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Marketing the hospital pharmacist profession

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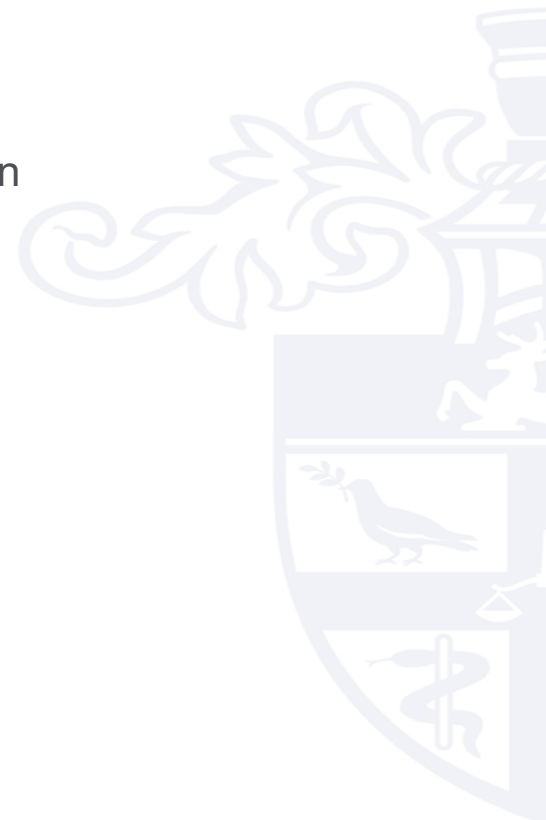
Disclosure

- Conflict of interest: nothing to disclose



Agenda

1. About RPS and how it is supporting (marketing of) the profession
2. Three themes for marketing the profession
 - Understand your audience
 - Communication, engagement, influence
 - Leadership
3. Summary of take home messages

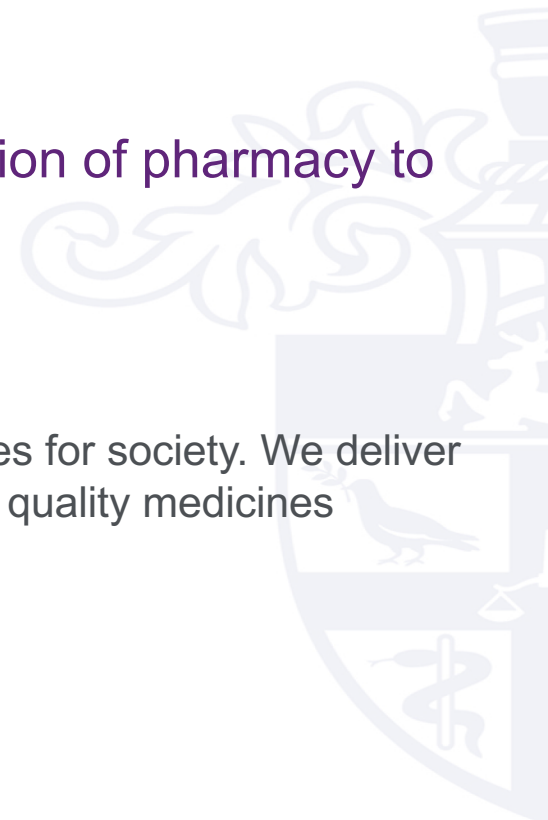


About the Royal Pharmaceutical Society (RPS)



The **Royal Pharmaceutical Society** leads the profession of pharmacy to improve the public's health and wellbeing.

We support our members and customers to improve health outcomes for society. We deliver this through professional development and support; the provision of quality medicines information and advice.



We are committed to improving patient care and safety through developing professional practice by:

- Continuously advancing both pharmaceutical science and pharmacy practice to improve the safety and efficacy of medicines and the quality of pharmaceutical care.
- Promoting research and evaluation to inform professional practice and evidence-led patient benefit.
- Supporting the continuous professional development and improvement of our members.
- **Leading and promoting the advancement of science, practice and education in pharmacy to shape and influence the future delivery of pharmacy.**
- Providing timely and relevant medicines information and advice.
- Recognising professional development through the RPS Foundation and Faculty programmes.
- **Ensuring the voice of the whole profession is heard at the highest levels of healthcare and government through direct advocacy, our responses to consultations, policy developments, and the RPS expert advisory panels, forums and groups**

Quality 'hospital' pharmacy services – what good looks like

- Published 2012, first professional standards RPS developed. Full update 2017.
- Provide a broad framework to support pharmacists and their teams to continually improve services, shape future services and roles, and deliver high quality patient care across all settings and sectors.
- Ultimately they will enable all providers to improve and develop pharmacy services that are safe and put the needs of patients first.



Broad applicability now and in the future

- Models of service delivery increasingly cut across the traditional boundaries of care and new care models are continuously developing.
- The standards have a broad applicability and can be used across GB to ensure that quality pharmacy services develop regardless of care setting.
- The standards can be used to support the development of quality services in hospitals, community services, mental health services, secure environments*, hospices and ambulance services.
- *see also RPS Professional Standards for Optimising Medicines for People in Secure Environments (England)

Uses of the standards

- Give Chief Pharmacists/Directors of Pharmacy a consistent set of standards against which they can be held accountable and can use as a framework to continually improve services, and innovate in their own organisations and with partners who deliver local health services.
- Provide the entire pharmacy team with a framework that allows them to recognise, develop and deliver the best possible outcomes for patients from pharmacy services.

"THE PHARMACY MANAGEMENT TEAM USED THE PROFESSIONAL STANDARDS TO CARRY OUT A GAP ANALYSIS AND FORMULATE AN ACTION PLAN TO BRIDGE THOSE GAPS. THE STANDARDS ARE ALSO USED TO PROVIDE ORGANISATIONAL ASSURANCE OF SAFETY AND QUALITY. ACROSS THE EAST MIDLANDS THE STANDARDS WERE USED TO BENCHMARK SERVICES IN ORDER TO IDENTIFY AREAS OF STRENGTH TO ALLOW FOR SHARING OF EXPERTISE OR RESOURCE ACROSS THE REGION, AND TO IDENTIFY PRIORITIES FOR COLLABORATIVE WORKING."

