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| TRUST BOARD IN PUBLIC | | Date: 30th November 2017 Agenda Item: 2.1 | |
| REPORT TITLE: | | CLINICAL PRESENTATION – MEDICINES & PHARMACY TRANSFORMATION PLAN | |
| EXECUTIVE SPONSOR: | | Dr Des Holden Medical Director | |
| REPORT AUTHOR (s): | | David Heller Chief Pharmacist | |
| REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date) | | N/A | |
| Action Required: | | | |
| Approval () | Discussion (√) | Assurance (√) | |
| Purpose of Report: | | | |
| To provide an update on progress of the medicines and pharmacy transformation plan. | | | |
| Summary of key issues | | | |
| <p>This is the second time the trust board has received an update on the medicines and pharmacy transformation plan, having received a report in march 2017. The transformation plan is a national expectation that boards will receive twice per year. It relates to the Lord Carter national work on efficiency and to the Model Hospital dashboard. The report highlights areas which are going well and areas where there is still room for improvement compared with the national picture. It should be noted that the data on the model hospital portal in some cases is more than 12 months old.</p> <p>This report should provide assurance that the transformation board is meeting regularly, and is supplemented by visits to the department and to the wards. Much of the data available suggests that sash is doing well compared to the national picture. In addition there are productive fora internally and externally within the STP where learning g and improvement is discussed. Much is going well, as described in the paper. There is a single issue of IV paracetamol use that will be improved. In addition with the exception of chemotherapy prescribing we have not yet implemented electronic prescribing in other areas, although there is a plan to make this change.</p> | | | |
| Recommendation: | | | |

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| The Board as asked to note the progress and gain assurance from the report | |
| Relationship to Trust Strategic Objectives & Assurance Framework: | |
| <p>SO1: Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers</p> <p>SO2: Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy</p> <p>SO3: Caring – Working in partnership with staff, families and carers</p> <p>SO4: Responsive – Become the secondary care provider of choice our catchment population</p> <p>SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model</p> | |
| Corporate Impact Assessment: | |
| Legal and regulatory impact | Regulatory requirement |
| Financial impact | Included in the report |
| Patient Experience/Engagement | Included in the report |
| Risk & Performance Management | Included in the report |
| NHS Constitution/Equality & Diversity/Communication | Included in the report |
| Attachment: | |

TRUST BOARD REPORT IN PUBLIC – 30TH November 2017

Medicines and Pharmacy Transformation Plan – Clinical Presentation

1 Background

The Medicines and Pharmacy Transformation Plan (MaPTP) was approved by the Board in March 2017. Since then the pharmacy team has been drawing up plans and documents for the earlier objectives in the plan and has developed a Production Board using the SASH Plus principles. The Sussex and East Surrey STP Chief Pharmacists met several times to discuss potential collaborations. This paper sets out key successes so far, any barriers to progress and the position moving forward with the STP. Unfortunately at the time of writing this paper the Model Hospital dashboard was still showing 2015/16 figures in many areas.

2 Progress so far

- 2.1 The Chief Pharmacist has developed a production board in line with SASH + methods and this is reviewed at Genba Walks with the Medical Director
- 2.2 The Pharmacy department has filled several key roles and reorganised the senior management structure. The final post will be in place at the end of January. This is key to the Carter requirement to release pharmacists to work in more clinical roles.
- 2.3 Several meetings are planned between Pharmacy and Divisions to ensure that pharmacy developments are embedded in divisional business plans.
- 2.4 Some Pharmacy specific business cases will be submitted to the Executive team for consideration at the end of November. These include:
 - Automation of the pharmacy using a pharmacy robot with links to the JAC pharmacy computer system and eventually from JAC to Cerner and Cerner to Health Information Exchange, creating a transcription free process and reducing risks and errors.
 - Future of Crawley Hospital Pharmacy
 - Seven day on-ward clinical pharmacy services
 - Emergency Department Pharmacist(s)
 - Specialist Pharmacists in Gastroenterology, Rheumatology and Admissions

- 2.5 The Chief Pharmacist has engaged with other Chief Pharmacists across Sussex and East Surrey STP and Surrey Heartlands STP with a view to collaboration in areas such as stores, purchasing, and Education and Development. Stores and Purchasing will require STP funding to assess the potential and project manage. Savings ideas have been shared and proved mutually beneficial.
- 2.6 Development of our Pharmacy Technician roles. Our band 5 Pharmacy Technicians spend little time in the dispensary where most of the dispensing is undertaken by Pharmacy Assistants and Student Pharmacy Technicians. More Technician time has been moved to the wards
- 2.7 Feedback from NHSI in mid November 2017 focussed on some areas where more detail is needed in the plan. In particular the plan will be updated before the end of 2017, with increased focus on:
- Expected timelines for ePMA and demonstration of the Trust's commitment to the project
 - The priorities for collaboration and integration across different healthcare sectors
 - Assurance that the plan fits with Trust objectives that are wider than pharmacy, how the plan is monitored and pharmacy supported to ensure that barriers are removed

3 Barriers

A lack of capital is the biggest barrier, e.g. for automation of pharmacy and wards and for electronic prescribing.

Electronic prescribing, while embedded in chemotherapy, is not yet operational across the rest of the Trust. The Trust is still hoping to receive a loan for implementation but we are also considering a different route to achieving it, possibly starting with outpatient prescribing.

The Trust runs very efficiently, with relatively low numbers of staff, and this means that our focus is on the immediate patient needs. It is likely that moving forward we

will need to increase the staff in line with a project approach in order to successfully implement the plan.

4 Benchmarking

The Trust is monitored through the Model Hospital dashboard and we participated in the 2017 Benchmarking exercise.

The key areas where the Trust is showing as 'red' on the Model Hospital portal are:

- Electronic prescribing (inpatients, outpatient and discharge)
- Use of intravenous paracetamol as a proportion of all paracetamol spend

The Trust compares very well with national positions on many areas in the draft benchmarking report for 2017, including:

- Clinical Pharmacy measures for pharmacists and technicians, including time spent on wards and patients seen
- Management of medicines homecare by pharmacy
- Medicines cost per 100 beds
- E-trading (orders) to wholesalers

Areas for further development in the draft include:

- Increasing independent prescribing pharmacists. This will feature in business plans for 2018/19
- Weekend on-ward clinical pharmacy services
- Pharmacy stock holding
- Electronic invoicing

The final report is expected in early 2018 and the next report will have more detail.

5 Collaboration

The Trust is in discussion across the STP and beyond on collaboration work:

- Education and training with Sussex Trusts, including an application to provide a pilot vocational training scheme for newly qualified pharmacists, working with Western Sussex FT, BSUH, Sussex Partnership Trust, Crawley CCG, Horsham and Mid-Sussex CCG, East Surrey CCG, HEE LaSE
- We are working increasingly with Schools of Pharmacy at University of Sussex and Brighton University on training for students and collaboration over project work.

- Improving communication and collaboration with community pharmacy colleagues on medicines optimisation, maximising our use of technology to transfer information.
- Sterile production services, which we currently obtain from commercial suppliers. We want to support NHS facilities and encourage a greater security of supply within the NHS when the service can meet a suitable standard. We want to utilise the arrangement to improve efficiency in line with SASH+.

David Heller

Chief Pharmacist

November 2017