

## Trust Board Meeting

06 April 2017

<b>Title of the paper:</b>	<b>Hospital Pharmacy Transformation Plan (2017/18- 2019/20)</b>		
<b>Agenda item:</b>	<b>11/47</b>		
<b>Lead Executive:</b>	<b>Sally Tucker, Chief Operating Officer</b>		
<b>Author:</b>	<b>Martin Keble, Chief Pharmacist/Interim Divisional Manager for Womens and Childrens</b>		
<b>Trust aims :</b>	Double click on the box to mark as appropriate: <input checked="" type="checkbox"/> To deliver the best quality care for our patients <input type="checkbox"/> To be a great place to work and learn <input type="checkbox"/> To improve our finances <input type="checkbox"/> To develop a strategy for the future		
<b>Purpose:</b>	To gain approval of the proposed Hospital Pharmacy Transformation Plan for the next three years. This is in response to the final Carter report of February 2016 containing specific hospital pharmacy recommendations.		
<b>Link to Board Assurance Framework (BAF)</b>	<b>PR1</b> Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)		
<b>Previously discussed:</b>			
<b>Committee</b> Safety and Quality Committee		<b>Date</b> 21/3/17	
<b>Benefits to patients and patient safety implications</b> The plan has been produced through local engagement and with colleagues across the Hertfordshire and West Essex STP. The Carter report identifies hospital pharmacies ensure that they achieve the benchmarks such as increasing pharmacist prescribers, implement electronic prescribing and administration (EPMA), accurately cost code medicines and consolidate stockholding by April 2020 so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities. Progress updates will be provided on a six monthly basis as part of the medicines optimisation reports to the Safety and Compliance Committee.			
<b>Recommendations</b>  Recommended for approval by the Safety and Quality Committee.			

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**Hospital Pharmacy Transformation Plan (HPTP)- 2017/18- 2019/20**

**Presented by: Martin Keble, Chief Pharmacist/Interim Divisional Manager for Womens and Childrens**

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**1. Purpose**

- 1.1 This paper is to provide information about the proposed Hospital Pharmacy Transformation Plan and gain approval.

**2. Background**

- 2.1 In February 2016 Lord Carter published his final report to the Secretary of State for Health identifying unwanted variation worth an estimated £5 billion in terms of efficiency opportunity. Recommendation three of the Report centred on hospital pharmacy. The Chief Pharmacist submitted a draft Trust HPTP to NHS Improvement and NHS England by the 31 October 2016 deadline and is required to have a final Board approved Plan by April 2017.
- 2.2 The recommendation identifies that hospital pharmacies ensure they achieve the benchmarks such as increasing pharmacist prescribers, implement electronic prescribing and administration (EPMA), accurately cost code medicines and consolidate stockholding by April 2020 so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities.
- 2.3 The Carter Report recommends that more than 80% of trusts' pharmacist resource is utilised for direct patient facing medicines optimisation activities by 2020 (currently 58%) whilst at the same time the provision of all local infrastructure services, which could be delivered collaboratively with another Trust or through a third party, are reviewed.
- 2.4 The aim of the recommendation is to drive quality, improve patient outcomes and deliver efficiencies and savings.
- 2.5 The main components of the Trust's HPTP plan are a review of skill mix and roles, a review of infrastructure and the implementation of IT projects. Capital funding and dedicated project management support are essential for implementation of the IT projects.
- 2.6 The HPTP plan also includes the work within the Hertfordshire and West Essex STP. The Trust will also engage with the Pharmacy East Of England Hospital Pharmacy Transformation Collaborative to further rationalise the pharmacy infrastructure.

### 3. Analysis/Discussion

- 3.1 In terms of Independent Prescribing Pharmacists a staff member within the Trust has completed Independent Prescribing training and commenced a pilot of prescribing TTAs (medicines to take away) on the Acute Admissions Unit from November 2016. Two further pharmacists started training as Independent Prescribers in September 2016 and two more commenced the six month course in January 2017. The impact of this new service on patient flow will be reviewed by April 2017. A plan for roll out of the service will be developed.
- 3.2 Implementation of EPMA is in early stages of planning and will require completion of the IT infrastructure programme. The Chief Pharmacist will work on the plan with the CIO and CCIO in the coming months. A pilot of use of automated medicine stock medicine cabinets is currently being planned to inform development of a business case for further roll out. Capital funding, and dedicated project management support, will be required within the next two years as an enabler for implementation of the IT projects.
- 3.3 Medicines are cost coded using the current pharmacy stock system, EMIS. This will be developed with the upgrade to a web based system scheduled for May 2017 to support delivery of the Minimum Data Sets for high cost drugs (including dm+d drug codes). The upgrade will also integrate with development of the EPMA plans as clinical pharmacy staff will be able to send medicines orders electronically to the Dispensary and deploy the Workstations on Wheels (WoWs) on more wards to dispense more TTAs at the patient bedside.
- 3.4 The list of the top 10 medicines with saving opportunities published monthly by NHS Improvement will be reviewed at the pharmacy CIP meetings and an action plan will be developed to achieve these savings if appropriate.
- 3.5 Pharmacy has reduced stockholding to within the 15 day target but further work will be required nationally to reduce the number of deliveries to hospitals each day.
- 3.6 The pharmacy management restructure was completed in December 2016; the Deputy Chief Pharmacist now manages the operational and clinical pharmacy services and a new post of lead clinical pharmacist will manage the specialist pharmacists, review service skill mix on wards and identify what would be required to implement a weekend ward clinical pharmacy service (weekend service is currently a 10am-4pm dispensary service). The restructure established a Trust Pharmacy Patient Services Manager to manage the dispensaries with a focus on service improvement and development of the technician led dispensary service with minimal pharmacist input.
- 3.7 Further work is required to increase the time that pharmacists and technicians spend on patient-facing medicines optimisation activities. This includes skill mix reviews and collaboration within the Hertfordshire and West Essex STP (in terms of acute hospitals consisting of our Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust). Discussions within the STP amongst primary and secondary care colleagues have commenced and a programme is planned with the aim of finding system wide cash releasing benefits and transforming Pharmacy services through collaboration across care sectors.
- 3.8 In addition a wider collaboration through the East of England Hospital Pharmacy Transformation Collaborative is being developed. A key enabler for taking forward the five regional projects will be a 'Programme Manager' which will be pursued by the Collaborative.