Claire Ellworth MRPharmS, Chief Pharmacist, University Hospitals of Leicester NHS Trust

"THE STANDARDS HAVE BEEN USED WIDELY ACROSS NHS WALES WITHIN THE MANAGED SECTOR. THEY HAVE BEEN USED TO ASSESS AND ALLOW REVIEW OF CURRENT WORKING PRACTICE BOTH WITHIN INDIVIDUAL HEALTH BOARDS AND ACROSS WALES. REVIEW OF THE STANDARDS HAS RESULTED IN IMPROVED SHARING OF BEST PRACTICE AND IDENTIFICATION OF KEY GAPS IN THE PERFORMANCE AND ASPIRATIONS FOR DELIVERY OF QUALITY PHARMACY SERVICES."

Paul Harris MRPharmS, Chair, Welsh Pharmaceutical Committee

Uses of the standards

- Give commissioners/purchasers of pharmacy services, regulators, insurers, Governments, and legislators a framework for safety and quality that will help to inform and complement their own standards and outcomes.
- The standards also give patients a clear picture of what they should expect in order to support their choices about, and use of, medicines when they experience care provided by (and transfer between) care providers.

“THE GENERAL PHARMACEUTICAL COUNCIL BELIEVES THAT PHARMACISTS AND THEIR TEAMS SHOULD BE AWARE OF AND USE ALL RELEVANT PROFESSIONAL STANDARDS AND GUIDANCE, BOTH REGULATORY AND PROFESSIONAL, TO DELIVER PERSON-CENTRED CARE AND GOOD QUALITY OUTCOMES.”

Duncan Rudkin, Chief Executive, GPhC

“THE CARE QUALITY COMMISSION EXPECTS PROVIDERS TO TAKE ACCOUNT OF RELEVANT PROFESSIONAL STANDARDS AND GUIDANCE TO ENSURE THE SAFE AND EFFECTIVE USE OF MEDICINES. WHEN WE INSPECT WE ASK ORGANISATIONS HOW THEY ENSURE THAT THE CARE THEY DELIVER IS IN LINE WITH CURRENT LEGISLATION, STANDARDS AND EVIDENCE-BASED GUIDANCE.”

Sarah Billington FRPharmS, Head of Medicines Optimisation, Care Quality Commission



Changes to the standards (some highlights 1)

- Emphasis on the person centred nature of pharmacy services and the delivery of clinical care to patients has been strengthened in the first three standards. With new indicators added and existing indicators modified.
- The standards have been future proofed to recognise that models of service delivery are changing and will span traditional organisational boundaries.

STANDARD 1: PUTTING PATIENTS FIRST

Pharmacy services enable patients to be fully involved in their own care and to make shared decisions about their treatment and their medicines⁴.

STANDARD 2: EPISODE OF CARE

Patients' medicines requirements are regularly assessed and responded to in order to keep patients safe and to optimise their outcomes from medicines⁴.

STANDARD 3: INTEGRATED TRANSFER OF CARE

Health and social care practitioners receive and share relevant information about the patient and their medicines when a patient transfers from one care setting to another⁸.

STANDARD 4: MEDICINES GOVERNANCE

Pharmacy expertise is available seven days a week to support the safe and effective use of medicines. The pharmacy team leads a multidisciplinary approach to safe medication practices.

Changes to the standards (some highlights 2)

- In Standards 4 and 5 the importance of the availability of appropriate pharmacy resource seven days a week has been strengthened.
- Standard 4 Medicines Governance introduces a new dimension on digital technology and informatics to support medicines use.
- Indicators in Standard 5 given an overhaul to improve focus and clarity and support regulation (specifically 5.1 Medicines Procurement and 5.3 Prepared or Manufactured Unlicensed Medicines)

STANDARD 5: EFFICIENT SUPPLY OF MEDICINES

Medicines are available or can be readily made available to meet patients' needs whenever the patient needs them.

Changes to the standards (some highlights 3)

- Standard 6 maintains the emphasis on leadership. In professional leadership clinical supervision is explicitly highlighted. Whilst in clinical leadership the role of the pharmacy team in the introduction of new and complex therapies is included.
- Standard 6 also takes account of the potential introduction of a legal requirement for a 'Chief Pharmacist' as highlighted by the Government Rebalancing Board.
- Standard 7 highlights the need for business continuity plans and risk registers for pharmacy services.
- Standard 8 has been overhauled. It includes a more strategic focus on developing a workforce fit for future service delivery and an increased focus on ensuring a life long learning culture for all pharmacy staff.

STANDARD 6: LEADERSHIP

Pharmacy has strong professional leadership, a clear strategic vision and the governance and controls assurance necessary to ensure patients are safe and get the best from their medicines¹⁴.

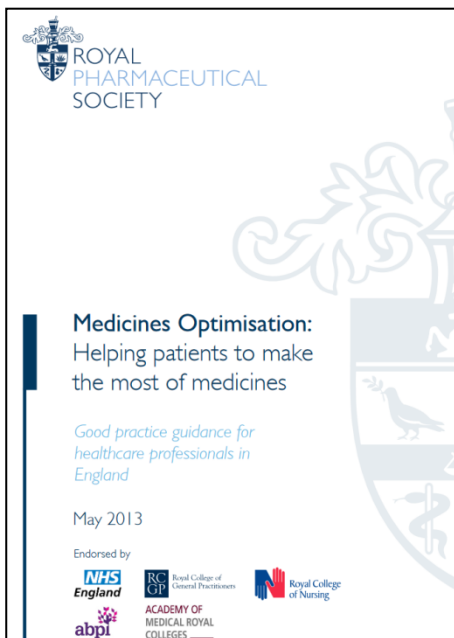
STANDARD 7: SYSTEMS GOVERNANCE AND FINANCIAL MANAGEMENT

Safe systems of work are established and pharmacy services have sound financial management.

STANDARD 8: WORKFORCE

The pharmacy team has the right skill mix, capability and capacity to provide safe, quality services to patients.

