

Appendix 1:

Business Case Template

Business Case for Community Pharmacy Diabetes Services *[Insert Name of Organisation]*

Submitted by:

Management Lead:

Clinical lead:

Date:

Notes:

This template is provided as guidance only. You should insert your own local information as appropriate.

Project Objectives

1. To devise and implement a community pharmacy programme to support the local care pathway for people with diabetes, and to enhance the shift of services from secondary to primary care
2. To foster closer working relationships between community pharmacists and healthcare professionals involved in the management of people with diabetes (including GPs).
3. To provide people with diabetes greater choice and improved access to services

[Insert Additional objectives according to local needs and service design]

Background

The prevalence of diabetes is currently estimated at 2.3 million people and rising (estimated at 3.6 million by 2025) http://www.yhpho.org.uk/PBS_diabetes.aspx and is even higher among certain ethnic minority groups. In fact, the incidence is growing at 15% in some areas of the country. There is good evidence that tight control of blood glucose levels and blood pressure improves health outcomes, resulting in less ill-health and death from coronary heart disease, lower incidence of renal failure and blindness, and fewer leg ulcers and limb amputations.

Some key facts about diabetes and its treatment:

- Around 5% of the NHS budget is spent on treating diabetes and its complications alone. Diabetes accounts for a large part of the prescribing budget for PCTs.
- The average patient spends three hours per year with a healthcare professional and remaining 8,757 hours caring for themselves.
- Rates of non-compliance for diabetes medicines range from 50% to 80%^{1,2}
- Poor communication between doctor and patients lead to non-compliance³
- 76% of patients' main worries were not mentioned to the doctor⁴
- Community pharmacists provide access at the heart of the community and are in position to help ensure maximum benefit is gained from the large investment that the NHS already makes in diabetes treatment

The Local Picture

[Insert local information here. Type of information to be included (not exhaustive)]:

- Demographic data inc deprivation and ethnicity
- Brief description of re-design work in diabetes in progress locally
- Information from local reports or assessments identifying gaps in services and unmet needs
- Information from The Quality & Outcomes Framework (QOF) for GPs on diabetes
- Local information that demonstrates poor compliance with medicines

Anticipated Benefits of the Pharmacy Service:

- Improved understanding of the condition and its treatment amongst people with diabetes, leading to increased adherence to medicines regimens.
- Tighter control of modifiable risk factors resulting in reduced morbidity and mortality. This may in turn lead to reduced hospitalisation costs.
- Development of primary care capacity and expertise to provide enhanced care e.g. structured education and insulin initiation / titration
- A reduction of the burden of long-term conditions.
- Improved cost-effectiveness of medicines usage. Many people with diabetes are on multiple medicines. Pharmacist intervention could reduce wastage and over-use as well as identifying under usage e.g. diabetes glucose testing strips (over and under usage) and blood pressure medicines (poor adherence).
- As pharmacists have access to other members of the family, the programme provides an opportunity to convey public health messages and influence positive behaviour change across different generations.
- Community pharmacies tend to employ staff from the varied ethnic backgrounds that they serve, enhancing communication and identifying problems for people with language difficulties.

[Insert additional benefits according to local service design]

Service Description

[Insert a detailed description of the service here]

This should include:

- The service model – what types of services will be provided, how many pharmacists will be commissioned to provide the service

- The scope of the service – details on the different components of the service. What needs will the pharmacists address, what type of information will they provide, how will, the service be monitored and evaluated, what standards will need to be met
- Service specification(s) – full details of the content of each type of service to be included here (see examples from City & Hackney – to SSS 6)

Projected Costs

- Costs – detailed breakdown of project costs including capital and revenue. How The following costs should be included:
 - Fees to pharmacists
 - Equipment and consumables
 - Promotion materials and scheme paperwork
 - Training and development costs
 - Management costs (if additional to existing staff)

Stakeholder Management

[Identify who the main stakeholders will be]

Suggested list:

- Community pharmacists / LPC
- PCT Medicines management lead / community pharmacy lead
- PCT Diabetes Lead
- PBC group / GPs and Practice Nurses
- Community Diabetes Teams e.g. Diabetes specialist nurses, dieticians and podiatrists
- Patients / patient representative groups
- Consultant diabetologists – community or secondary care
- Secondary care diabetes teams.
- Local Diabetes UK branch
- PCT department leads – e.g. primary care, commissioning, public health
- PCT Committees – PEC, PCT Board, PCT Management team, Local LDSAG
- The PCT Communications Manager
- Director / consultant in Public Health

Information about the scheme should be presented / communicated to all the stakeholders. This is likely to be a very time consuming process. It is proposed that the workload be divided amongst a small team responsible for communication.

Appendix 2:

Diabetes Care Pathway Workshop Summary and Participants

The Role of the Community Pharmacist in the Diabetes Care Pathway

Mapping Workshop

Summary Report

As part of the development of this toolkit a multidisciplinary working group of front-line clinicians, service managers and a lay representative was set up to test the concept and content of the service specifications. The objectives of the meeting were:

1. To ascertain the group's views on problems relating to diabetes medicines
2. To explore potential pharmacy services and to gauge the level of interest in various types of services e.g. weight management, medication reviews and insulin titration
3. To identify perceived drivers and barriers - which initiatives can services link to, what are the workforce development issues and is there a need for the service?

The key findings and views from the group are summarised below:

What do you consider to be the single biggest problem people with diabetes have with their medicines?

- Information at diagnosis:
 - There is information overload and people cannot absorb all the information relating to medicines alongside the other information relating to the management of diabetes
 - There is insufficient time to cover medicines-related information at the time of diagnosis
- There is a lack of understanding about how medicines work and why people should take them
- There is antagonism towards medicines e.g. people may feel they are harmful or addictive