



## msb Pharmacy Department

Service overview, key objectives & progress update on transformation programme

March 2018

### Presentation to JWB

Evelyn Allen – Group Chief Pharmacist

- Vision
- Overview of the department
- Overview of the service
- Drivers
- Key objective 2018/19
- Pharmacy transformation programme

## Vision

**“...a service without walls”**

Safe, resourceful, patient focussed and skilled.

### **Workforce – One Team**

Multi-skilled, highly valued workforce

You make a difference to patients

We seek continuous improvement

We encourage “Rising Stars”

We are here to help you develop your skills

& knowledge

Senior Leadership team – Here to help

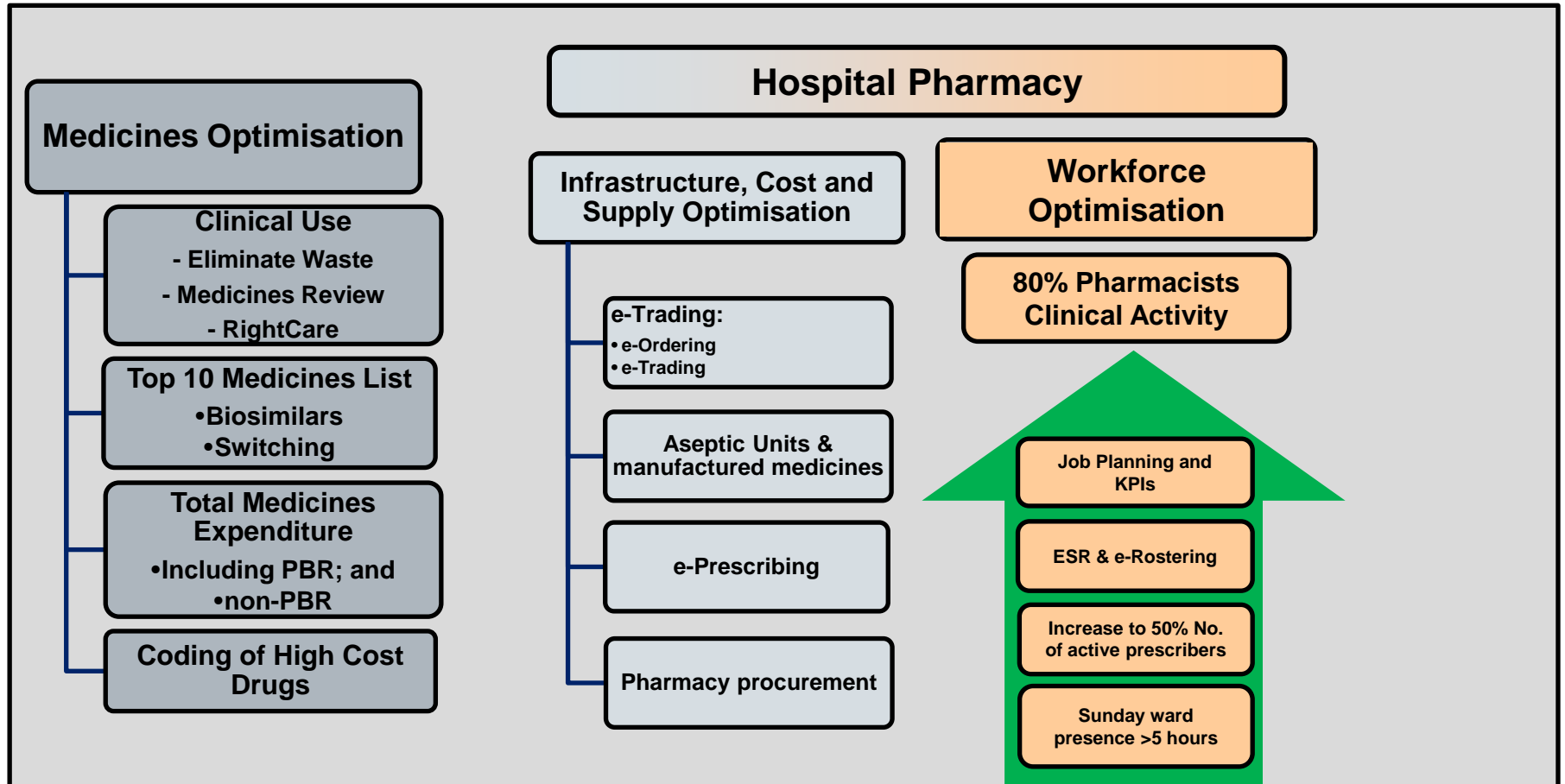
## Goals

- Achieve top quartile in quality indicators
- Fulfil Lord Carter’s requirements
- Ensure robust streamlined and standardised processes
- Innovated approach to improve resources utilisation and productivity
- Reduce cost, waste duplication and re-work.
- Integrate
  - horizontally i.e. within sections of our departments, and the site departments
  - with the clinical team and have a can do attitude to meet the clinical agenda.
  - with the community – e.g. community pharmacy, GPs, Care homes, mental health Pharmacists in delivering the medicines optimisation agenda