Medicines optimisation

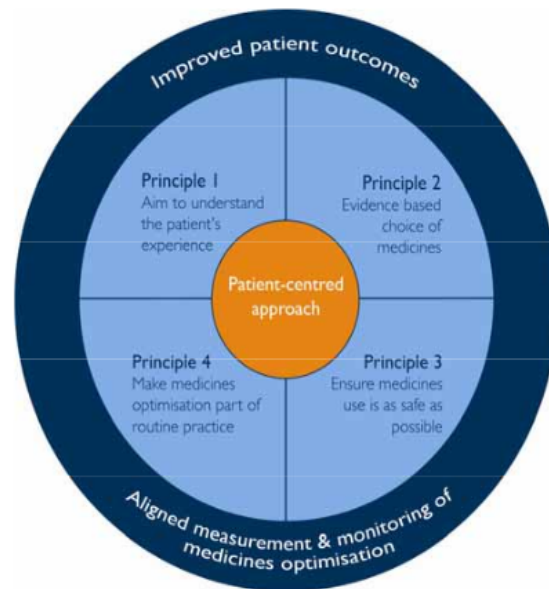


Medicines optimisation is about making sure prescriber and patients use medicines in a way that gives the best possible outcomes.

The right choice of medicine, in the right dose and frequency, taken at the right time, with the right information and support.

Did you know?

- Up to half of medicines prescribed for people with long-term conditions are not taken as intended.



Prescribing competency framework

- Published in July 2016 (updated the former National Institute for Health and Care Excellence framework).
- Endorsed by professional bodies representing all prescribers.
- Widely used already by non-medical prescribing leads and prescribers.
- Supports pharmacists to become prescribers provides opportunities for Continual Professional Development and education and training across professional groups.



Hospital pharmacy hub

Wide range of resources to support hospital pharmacy teams

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HOSPITAL PHARMACY HUB



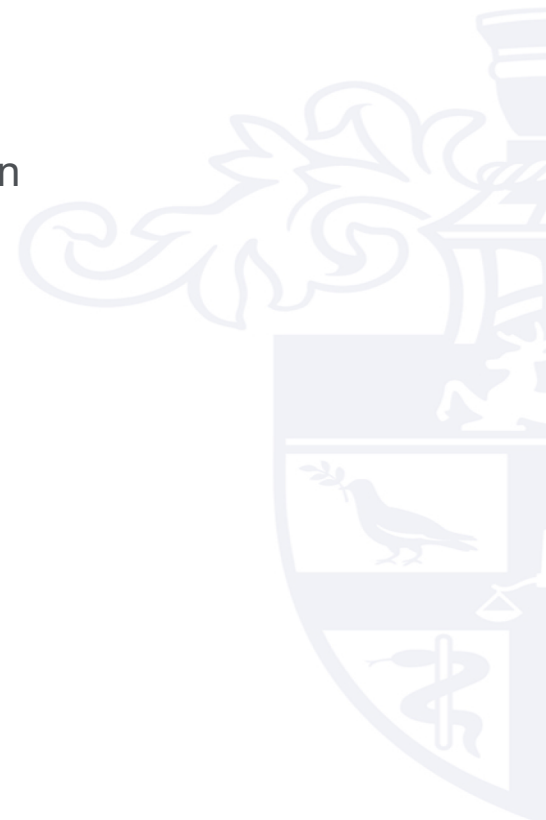
Our online hospital pharmacy support hub is designed to provide easy access to a suite of resources that can support hospital pharmacists in their practice.

The hub is mapped over five themes covering relevant aspects of secondary care ranging from overarching standards and guidance for hospital pharmacy services to providing information to support day to day practice and to empower professional, confident pharmacy practice.

[Statements, standards and standard handbooks](#)[Reports and guidance documents](#)[Professional development](#)[Supporting resources](#)[Other useful documents](#)

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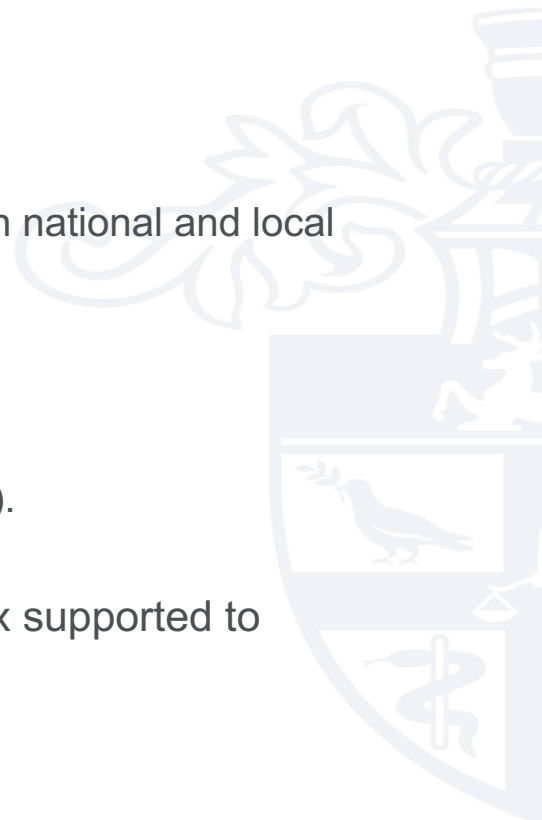
Marketing the pharmacy profession



Three themes

1. Understand your audience and their needs (associate pharmacy with national and local priorities).
2. Communicate, influence and engage (think outside pharmacy).
3. Leadership (professional), leadership (clinical), leadership (strategic).

Underpinned by a competent workforce with the appropriate skill mix supported to continuously develop But that is another presentation . . .



1. Understand your audience and their needs (what are the priorities for your health system?)



The NHS England: policy context



NHS Five Year Forward View – 2014
Emphasised the need for integrated out-of-hospital care based on general practice (multispecialty community providers), aligning general practice and hospital services (primary and acute care systems), and closer alignment of social and mental health services across hospital and community health settings.



