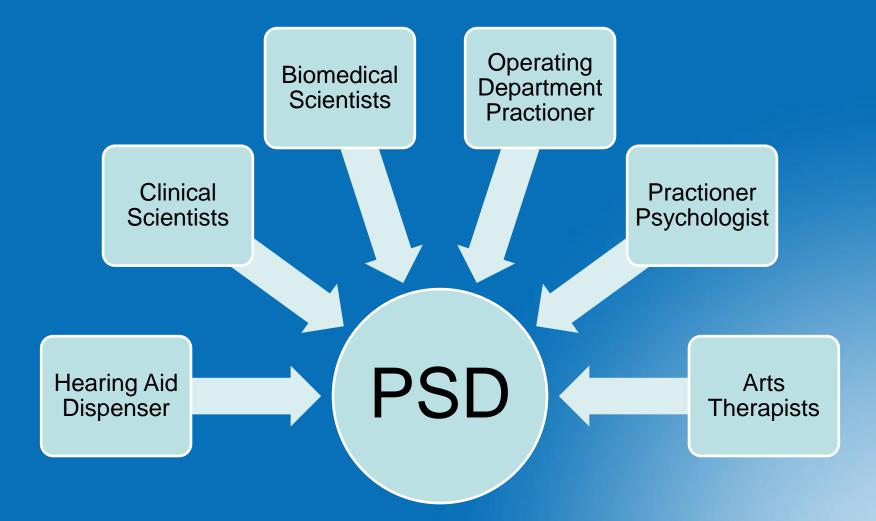
• Pharmacy medicines (P)

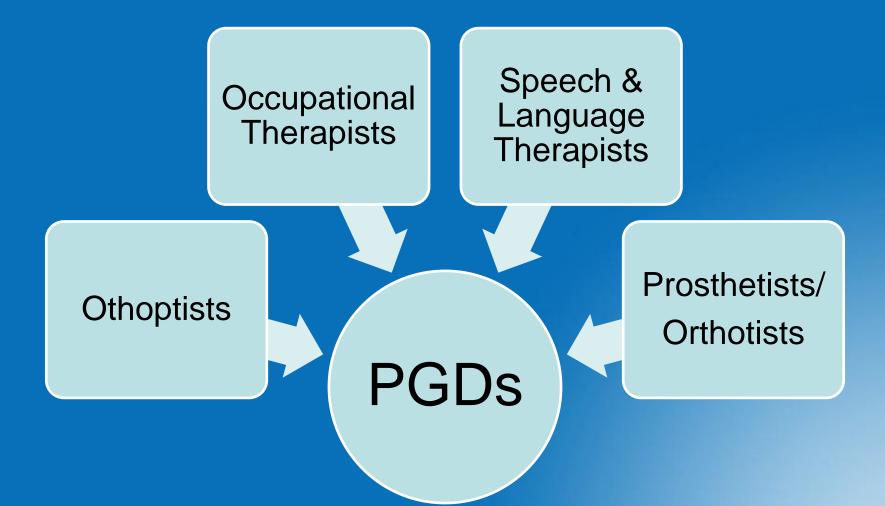
 Medicines on the general sale list (GSL)

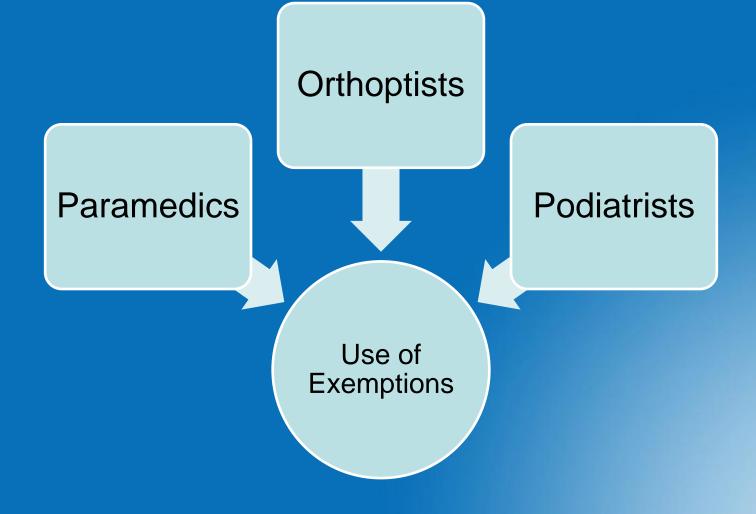
Prescribe

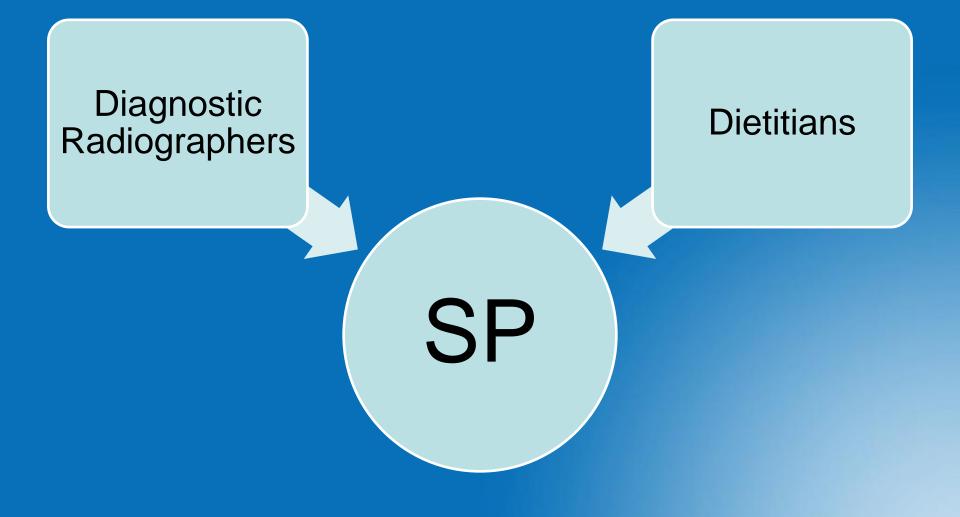
• Dispense

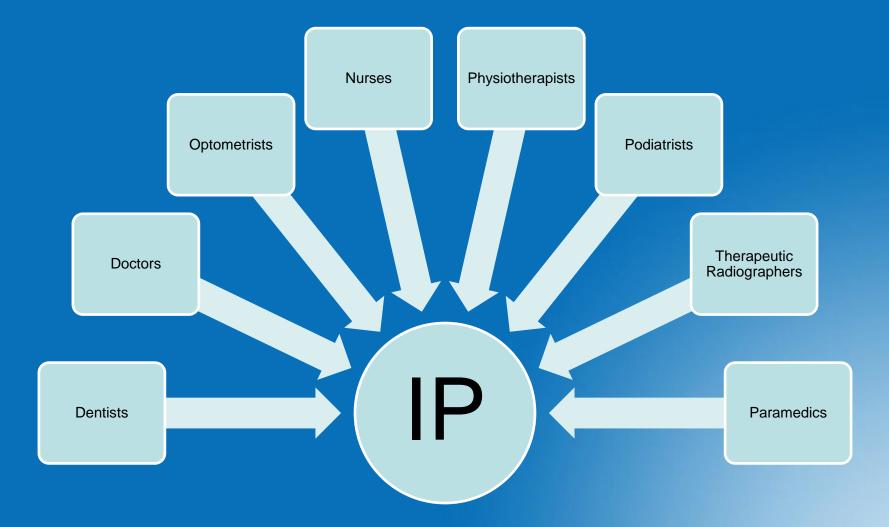
Administer











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