

TRUST BOARD IN PUBLIC		Date: 30th March 2017	
		Agenda Item: 2.1	
REPORT TITLE:		Hospital Pharmacy Transformation Plan	
EXECUTIVE SPONSOR:		Des Holden, Medical Director	
REPORT AUTHOR (s):		David Heller, Chief Pharmacist	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee 22/03/2017	
Action Required:			
Approval (√)	Discussion ()	Assurance (√)	
Purpose of Report:			
<p>As part of the national work led by Lord Carter, all Trusts are required to design and publish a Pharmacy improvement, or transformation plan. This plan is designed to move the pharmacy service from where it is towards best national practice, with similar methodology to other aspects of the Model Hospital programme.</p> <p>A pharmacy transformation board with appropriate Terms of Reference and membership and chaired by the Medical Director will design and implement a suitable plan and requests updates either directly to Trust Board or to the SQC twice a year with the first report suggested for July or August.</p>			
Summary of key issues			
This paper describes the initial baseline performance and areas for improvement.			
Recommendation:			
To accept the paper, timelines for delivery within the appendices and the recommendation for an update in July or August 2017.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe -Deliver safe services and be in the top 20% against our peers SO2: Effective - Deliver effective and sustainable clinical services within the local health economy SO3: Caring – Ensure patients are cared for and feel cared about SO4: Responsive – Become the secondary care provider and employer of choice our catchment population SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model</p>			
Corporate Impact Assessment:			

Legal and regulatory impact	
Financial impact	
Patient Experience/Engagement	
Risk & Performance Management	
NHS Constitution/Equality & Diversity/Communication	
Attachment:	
Hospital Pharmacy Transformation Plan	

SASH Hospital Medicines and Pharmacy Transformation Plan

Introduction

The Carter Report introduced a requirement for all hospital organisations to produce a Hospital Pharmacy Transformation Plan (HPTP) to help ensure that hospital pharmacy resources are released to maximise pharmacist input to Clinical Services, focussed on medicines optimisation and organisational governance.

The findings of the Carter Report are best summarised using the graphic from the report:

CLINICAL SERVICES	VARIABLE INFRASTRUCTURE SERVICES				
MEDICINES OPTIMISATION 1 Patient facing: ward pharmacy; medicines reconciliation; medicines discharge; prescribing; Out-patient and Pre-Admission Clinics; specialist Pharmacists; medicines administration and support 2 Organisational Assurance: Medicines Safety Officer; Governance role of Chief Pharmacist; Audit Programmes	SUPPLY CHAIN	E&T	ADVISORY SERVICES	R&D	SERVICES TO EXTERNAL ORGANISATIONS
Store/distribution and procurement; Aseptic; Production QC; Dispensing; Homecare					
Training provided to Pre-Registration Pharmacists and Technicians; NVQ Assistant staff; Post-Registration Pharmacy staff					
Medicines Information; Formulary					
Clinical Trials; Departmental Research					
Community; Mental Health; Hospices; Prisons; Care Homes; GPs					

What is Medicines Optimisation?

The Royal Pharmaceutical Society Good Practice Guidance on Medicines Optimisation, developed with and approved by NHS England, says:

“Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from medicines. However, there is a growing body of evidence that shows us that there is an urgent need to get the fundamentals of medicines use right. Medicines use today is too often sub-optimal and we need a step change in the way that all healthcare professionals support patients to get the best possible outcomes from their medicines.

Medicines optimisation represents that step change. It is a patient-focused approach to getting the best from investment in and use of medicines that requires a holistic

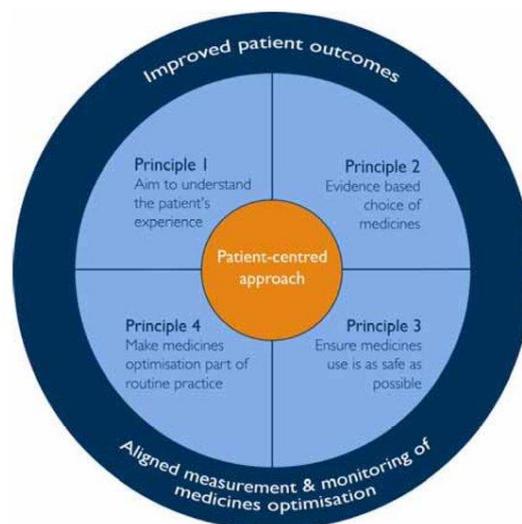
approach, an enhanced level of patient centred professionalism, and partnership between clinical professionals and a patient.