Next steps on the NHS Five Year Forward View



Executive summary



The NHS in 2017



Urgent and emergency care



Primary care



Cancer



Mental health



Integrating care locally



Funding and efficiency



Strengthening our workforce



Patient safety



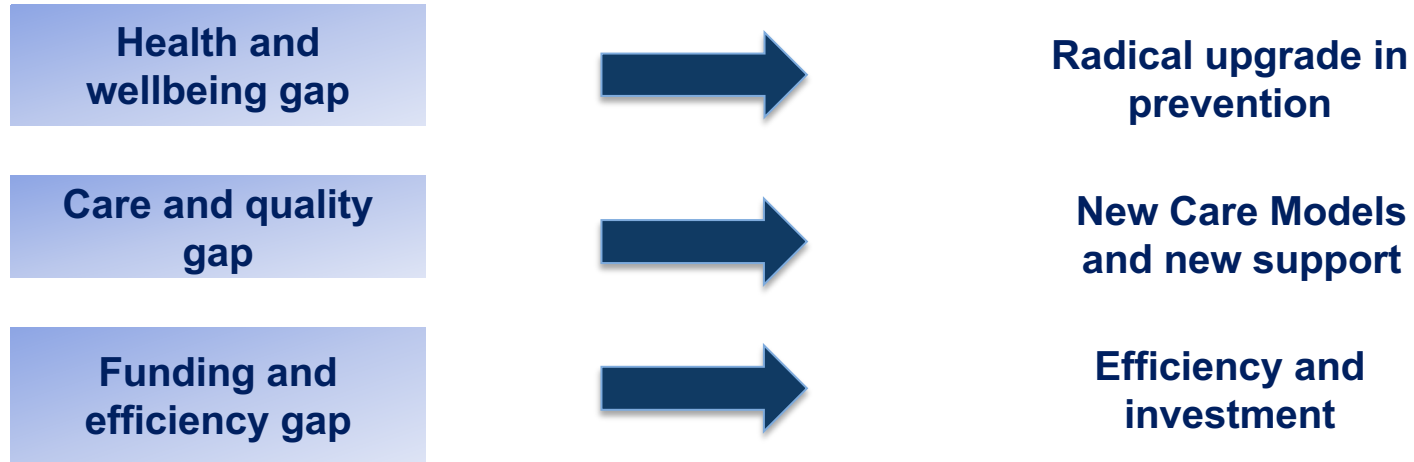
Harnessing technology and innovation



Conclusion

Context: Achieving the NHS Five Year Forward View (2014-19)

For the NHS to meet the needs of future patients in a sustainable way, we need to close three gaps:



Developed by the Care Quality Commission, Public Health England and NHS
Improvement with the involvement of patient groups, clinicians and independent experts



NHS drivers for pharmacy services


Carter review on productivity in NHS hospitals

Hospital Pharmacy & Medicines Optimisation

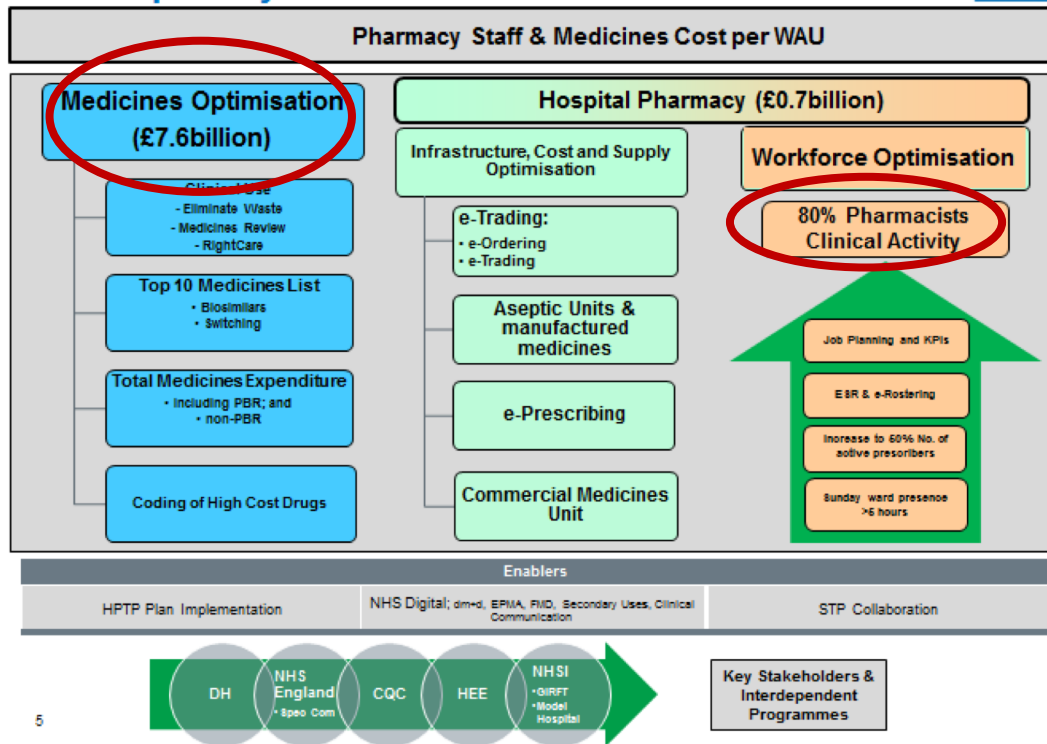
NHS England

Transformation of seven day clinical pharmacy services in acute hospitals

September 2016



HoPMOp – Key Work to Deliver Recommendations



Medicines are an important part of NHS care and help many people to get well

However, quality, safety and increasing costs continue to be issues...