# Overview of the department

	Southend Hospital	Basildon Hospital	Mid Essex Hospital
<b>Workforce</b>			
Pharmacist	44.24	31.72	30.46
Pharmacy Technicians	43.45	44.71	43.07
Pharmacy Assistants	28.29	26.00	16.25
A&C staff	4.7	4.83	4.56
Pre-reg Pharmacist	4.00	5.00	3.00
<b>Total establishment</b>	<b>125.01</b>	<b>112.26</b>	<b>97.34</b>
<b>Drugs expenditure (16/17)</b>	<b>£35million</b>	<b>£21million</b>	<b>£28million</b>
<b>Non PbR V Tariff</b>	<b>80:20 (£67.2m:£16.8m)</b>		
<b>Pharmacy services</b>	Dispensary Stores & distribution Procurement Clinical Pharmacy Home care Service	Dispensary (I/P only) Stores & distribution Procurement Clinical Pharmacy Home care Service	Dispensary Stores & distribution Procurement Clinical Pharmacy Home care Service
	Admissions team	Admissions team	Admissions team
<b>Specialist Pharmacy Services</b>	MHRA licensed Aseptic production unit <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Sterile production</li> <li>• Pre-packing</li> <li>• Radiopharmacy</li> </ul>	MHRA licensed Aseptic production unit <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Sterile production</li> <li>• Non-sterile production</li> <li>• Radiopharmacy provision SLA with Southend</li> </ul>	MHRA licensed Aseptic production unit <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Sterile production</li> </ul>
	QA services	QA provision SLA with Southend	QA provision SLA with Southend
	Medicines Information SLA with Ipswich	On-site Medicines Information service	On-site Medicines Information service
	Regional Medicines Procurement Pharmacist		Pharmacist led "special" medicines clinic
	Pharmacist led anticoagulant dosing service		
	Oncology team		Oncology team

# Overview of the hospital pharmacy services

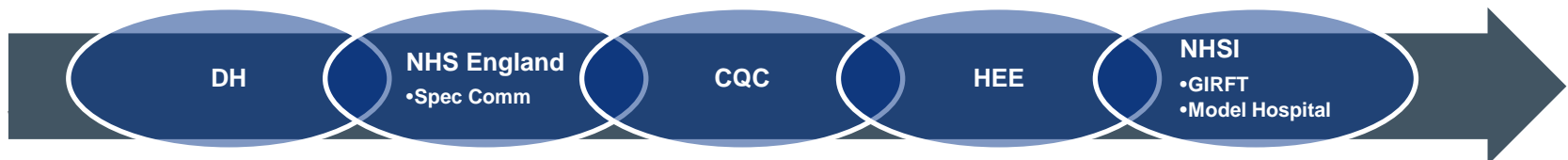


## Enablers

Carter Plan Implementation

NHS Digital; dm+d, EPMA, FMD, Secondary Uses, Clinical Communication

STP Collaboration



# Drivers

## Local drivers

- **Workforce – One Team**
  - Sustainable resilient workforce
  - Top of licence working, more prescribers to support patient flow and safety and freeing up clinician especially in oncology for example
  - Increase patient contact by changing the skill mix of clinical registrant and non-registrant workforce
- **Medicines optimisation**
  - Weekend service, PharmOutcomes, waste reduction, GIRFT (Getting It Right First Time)
- **Management of high cost drugs and drug coding**
- **Inspections CQC, MHRA**
- **Governance** – medication safety officer role across msb, Medicine optimisation committee in common, governance reporting structure.
- **Managing drug shortages**
- **Anitmicrobial stewardship** – OPAT services
- **CCG & NHSE high cost drug commissioning contracts**
- **R&D** – and emerging genomics