Medicines Optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. And by focusing on patients and their experiences, the goal is to help patients to:

- improve their outcomes;
- take their medicines correctly;
- avoid taking unnecessary medicines;
- reduce wastage of medicines and
- improve medicines safety.

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.”

Medicines Optimisation can be represented by the figure below.



Progress against Carter Report

SASH is already well ahead in some areas in releasing pharmacy professional time to focus on clinical pharmacy, as was acknowledged in an engagement visit by the Carter review implementation team in July 2016. In particular, the Trust:

- buys pre-made chemotherapy, so we have no on-site production
- buys non-sterile products from the most cost effective supplier
- utilises shared resources for Education and Training of pharmacy staff

- outsourced outpatient dispensing at East Surrey Hospital (via Boots)
- provide pharmacy stores and procurement services for several other NHS organisations
- Effective implementation of decisions on which drugs are appropriate to use and those that are not

As a result the Trust has one of the lowest costs per Weighted Activity Units in the country (lowest 12%)

SaSH Pharmacy Staff & Medicines Costs per WAU 2015/16 £253 (STP Peer median £401, National Median £350)

SaSH Medicines Costs per WAU 2015/16 £224 (STP Peer median £369, National Median £312)

There are however areas for the Trust to focus on, not all of which are reflected in the NHS Improvement Model Hospital dashboard currently available:

- Seven day on ward clinical pharmacy services
- Implementation of electronic prescribing across the whole Trust
- Implementation of biosimilar¹ switching
- Improving the number of pharmacist prescribers
- Releasing pharmacists' time for them to focus on medicines optimisation and governance
- Relatively high use of intravenous paracetamol compared to oral paracetamol

This plan is intended to gain Board agreement on the tasks and projects needed, the people leading the projects and way that the projects fit together under the HPTP umbrella (Appendix 1). The plan will be fluid and will be overseen by the Medicines and Pharmacy Transformation Board (MAPTB) over the next 5 years. The terms of reference of the MAPTB is in Appendix 2.

Sustainability and Transformation Plan (STP)

The Trust sits in the Sussex and East Surrey STP. It is a large area with relatively good road connections between the acute Trusts. Public Transport links are good

¹ A biosimilar medicine is a biological medicine which is highly similar to another biological medicine already licensed for use. It is a biological medicine which has been shown not to have any clinically meaningful differences from the originator biological medicine in terms of quality, safety and efficacy.

into Brighton but slow between East Surrey and Worthing or Eastbourne or Hastings. Driving distances from East Surrey Hospital include 58 miles to Conquest Hospital, Hastings and 38 miles to St Richards Hospital, Chichester. Both journeys are approximately 90 minutes outside of rush hour. Rail journeys can exceed two hours between stations, with added time to reach the hospitals. This hinders the ability to share staff across the wider STP.

Initial discussions on a shared pharmacy store focussed around the need to centralise the store with purchasing and distribution in order to increase and share the benefits. The STP Trusts propose further work on this project to assess if the benefits would significantly exceed the costs. It is not certain that the savings on drugs would exceed the significant capital and infrastructure costs. In addition there would be risks associated with reduced stock holding at each Trust. Funding will be required for this project work to assess the extent of potential savings. There is the potential to include other STPs, eg Surrey Heartlands, in this work.

At SASH we have considered collaboration with other Trusts on Clinical Trials management and this may be a future development.

Other areas for potential collaboration include Medicines Information and further joint work on education and development. We need to consider the future of the Crawley Hospital Pharmacy which requires resources to be more thinly spread than our busier site can accommodate.

There is also a greater need to work closely with the CCGs, in particular on a joint formulary, implementation of cash releasing changes, eg biosimilars, and reduction on dependency on acute Trust dispensing. We have the potential to share training opportunities and to ensure that hospital based staff also spend time in GP surgeries to understand the perspective and the impacts of treatment changes made in hospital. We are investigating the use of Pharmoutcomes (a web based solution) to refer patients from hospital to community pharmacies for new medicines reviews and polypharmacy review.