- Around 5-8% of hospital admissions are medicines related, many preventable
- Bacteria are becoming resistant to antibiotics through overuse which is a global issue
- Up to 50% of patients don't take their medicines as intended, meaning their health is affected
- Use of multiple medicines is increasing – over 1 million people now take 8 or more medicines a day, many of whom are older people

We spend £17.4 billion a year on medicines (£1 in every £7 that the NHS spends) and they are a major part of the UK economy



There is growing pressure on the NHS drugs bill

Due to people living longer, more complex and innovative medicines being developed, and more specialist medicines being used

- Overall medicines spend 2016/17 was £17.4bn, an increase of 33.7% from £13bn in 2010/11
- Cost of medicines prescribed and dispensed in primary care rose from £8.6bn in 2010/11 to £9.0bn in 2016/17, a rise of 3.6%
- Cost of medicines used in hospitals increased from £4.2bn in 2010/11 to £8.3bn in 2016/17, a rise of 98.3%



How to get maximum value from the spend on medicines

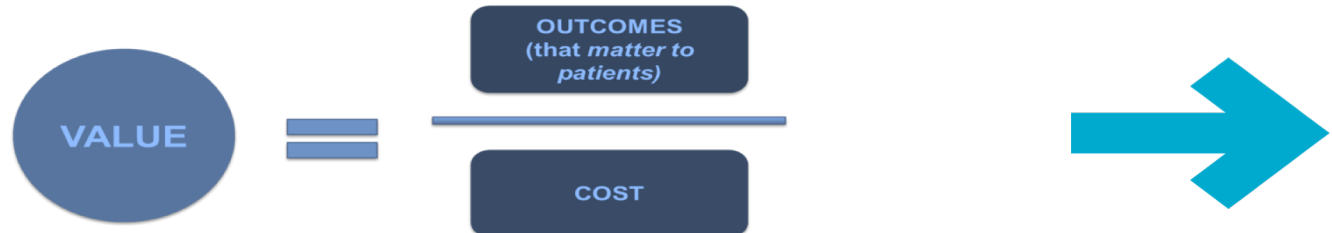
Slide courtesy of Dr Bruce Warner,
Deputy Chief Pharmaceutical
officer, NHS England

Value is... measurable improvement in patient outcomes while maintaining an affordable medicines bill

Making sure **patients get access to and choice of** the most effective treatments, and the outcomes that matter to them

Improving the quality (safety, clinical effectiveness, patient experience) **of prescribing and medicines use**

Making how we **purchase and supply medicines more efficient**, while ensuring the NHS retains its position as a world-leader in medicines



The Medicines Value Programme has been set up to respond to these challenges

*Slide courtesy of Dr Bruce Warner,
Deputy Chief Pharmaceutical
officer, NHS England*

Following the Next Steps on the NHS Five Year Forward View and Carter Report

The NHS wants to help people to get the best results from their medicines – while achieving best value for the taxpayer

Savings will be reinvested in improving patient care and providing new treatments to grow the NHS for the future

A whole system approach....

- NHS England, NHS Improvement, NHS Digital, Health Education England
- Regional offices link with STPs, ACSs, CCGs, and providers
- Nationally coordinated with AHSNs, Getting It Right First Time, NHS Right Care and NHSCC

1

The NHS policy framework that governs access to and pricing of medicines

3

Optimising the use of medicines

2

The commercial arrangements that influence price

4

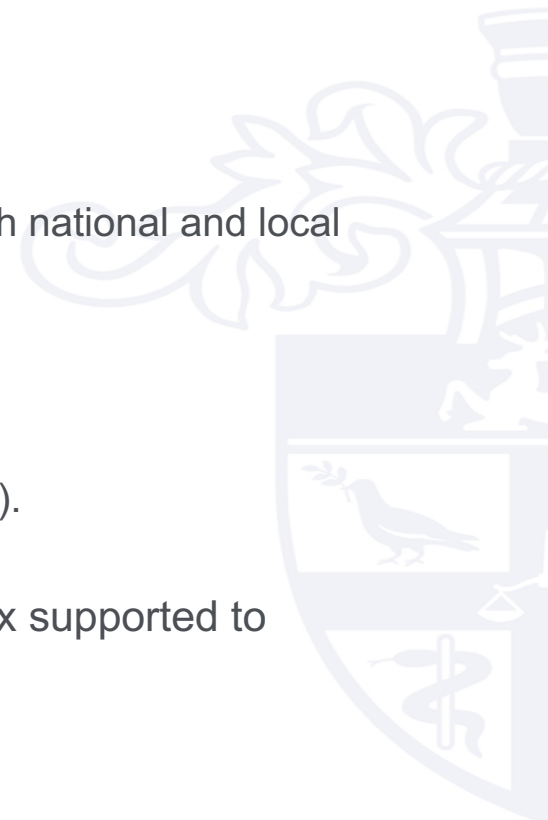
Developing the infrastructure to support an efficient supply chain



Three themes

1. Understand your audience and their needs (associate pharmacy with national and local priorities).
2. Communicate, influence and engage (think outside pharmacy).
3. Leadership (professional), leadership (clinical), leadership (strategic).

Underpinned by a competent workforce with the appropriate skill mix supported to continuously develop But that is another presentation . . .



2. Communicate, influence, engage
(think outside pharmacy)



Making pharmacy fit for the future (2014): new models of care



- **make the case for change** in relation to the role that pharmacy can play in the delivery of care
- **articulate the benefits to patients** of involving pharmacists in the delivery of a wider range of services
- **identify the range of models of care** involving pharmacy
- **examine what has helped or hindered** the development of such models of care
- **identify what needs to be done to enable and support** their spread
- **consider the implications of the Commission's findings** for policy and practice in the English NHS and more widely

Key 'marketing' themes

- The NHS is engaged in an urgent search for ways to provide better standards of care in the face of unprecedented pressure on budgets, and justifiably intense scrutiny of quality. Only by adapting to the needs of patients with long-term conditions and preventable illnesses can this be achieved. Pharmacists have a vital role in helping the NHS make the shift from acute to integrated care, and fulfilling the pressing need to do more for less.
- The development and provision of direct patient services needs to continue – this is by far the best way of convincing commissioners, other healthcare professionals and the public that pharmacists and their teams are able to play a wider role in health care delivery. These services need to be developed as integrated services so that patients and other health care professionals see where pharmacists and their teams fit into patients pathways.
- Stronger local and national leadership of pharmacy is needed, it is crucial if pharmacy is to play a broader role, responding to the concerns of the wider system. Pharmacy leaders need consistently to show how pharmacy can be part of the solution to current NHS concerns.

How well are pharmacy services understood outside pharmacy?

- Pharmacists are marginalised within the NHS, nationally and locally.
- There is a poor level of understanding among the public, and within the NHS, of the potential role of pharmacists.

“ there is insufficient public awareness of the range of services pharmacists can offer. There is a pressing need to de-mystify pharmacy so that patients, the public and the rest of the health service understand the extent of the role that pharmacists do and can have in providing direct care.”

