

English Pharmacy Board 16 April 2008

PUBLIC BUSINESS

Leadership and Innovation

Purpose

- To provide an update on the success and rollout of *Leading across boundaries*.

Strategic objective domain

- Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care.
- Improving member engagement in the work of the Society.

Recommendations

- i. to note the progress to date
- ii. to consider what actions could be taken by the English National Board, collectively and individually, to support and secure rollout of *Leading across boundaries* as widely as possible.

1. Background

The Society's work on the development of local leaders and local leadership has grown and become more sophisticated over a number of years and is a progression of the work on the local implementation of the Council's *Building the future* strategy. *Leading across boundaries* originally sought to develop pan pharmacy local networks capable of thinking and acting strategically, integrating well with health and social care and consequently being in a position to support each other in innovating, and delivering the potential of the profession. A three stranded approach is taken, developing the leadership skills of the individual, developing the collective leadership skills of the network and their ability to work together to maximum effectiveness, and applying everything learned to the delivery of an important local initiative.

At the end of the pilot programmes nearly 80% of participants said that the programme helped them to make significant or major progress on a real life local issue. Nearly 70% said that they noticed a significant or major development in how they communicated and worked together to get things done and nearly 95 % said that pharmacy was or had the potential to be better integrated into the work of the NHS following their participation in the programme.

2. Multidisciplinary programmes 2007

The first multidisciplinary programme was completed in December 2007. The focus was developing medicines management and communication across a number of community hospitals. Participants included Primary Care Trust pharmacists some working part time in community pharmacy, acute and primary care trust chief pharmacists and nurses of various grades from the community hospitals.

The group were successful in gaining agreement to:

- include stipulation in the medical contract that GPs must put time aside to discuss clinical issues with the pharmacist;

- liaison between the Medical Director and Joint Commissioner to ensure that Social Services specify the level of care that agencies provide with respect to medicines management to reduce problems with delayed discharge;
- support continued funding of pharmacy technicians in their pivotal role in the medicines management service;
- network members sitting on the various local Darzi working groups and a medicines management commissioning group.

The network was also encouraged to apply for Practice Based Commissioning funding for a further local initiative.

2008

North West Strategic Health Authority

Following the success of both the unidisciplinary and multidisciplinary pilots, in 2008 *Leading across boundaries* has been re-focused on delivering outcomes. Phase one involved selling the concept of our unique approach to network leadership development to Chief Executives of the Strategic Health Authority, PCTs and other key players to provide active support. In parallel to this, work has been undertaken to persuade local key pharmacists of the need for their involvement and commitment.

Leading across boundaries has commenced in a North West PCT where a community based weight management programme is being developed by pharmacists from the Local Pharmaceutical Committee, the Professional Executive Committee and Primary Care Trust, a GP, dietician, and representatives from public health, commissioning and finance. A PCT 'steering group' will keep in close contact with the network with a view to rolling out the resultant service PCT wide and recommending that other PCTs tailor and adopt this. An influential SHA reference group has been constituted.

3. Rollout

Leading across boundaries delivers a generic framework of leadership development for individuals within a network. It is tailored to those individuals, the needs of the network and specific expertise brought in, as identified by the members, to help them deliver their local initiative. It can therefore be used to deliver a large number of different outcomes.

Currently there is interest at the Department of Health in delivering the networks to put in place initiatives in public health and for long term conditions, particularly obesity, diabetes and alcohol consumption. The advantage to pharmacy is that integration and influence outlasts the programme with key pharmacy players able to think and act strategically and make things happen for themselves.

Positive leads are currently being pursued in three Strategic Health Authorities with a view to running *Leading across boundaries* with networks intending to commence initiatives around both diabetes and practice based commissioning

The North West SHA has agreed to promote *Leading across boundaries* to the Department of Health and elsewhere when we are successful. There is also the possibility of further rollout within the North West.

4. Risk Implications

Limited rollout will result in missing the opportunity to create a step change in achieving widespread integration of pharmacists and pharmacy within NHS and Social Care, achieve our potential and change attitudes.

5. Resource Implications

In order to rollout the programme once per PCT in England industry sponsorship should be maximised. We need to ensure that when the current work comes to fruition that we can move quickly in order not to lose impetus and fail to deliver.

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