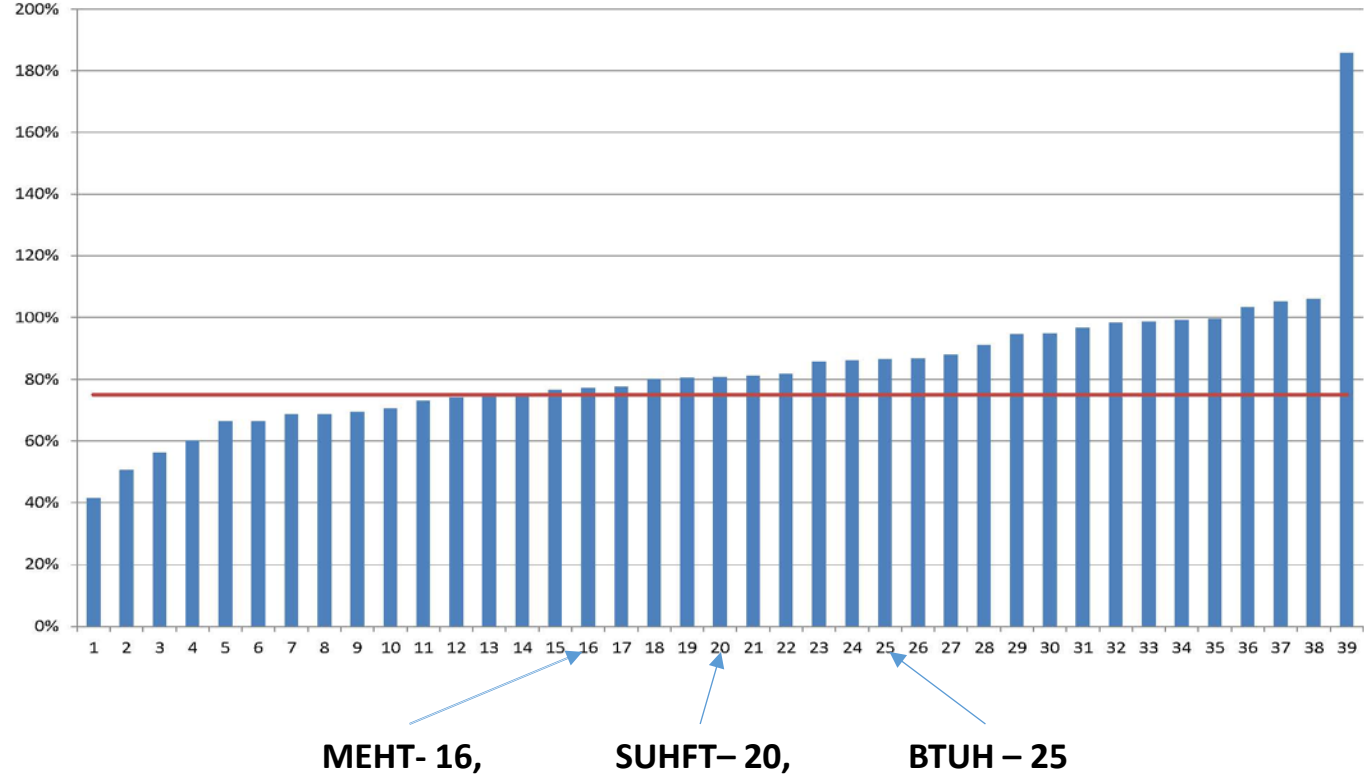
## National drivers

- **Model Hospital Metrics and top 10 drugs**
  - Achieve top quartile in quality indicators
- **Fulfil Lord Carter's requirements**
- **Digital**
  - Dm+d coding, FMD, coding data, ePMA
- **NHSE CQUINS**
- **Medicines of low value**
- **Integrates care services** – Contribute to the sustainable health and social care transformation plans developed across the wider STP
- **WHO medication safety** – ePMA
- **Mental health** – working in partnership with EPUT
- **Changes to community dispensing contracts** and impact this will have on hospital services
- **Drug shortages**
- **Biosimilar switches**
  - Link to the Midlands & East Heath Education England (HEE) medicines optimisation workforce development strategy.

## National drivers – Model hospital top 10 drugs

Midlands and East non specialist acute trusts  
Percentage achievement of top ten medicines savings target  
Month 9 (Dec 2017)

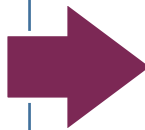
**NHS**  
*Improvement*



# Key objective 2018/19 - digital transformation

**Digital Medicines**  
Integrating pharmacy across care settings

**Referrals to pharmacy services**  
Capability for community pharmacies to receive appropriate referrals from secondary care following patient discharge



**PharmaOutcomes software paid for by EAHSN (yr 1)**

**Digital Medicines**  
Pharmacy supply chain

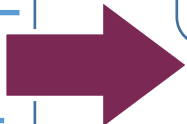
**Hospital Pharmacy System Upgrades**  

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**The Falsified Medicines Directive**  

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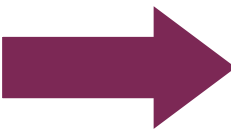
**Homecare**



**Patient level medicines data available from secondary care ePMA systems against key indicators - December 19 onwards**

**Dispensing robots require upgrading to enable 2D barcode scanning on drugs by Feb 2019**

**Digital Medicines**  
Ward drug storage





# Key objectives 2018/19 – Reducing waste & returns

Patient's own meds handed to pharmacist in A&E doing a medication reconciliation



Example of drugs returned from wards to pharmacy.  
Includes TTA's stock drugs., expired stock