Now or Never: Shaping pharmacy for the future. 2014

Improving urgent and emergency care through the better use of pharmacists

Improving Urgent and Emergency care through better use of pharmacists

The Royal Pharmaceutical Society (RPS) believes that pharmacists are an underutilised resource in the delivery of better urgent and emergency care for patients.

Introduction

A key issue with the current growth in waiting times for accident and emergency (A&E) services is the number of people with conditions that could be treated elsewhere but who use A&E services as an alternative source of healthcare. Some people view the A&E services as a valid first point of contact with the NHS. Incorporating pharmacists more fully into the delivery of urgent and emergency (U&E) care would have a substantial impact on A&E waiting times and improve the care for patients.

Recommendations

- NHS England should nationally contract all community pharmacies to provide a common ailment service
- All A&E departments should incorporate a pharmacist to manage medicines related issues
- NHS III should ensure, as part of the national standards, that pharmacists are considered as an option to support urgent and emergency care at a local level, particularly around treatment of common ailments and emergency supplies of medicines.

PHARMACISTS WORKING IN URGENT & EMERGENCY CARE

The Urgent and Emergency Care (U&E) setting encompasses hospital Accident and Emergency (A&E) departments, walk-in centres, non-emergency services, such as NHS 111, NHS 24, and Out of Hours (OHH) providers.

Pharmacists working in U&E support patients with medicines related issues and common ailments when GP surgeries and other healthcare services are unavailable.

You will provide patients with access to medicines in emergency situations, treat minor injuries, obtain information from patients about medicines they take (a medicine history), and will work close with and provide advice to other healthcare professionals.



What is it that A&E pharmacists do?






The national pharmacists in emergency department programme (PIED-Eng)

Key points

- Front-line acute clinical services need new models of workforce development to maintain clinical services.
- Advanced trained clinical pharmacists have potential to support clinical management of patients attending emergency departments.
- Clinically enhanced pharmacist independent prescriber courses are successfully being delivered and support the advanced clinical role of pharmacists.

Examining the emerging roles for pharmacists as part of the urgent, acute and emergency care workforce

Clinical Pharmacist | 7 FEB 2017 | By Matthew Aiello , David Terry, Nisha Selopal, Chi Huynh, Elizabeth Hughes

Abstract

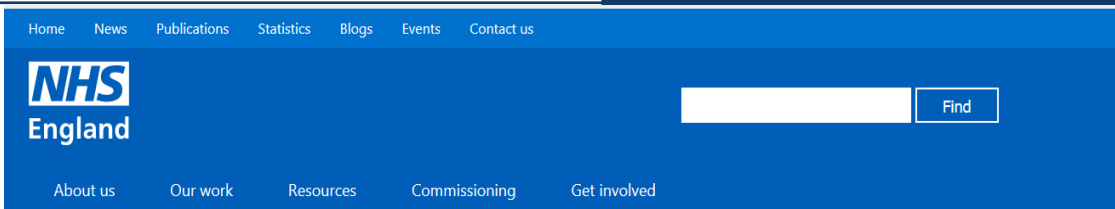
In the future urgent, acute and emergency medicine clinical workforce, new models of care and care delivery need to be developed, in order to maintain and enhance standards of safe and accessible patient care. A departure from traditional (doctor-led) approaches to workforce planning, and an understanding of scope and governance surrounding emerging clinical roles is necessary to develop a sustainable, multi-skilled workforce across primary, community and secondary care.

Today's healthcare workforce includes an ever-increasing number of non-doctor professionals, undertaking clinical work in the medical domain. The traditional, medicines-focussed role of the pharmacist is being challenged by Health Education England (HEE), the organisation responsible for NHS workforce training and development in England, and its national stakeholders. It is argued that the clinical pharmacist of the future should be capable of confidently and competently managing patients at an advanced clinical level – with health assessment, diagnostics and clinical examination skills comparable with that of an advanced clinical practitioner. A recent three-year programme run by HEE, evaluated the potential for pharmacists to manage patients in the emergency department and across urgent and acute care. Evidence from the 'Pharmacists in Emergency Departments' (PIED) suite of studies suggests that pharmacists with advanced training may clinically manage up to 36% of patients attending emergency departments. This article examines these data and proposes enhanced clinical development pathways for pharmacists, and calls for a change in thinking around the future integrated clinical workforce across urgent, acute and emergency care.

Keywords: Acute medicine, advanced clinical practice, A&E, emergency department, emergency medicine, acute care, pharmacist.

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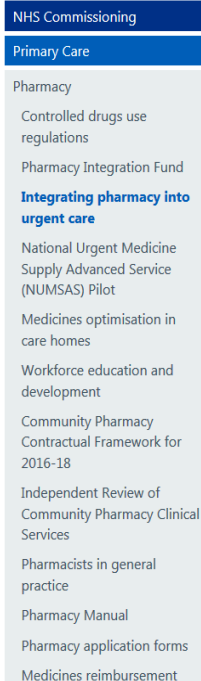
Pharmacists as a solution



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 - Controlled drugs use regulations
 - Pharmacy Integration Fund
 - Integrating pharmacy into urgent care**
 - National Urgent Medicine Supply Advanced Service (NUMSAS) Pilot
 - Medicines optimisation in care homes
 - Workforce education and development
 - Community Pharmacy Contractual Framework for 2016-18
 - Independent Review of Community Pharmacy Clinical Services
 - Pharmacists in general practice
 - Pharmacy Manual
 - Pharmacy application forms
 - Medicines reimbursement

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Integrating pharmacy into urgent care

NHS England is supporting the deployment of prescribing pharmacists in Integrated Urgent Care Clinical Assessment Service (IUC CAS) contact centres and in NHS111 services to help reduce the pressure on urgent and emergency care and general practice.

Pharmacists working in the Integrated Urgent Care (IUC) Pharmacists Programme will work as part of the multidisciplinary team as an expert resource. The work will involve handling medicines-related enquiries and issues, undertaking clinical assessment and treatment of minor ailments and prescribing where appropriate, prescribing for repeat prescription requests, and providing self-care advice.