- 3.9 The HPTP will be led by the Chief Pharmacist working with the Chief Financial Officer as the Carter Lead and progress will be monitored at Medicines Use and Safety Panel. Progress will also be monitored as part of the Divisions' cost improvement programme. The plan has been reviewed and approved at the Quality and Safety Group and Quality and Safety Committee. There will be a six monthly progress update produced by the Chief Pharmacist for the Safety and Compliance Committee.

### ***Summary of the WHHT Hospital Pharmacy Transformation Plan milestones***

#### **Year 1 - 2017/18**

- Review of dispensary and pharmacy stores/distribution further to new pharmacy management structure (to reinvest resources for pharmacy role expansion)
- Review Education and Training Strategy to incorporate training needs for NVQ, accredited pharmacy technician checking and pharmacist independent prescribing qualifications
- Implementation of the new Pharmacy stock control system including electronic invoicing
- Reduce stock holding in line with introduction of new Pharmacy stock control system
- Infrastructure – to be determined following review
- Develop business case for electronic prescribing
- Carry out pilot of automated ward medicine stock cabinets and develop business case for roll out
- Review the ward-based clinical pharmacy structure further to the appointment of the new Lead Clinical Pharmacist post
- % of pharmacy staff planned to be deployed for core clinical activities =70% (currently 58%)
- Plan to train 4 further pharmacists as Independent Prescribers (to be able to prescribe medicines for in and discharge patients)
- Develop plan for Pharmacist Independent Prescribing service and commence implementation
- Expansion of biosimilar uptake in line with the NHS England Medicines Optimisation CQUIN
- Take forward savings opportunities from National top10 medicine savings list as appropriate
- Expansion of Workstations on Wheels for near patient dispensing of discharge prescribing further to Pharmacy computer system upgrade scheduled for May 2017
- Understand causes of high cost drug data gaps and carry out actions to address.

#### **Year 2 - 2018/19**

- Implementation of the new ward-based pharmacy structure
- Review of pharmacy 7 day working and assess feasibility of extending the current weekend clinical pharmacy services
- Infrastructure – to be determined following review
- Pilot of electronic prescribing (will require capital funding)
- Roll out use of automated ward medicine stock cabinets to 10 wards at WGH (will require capital funding)
- % of pharmacy staff planned to be deployed for core clinical activities = 75%
- Plan to train 4 further pharmacists as Independent Prescribers
- Further implementation of Pharmacist Independent Prescriber plan
- Full biosimilar roll out
- Take forward savings opportunities from National top10 medicine savings list as appropriate

### Year 3 - 2019/20

- Roll out of electronic prescribing (will require capital funding)
- Infrastructure – to be determined following review
- % of pharmacy staff planned to be deployed for core clinical activities >80%
- Plan to train 4 further pharmacists as Independent Prescribers
- Continue implementation of Pharmacist Independent Prescribers plan.
- Take forward savings opportunities from National top10 medicine savings list as appropriate

## 4. Risks

The following key risks have been identified that may impact on the delivery of our HPTP plan:

- **Recruitment and reinvestment**  
Risk of not being able to recruit pharmacy technicians and high quality pharmacy support workers required to deliver our HPTP plan. In the past the Trust has had difficulty in recruiting clinical pharmacy technicians and this may be mitigated by growing our own technicians from pharmacy support workers to preregistration pharmacy technician trainees and then technicians. Savings released through implementation of the HPTP are not reinvested back into the pharmacy service.
- **Development**  
Risk that the funding for pharmacy courses required to support the training of pharmacy staff to deliver the Carter recommendations role expansion will not be available. An agreed national approach to funding needs to be developed and this is on the agenda of the All England Chief Pharmacist meeting.
- **Capital for Investment**  
The risk of funding for the implementation of EPMA in 2018/19 not being available, which is a key component of the Carter Report. Funding will also be required for implementation of the automated medicine stock cabinets. EPMA is a high priority of the Trust's IT strategy.
- **External Risk**  
The risk of unforeseeable external changes may influence the implementation of the HPTP plan. This will need to be monitored by the Chief Pharmacist and Trust Executive.

## 5. Recommendation

- 5.1 The Board is therefore asked to approval the Hospital Pharmacy Transformation Plan for 2017/18-2019/20.

Martin Keble  
Chief Pharmacist

06 April 2017