# Key objective 2018/19 – Carter (HPTP programme)

**Purpose**

**Lord Carter findings and recommendation:**

- Trusts across regions to explore and agree opportunities to collaborate and rationalise the supportive and infrastructure elements of hospital pharmacy services
- Implementation of actions that transform hospital pharmacy services and the aseptic production services
- On average, 55% of pharmacy staff time (43% of costs) is spent on infrastructure services
- Significant variation in medicines stockholding

CLINICAL SERVICES	VARIABLE INFRASTRUCTURE SERVICES				
<b>MEDICINES OPTIMISATION</b> 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					

# msb pharmacy transformation programme

Project	Aim	Deliverable	Outcome	Resource Band 8b/Hrs/wk
Homecare	An innovated robust standardised and joined up process for home care service	<ul style="list-style-type: none"> <li>Map current &amp; future process</li> <li>Create an innovated standardised process</li> <li>Develop new guidelines and protocol</li> <li>Pilot, training staff and patients</li> <li>Roll communication and go live</li> </ul>	<ul style="list-style-type: none"> <li>Improve quality</li> <li>?&gt;£2k pa saving</li> <li>Release time to care</li> </ul>	2.5 6mths
Outsourcing Outpatient dispensing	A wholly owned subsidiary outsourced outpatient dispensing to reduce cost & re-invest in the service	<ul style="list-style-type: none"> <li>Compile business case</li> <li>Build the facility (SUHFT)</li> <li>Set up wholly subsidiary company</li> <li>Set up governance and board</li> </ul>	<ul style="list-style-type: none"> <li>&gt;£500k pa saving</li> <li>Re-invest in staff development</li> </ul>	10 12-18mths
Aseptic Production	A cost effective consolidated and standardised aseptic production services	<ul style="list-style-type: none"> <li>Analyse product types</li> <li>Compile Business case</li> <li>Develop and implement scheduling system</li> <li>Create over-labelling &amp; pre-packing facility at BTUH</li> <li>Consolidate all over-labelling &amp; pre-packing at BTUH</li> <li>Implement a standardised process</li> <li>Transfer BTUH aseptic product to SUHT &amp; MEHT</li> <li>Establish delivery transportation system</li> </ul>	<ul style="list-style-type: none"> <li>Achieve Carter</li> <li>&gt;£200k pa saving</li> <li>&gt;£150k cost avoidance</li> <li>Standardisation</li> <li>Improved efficiency &amp; productivity</li> </ul>	15 12mths
Medicine information (MI)	A timely responsive msb single point of contact to obtain MI	<ul style="list-style-type: none"> <li>Set up an msb MI centre at MEHT</li> <li>Standardised training materials</li> <li>Link existing each site contact with MEHT</li> <li>Develop communication material</li> <li>Roll out the communication</li> <li>Go live</li> </ul>	<ul style="list-style-type: none"> <li>~£80k pa saving</li> <li>Improve staff training &amp; development</li> </ul>	0.5 <3mths
Pharmacy procurement and inventory management system	An innovated and timely responsive msb centralised and consolidated pharmacy procurement team with a joined up inventory management system	<ul style="list-style-type: none"> <li>Establish the baseline &amp; Compile business case</li> <li>Review each site inventory management system</li> <li>Compile an integrated system specification</li> <li>Establish location to co-locate the team</li> <li>Establish a single msb store</li> <li>Engage suppliers and delivery</li> <li>Implement the integrated system</li> <li>Establish delivery transportation system</li> <li>Consolidate store</li> </ul>	<ul style="list-style-type: none"> <li>Achieve 5 delivery per day</li> <li>Reduce stock holding</li> <li>?&gt;£100k pa saving</li> <li>Reduce cost</li> </ul>	15 1 <sup>st</sup> phase 18mths B8b/25 2 <sup>nd</sup> phase 6mths <b>Total 24mths</b>

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# Key success factors

Successful delivery and implementation of the outlined transformation programme requires:

- Capital investment for the following:
  - IT system about £550k
  - Building reconfiguration about £920k
  - Transportation system about £250k
- An experienced pharmacist project manager at 8b for 24 months for the following:
  - Collaborate with the team, IT and providers to implement the new homecare service process
  - Set-up and implement the wholly subsidiary
  - Develop planning tools for aseptic production and implement the consolidation
  - Analyse and establish an msb safety level inventory, rationalise and standardise stock description, set up and implement an msb pharmacy procurement and stock team, establish stock delivery schedule and collaborate with IT to implement system solution