Programme aims

- To provide impetus for mobilisation, innovation and development of prescribing pharmacists in the IUC CAS environment by providing **funding** to support the recruitment of **60 whole time equivalent (WTE)** pharmacist posts across England to work within IUC CAS/NHS 111 services.
- To provide access to a **role-specific training pathway** for pharmacists including an independent prescribing qualification with up to **120 funded places** to support these posts (commissioned by NHS England, through [Health Education England](#)).
- To **build on pilot work** and the NHS 111 Phase 2 Learning and Development programme which showed that pharmacists, as experts in medicines, can add value to the IUC CAS clinical skill mix in terms of available expertise, patient care and call efficiency, and to explore and evaluate this further in different IUC models and scopes of practice.
- To provide robust **workforce evaluation** to learn from the different models and scopes of practice to inform sustainability and future commissioning.
- To provide a **pharmacist professional network** (across sectors) for peer-to-peer support, a discussion forum, topical webinars and the opportunity to share information and best practice.



Promoting the role

ULTIMATE GUIDE FOR PHARMACISTS WORKING IN URGENT & EMERGENCY CARE


Pharmacists are an underutilised resource in the delivery of better urgent and emergency care. Pharmacists can:

- Support the urgent care needs of people in a variety of healthcare settings
- Reduce the need for people to access emergency care
- With additional training, as part of a multi-disciplinary team provide emergency care under medical supervision.

We have developed this online **ultimate guide** to support pharmacists working in or with Urgent and Emergency Care. It will be useful for those thinking of a career in urgent and emergency care or for those already working in this area. This guide is relevant to pharmacists working in the following urgent and emergency care settings:

- Community pharmacy
- Emergency Department and Urgent and Acute Care
- NHS 111, NHS 24 and NHS Direct Wales
- Ambulance services
- Integrated urgent care clinical hubs
- Urgent care resource hubs
- GP Practices and Out of Hours Services
- Urgent and Emergency Care Vanguard Sites

The RPS has collected [Good practice examples of pharmacists being utilised to support the Urgent and emergency care agenda](#).

What is urgent, emergency, and unscheduled care? 

England 


Scotland 

Wales 

[An introduction to urgent and emergency care settings](#)

Community pharmacy 

Emergency departments, and urgent and acute care 

NHS 111, NHS 24, and NHS Direct Wales pharmacist advisors 

Ambulance services 

Integrated urgent care clinical hub (England) 



More roles for pharmacists that address system concerns

PHARMACISTS IMPROVING CARE IN CARE HOMES IN ENGLAND

We believe it is time to change the way medicines are used in care homes.

Too many care home residents are taking medicines which are doing them more harm than good.

At a time when every pound of NHS resource needs to be scrutinised, we believe that a far more efficient system would have one pharmacist, as part of a multidisciplinary team, responsible for the whole system of medicines and their use within a care home.

We believe, and evidence shows, that this improves care, reduces NHS medicines waste and reduces the serious harm that can be caused by inappropriate use of medicines.

Key points

- Pharmacists should have overall responsibility for medicines and their use in care homes.
- One pharmacist and one general practitioner should be responsible for medicines in each care home ensuring coordinated and consistently high standards of care.
- Where a care home specialises e.g. in dementia care, the pharmacist should ensure they are competent to support the relevant clinical speciality.
- Local commissioners (such as Clinical Commissioning Groups or NHS England) should commission pharmacist to provide medicine reviews within care homes.
- Pharmacists should lead a programme of regular medicine reviews and staff training, working in an integrated team with other healthcare practitioners ensuring medicines safety.

This video by the Health Foundation, explains how the care of elderly care home residents can be enhanced through medicine reviews.



Toolkit

RCGP and RPS Policy Statement on GP Practice Based Pharmacists

Summary

The RCGP and RPS have been working together for the past 4 years to increase collaboration between GPs and pharmacists and to break down the perceived barriers to joint working between general practice and pharmacy(1). Key areas have been identified whereby working together pharmacists and GPs can improve the quality of patient care.

The RPS and RCGP wish to focus on the pressing need to increase capacity in the provision of high quality care through GP surgeries. The two organisations believe that pharmacists, with the appropriate skills and experience, based in GP practices will be able to contribute to the clinical work related to medicines, relieve service pressure and increase capacity to deliver improved patient care.

As well as patients and their GPs we believe that community pharmacists, other primary care health professionals and care providers, such as hospitals and care homes, can all benefit from the expert knowledge of a practice based pharmacist. This will help to avoid medicines waste, and make sure maximum value is derived from the investment in medicines. There is considerable evidence that supports the benefits of this role.

We wish to support the inclusion of a practice based pharmacist within the primary healthcare team. The purpose is to improve patient care within general practice. The RPS and the RCGP will work together to promote the uptake of practice based pharmacists.

Standard 4.3: Digital technology and informatics to support medicines use

A multidisciplinary team including senior pharmacy team members lead the development of digital support medicines use across the organisation and the wider health system.

Newcastle upon Tyne Hospitals NHS Foundation Trust

This trust is one of several hospitals nationally who have developed and implemented a model to p patients, as an enabler in providing targeted seven day clinical pharmacy services. Electronic prescri have the added value of providing intelligence of prescribing activity that occurs during the patient hospitals . (The full case study can be viewed on p.20 of [NHS England: Transformation of seven da pharmacy services in acute hospital](#)).