Risks

There are some key risks:

Risk Title	Risk description	Mitigation
Capital Funds	There will be insufficient capital to achieve what we need to	Seeking external funding for ePMA
Clinical buy—in	Lack of clinician buy-in for changes needed	Medical Director is the Chair of the Transformation Board and two Chiefs of

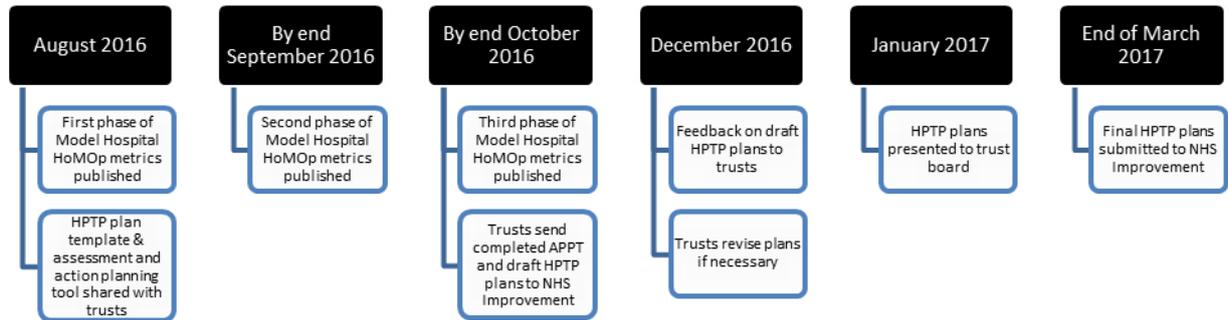
		Service are also members, along with the Chief Nurse.
Collaboration	Lack of desire to collaborate amongst other local Trusts	Seek engagement from Trusts on the edge of London

Issues

There are some issues that we are aware of now:

Issue Title	Issue description	Mitigation
Pharmacists	Band 7 Pharmacists are in short supply nationally and we have vacancies in the Trust that we have failed to fill.	Creative use of band 6 pharmacists and bank. Where necessary we will use agency, but we want to avoid that.
Pharmacy Technicians	Band 4/5 Technicians are in short supply nationally and we have vacancies in the Trust that we have failed to fill.	Creative use of band 2 Pharmacy Assistants. Where necessary we will use agency, but we want to avoid that.
Dispensing demand	Commissioners want the Trust to increase dispensing rather than decrease	Discussion and negotiation ongoing. Needs modernisation of GP systems to ensure smoother processes.

Timescales



Governance of Hospital Medicines and Pharmacy Transformation Plan

A medicines and pharmacy transformation board has been constituted with terms of reference (Appendix 2) which allows the development and oversight of delivery of a plan to improve medicines optimisation and pharmacy services within the guidance of Lord Carter's Model Hospital work. The work will be taken forward under 6 headings: Clinical pharmacy services, prescribing, supply chain, advisory services, Education and Training, and Research and Development. The transformation board will report its detailed plans, with time scales, tailored to the emerging work of the STP and our local place plans within, to the Trust Board twice per year. The work will also be brought together with other model hospital work as this delivers over the next two years.

The plan needs to be approved by the Trust Board and then submitted to NHS Improvement by the end of March 2017. We have suggested actions we believe will be possible by end of Q1, and therefore ask the Board to agree the plan and to take an update in July/August 2017.

