

iSIMPATY Launch Event – Question and Answer

The following questions were asked during the virtual launch event held on the 5th November 2020. Some questions were answered during the session and others had to be answered after the event due to time restrictions. The following is a full set of questions and answers.

Is this launch being podcast to share with those who are unable to be here so that they can update themselves and learn? Thank you

Yes the launch is being recorded and will be available to view on our website at isimpathy.eu. You can also follow us on Twitter @iSIMPATY to stay up to date.

Are there any plans to link iSIMPATY and polypharmacy management with social prescribing at GP/primary care level? Thank you

The 7 step process begins with “What matters to you? “. This therefore then starts to address what the patient’s priorities are and introduces the option to consider social prescribing, and sign posting to other services rather than prescribing. The patient app also provides options for the patients to consider lifestyle issues that are important to them.

Work has been undertaken to assess the impact of a community pharmacist becoming part of a community multidisciplinary team (including GPs ,Trust staff community and voluntary groups) with regard to optimising medicines .The approach adopted here takes a holistic citizen centred viewpoint, and thus is trying to some degree to ‘de-medicalise’ the care model including social prescribing .

This type of approach also synergises with the mPower INTERREG project (www.mPower.eu) in the border counties of Northern Ireland and Ireland, also supported by SEUPB. mPower works with communities to enable people to take the steps needed to live well, safely and independently in their own homes by self-managing their own health and care in the community. In this context, there would be benefits in maximising such a link.

How does the project empower the patient to take ownership of their own health and to self-manage their condition?

The project adopts the 7 step process that asks the patient “ What matters to you?” and when considering treatment choices, shared decision making tools have been developed so that the clinicians can use them with patients in the consultation. Patients will also be able to provide feedback via the PROMS element of the app.

How do people get involved - is there funding that can be accessed for posts etc?

There would currently be no funding available for further posts but if the programme delivers the outputs as defined, then there will be the intention to scale and spread. To ensure readiness for this expansion it may be pertinent to derive relevant business cases in

this regard. If areas want to be involved in the training to imbed their own programmes please get in touch at nss.isimpathy@nhs.scot

Can the need for polypharmacy review be strengthened in the GP contract to support that sustainability. At present it is 'additional' in terms of the pharmacotherapy service rather than core in terms of use of pharmacy team resource

There would be a need to strengthen this approach in relation to the GP contract and the requisite deliverables given the very significant impact that will accrue both to our citizens and healthcare resource utilisation. The tasks being undertaken by practice based pharmacists therefore need to be reflective of this requirement. In Scotland, the health boards involved will be looking to incorporate this as part of the work of practice pharmacists. In addition this service would be a key plank in any action plan to deliver the third global patient safety WHO Challenge to reduce avoidable medication related harm.

Is the training of Health Care Professionals multidisciplinary? Is a cascade, technology enabled learning mode? Are SU involved in the training -receiving and/or delivering?

Yes, the training of the HCP will be multidisciplinary to encourage team working. Currently these are being delivered remotely using zoom conference technology.

How will the 120 Health Care Professionals be selected and who are they likely to be i.e type and level of HCP, especially in Scotland

The regions that are participating in the project will be invited to extend the invitation to colleagues within their area that want to imbed the programme. Pharmacists, doctors will be invited. If you are out with this area and want to access the training please get in touch.

Apologies if I have missed this at the start - how will the 120 Health Care Professionals who will be trained for iSIMPATY be identified, and are these professionals who are already involved in this kind of work in the 3 geographical areas? Thank you

See above

Congratulations on this great cross border initiative colleagues - I wonder if and how you see this programme engaging with the international Special Interest Group on Polypharmacy and Adherence that IFIC Scotland convenes on behalf of IFIC - led by Alpana Mair and Albert Alonso and established as a legacy from Simpathy? And of course there is an opportunity to exploit the strong interface with the Ageing and frailty, self-management and intermediate care Special interest Groups too with the active international and interdisciplinary community of practice - how can we best maximise the synergies?

Thankyou. As mentioned at the launch, iSIMPATY would continue to build on established groups such as the SIG for polypharmacy and adherence. Details of joining this group can be found at <https://integratedcarefoundation.org/ific-integrated-care-academy/special-interest-groups-sigs/intermediate-care>

iSIMPATY would be keen to ensure that we ensure the synergies with the other groups are maximised and happy to follow-up with you after.

Links will also be maintained with the European group on active and healthy ageing (EIP AHA) which looks as polypharmacy and adherence.

A bit of detail on how the medication reviews are being done - are these in secondary care only or is there capacity for reviews in general practice and or community pharmacy settings also?

The Medicine Reviews will take place in different settings. In Northern Ireland they will primarily take place in hospitals and in the Republic of Ireland and Scotland they will mainly take place in GP surgeries. As part of scaling up recommendations will be made on how to scale up through community pharmacy.

Have those delivering already been identified or can Health Boards still join?

We have identified the Health Boards who will be involved but if you are interested please get in touch with us at nss.isimpathy@nhs.scot

When will the training be available and how can staff in primary care become involved in the project now and after?

The training will be available online within the next few weeks, details of how to access this will be on our website when uploaded. If you are interested in this please email us at nss.isimpathy@nhs.scot and we will let you know when this is available. Staff in all settings secondary and primary care will be able to undertake the training online.

What business models are being used to inform the outcomes currently in place -med reviews, SU experiences....given the high cost of meds and the deleterious impact of non-compliance? Are there good examples that could be used to inform.

A range of metrics are being collected which will enable us to ensure that robust business cases /investment proposals can be produced, and delivering a positive return on investment by the implementation of the service. This will include data regarding medicines cost, improved patient engagement, and this impact on adherence. Non cash releasing benefits as a result of reduced healthcare resource utilisation (eg GP time, ED attendances) are also being collected. There are a number of published examples that are available that have, and will further inform the business rationale.

Thank you ALL -would like a follow up to keep in touch with the progress of this important project -well done ALL

Thank you, we're glad you found it useful and please stay in touch. You can follow us on Twitter @iSIMPATY and also check out our website - the full version of which will be live soon.