David Heller
Chief Pharmacist
22/03/2017

APPENDIX 1 - SASH Hospital Pharmacy Transformation Plan

Clinical Pharmacy	Prescribing	Supply chain	Advisory Services	E&T	Research and Development
<p>Releasing Pharmacists from non-pharmacist activities (J Allen/J Rhodes)</p> <p>Reorganisation to increase admin support</p> <p>June 2017</p>	<p>Review and enforce new rules on outpatient prescribing to reduce unnecessary prescribing (S Griffith)</p> <p>September 2017</p>	<p>Review TTO dispensing processes to release pharmacy staff for Meds Opt. (D Heller)</p> <p>June 2017</p>	<p>Convert Medicines Information to Medicines Optimisation and Safety (D Heller)</p> <p>June 2017</p>	<p>Review collaborative working for PRPT underpinning knowledge training (L Lelliot)</p> <p>June 2017</p>	<p>Review R&D support to the pharmacy; consider first line implementation support from another Trust (J Allen)</p> <p>June 2017</p>
<p>Increasing proportion of Pharmacist prescribers (J Rhodes)</p> <p>Started, maximum 2 trainees at a time</p> <p>Objective over 5 years to have all band 8a and post Diploma band 7s trained or in training as prescribers</p>	<p>Implement biosimilar switches (D Heller / Clinical Leads)</p> <p>Rituximab and Adalimumab in next 18 months. Savings to commissioners with benefit share for the Trust. Will need to invest in clinical staffing to support switching</p>	<p>Pharmacy and ward automation</p>	<p>Unify functions of DTC and PCN (D Heller)</p> <p>December 2017</p>		
<p>Introducing Sunday on-ward clinical service (D Heller)</p> <p>Written June 2017</p>	<p>Introducing ePMA for all patients (I Mackenzie)</p> <p>Expected in 2017 – business case approved subject to funding</p>	<p>Expand space for Pharmacy Cancer Services to accommodate more patients from Guildford (D Heller)</p> <p>In year plans</p>	<p>Create single unified Formulary with CCGs (D Heller)</p> <p>April 2018</p>		
<p>Ensure Medicines Reconciliation with</p>	<p>Completing roll out of chemotherapy e-</p>	<p>Rationalising to maximum</p>			

Clinical Pharmacy	Prescribing	Supply chain	Advisory Services	E&T	Research and Development
24 hours for emergency admissions Business planning 2018/19 (J Rhodes)	prescribing to all prescriptions (W Webb) End March 2017	5 deliveries per day (S Gatland) Review feasibility for store, other areas complete June 2017			
Business case for increased antimicrobial stewardship time Money allocated from CQUIN for 2017/18 (A Lee)	Implement recommendations of top 10 drugs for review from NHS England (Chiefs / T Beadling)	Reducing pharmacy stock holding to 15 days (S Gatland) April 2018			
Business case for Emergency Department Pharmacists, (J Rhodes) Business planning case for £156k in 2017/18 plans	Agree Biosimilar changes and benefit share for rituximab and adalimumab with commissioners and clinicians (D Heller) Rolling commitment as drugs becomes available	Procurement, stores and distribution review with STP Chief Pharmacists (D Heller) April 2021			

APPENDIX 2

Medicines and Pharmacy Transformation Board

Terms of Reference

1 Strategic Statement

To oversee the transformation programme for pharmacy and medicines use in the Trust in line with the Carter review.

2 Constitution

The Pharmacy Transformation Board (PTB) is responsible for agreeing and monitoring the Medicines and Pharmacy Transformation Programme (MaPTP) and is chaired by the Medical Director. The PTB is managed by the Chief Pharmacist or delegate

The DTC is accountable to the Board through the Clinical Effectiveness Committee

3 Relationships

The committee has a close working relationship with the Drugs and Therapeutics Committee and the Workforce Committee

4 Membership

Voting Members

- Medical Director
- Chief Nursing Officer
- Chief Operating Officer
- Deputy Chief Finance Officer
- Chief of Medicine
- Chief of Surgery
- Chief Pharmacist
- SASH Principal Clinical Pharmacists
- Pharmacy Operations Manager

- Assistant Director of Operations for Medicine
- IT Programme Manager
- Director of organisational development and people
- Director of Service Development

Note - for consistency, it is important for members to attend themselves but given the importance, occasional deputies are permitted.

Co-opted non-voting members

5 Attendance

A quorum will be four members comprising at least:

Two member of the executive committee

At least one pharmacist

6 Administration

The MaPTB is administered by the Pharmacy Administrator

7 Frequency

The committee will meet every three months unless the workload demands more frequent meetings.

The Chief Pharmacist will meet the Medical Director at least every month

8 Authority

The Committee will review and approve the Medicines and Pharmacy Transformation Programme (MaPTP) on behalf of the Board.

9 Core Duties

- To receive and agree the projects that constitute the MaPTP.
- Receive review of NHS Improvement Model Hospital dashboard and gap analysis
- Agree metrics for delivery of the MaPTP
- Monitor progress of projects and programme as a whole
- Agree remedial action if projects fall behind schedule

- Identification of barriers and help to remove the barriers
- Ensure linkage across the Trust and across the Sussex and East Surrey Sustainability and Transformation Programme footprint

Note: Members of the Committee will be asked to formally declare any actual or potential personal or outside interests that they may have with issues that are part of the business of the Committee.

Updated: March 2017