The clinical informatics team at Newcastle Hospitals was created when the trust introduced an elec



Hospital referral to community pharmacy:

An innovators' toolkit to support the NHS in England

December 2014

Produced by the RPS Innovators' Forum

Endorsed by:




Vanguard - Case studies

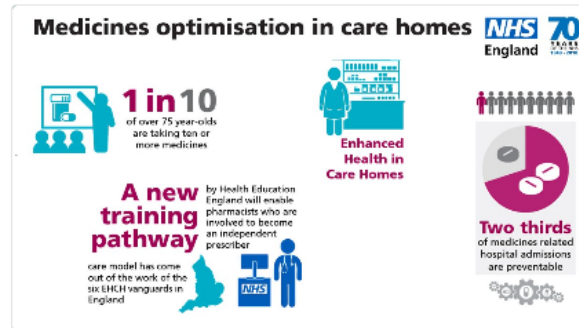
www.england.nhs.uk/vanguards


#FutureNHS



Follow

 @NHSEngland to carry out medicines reviews in care homes ensuring a more patient-centred approach for some of the most vulnerable people in England.
Info: ow.ly/1ugj30iYYgx
[#PharmacyIntegration](https://twitter.com/NHSEngland)



Medicines optimisation in care homes 

1 in 10 of over 75 year-olds are taking ten or more medicines

Enhanced Health in Care Homes

A new training pathway by Health Education England will enable pharmacists who are involved to become an independent prescriber

Two thirds of medicines related hospital admissions are preventable

care model has come out of the work of the six EHCN vanguards in England

10:10 AM - 20 Mar 2018

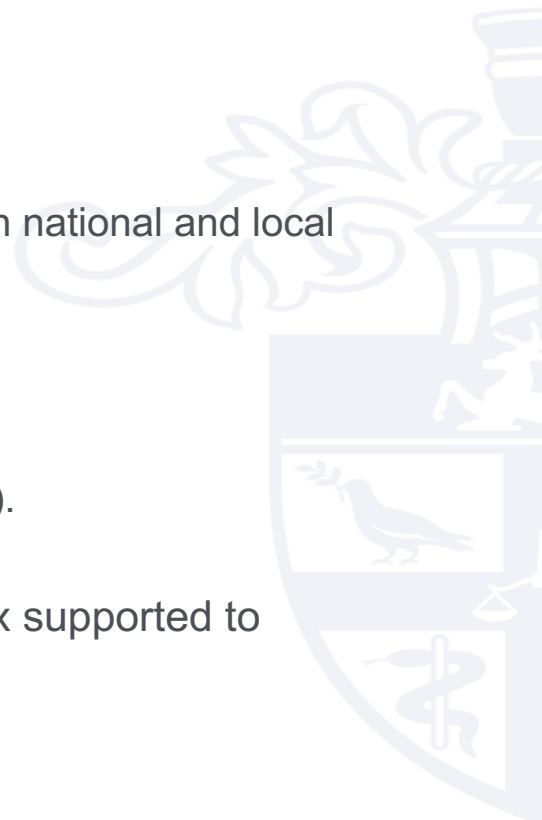
19 Retweets 21 Likes



Three themes

1. Understand your audience and their needs (associate pharmacy with national and local priorities).
2. Communicate, influence and engage (think outside pharmacy).
3. Leadership (professional), leadership (clinical), leadership (strategic).

Underpinned by a competent workforce with the appropriate skill mix supported to continuously develop But that is another presentation . . .



3. Leadership, leadership, leadership



Shaping pharmacy for the future

*“Focused, outward-looking **local** and **national** leaders within pharmacy need to work with national and local commissioners and providers of care services to ensure a shift in the balance of funding, contracts and service provision away from dispensing and supply, towards using the professional expertise of pharmacists to enable people to get the most from their medicines and stay healthy”*

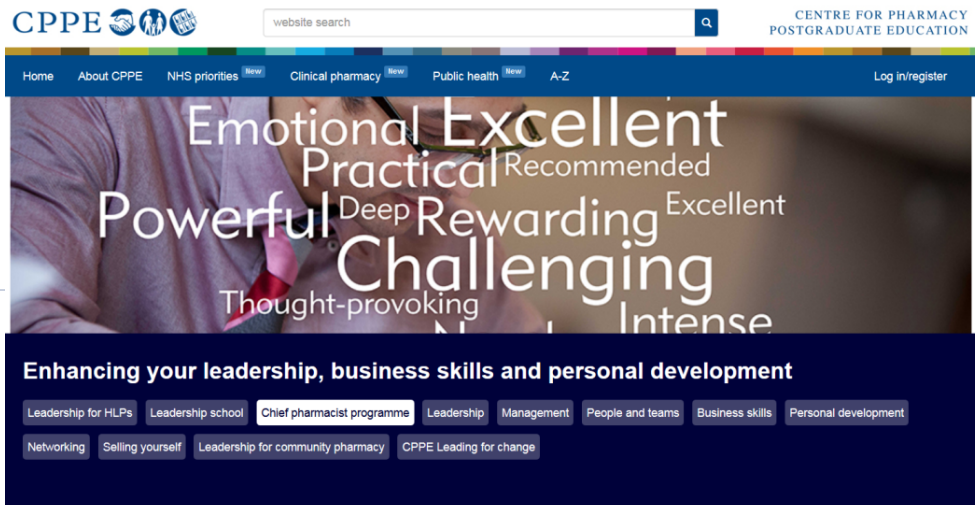
Now or Never: Shaping pharmacy for the future. 2014

Leadership development



Leadership development

Chief Pharmacists are required to lead in their organisations, lead across health economies and to lead the profession. The [NHS leadership academy leadership framework](#) and the complementary [RPS leadership development framework](#) can provide a structure to support leadership development. In addition a range of leadership development opportunities exist for Chief Pharmacists including:

- The [CPPE Chief Pharmacists Development Programme](#)
- The [NHS leadership academy programmes](#)
- [The Health Foundations Generation Q programme](#)
- The [Kings Fund Leadership and Organisational development](#)



The screenshot shows the CPPE website header with a search bar and navigation menu. The main content area features a large image of a person in a white coat with various adjectives overlaid: Emotional, Excellent, Practical, Recommended, Powerful, Deep, Rewarding, Excellent, Challenging, Thought-provoking, and Intense. Below this is a dark blue banner with the text 'Enhancing your leadership, business skills and personal development' and a row of navigation buttons. The 'Chief pharmacist programme' button is highlighted in white.

CPPE  website search  CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

Home About CPPE NHS priorities new Clinical pharmacy new Public health new A-Z Log in/register

Emotional Excellent
Practical Recommended
Powerful Deep Rewarding Excellent
Challenging
Thought-provoking Intense

Enhancing your leadership, business skills and personal development

Leadership for HLPs Leadership school **Chief pharmacist programme** Leadership Management People and teams Business skills Personal development

Networking Selling yourself Leadership for community pharmacy CPPE Leading for change

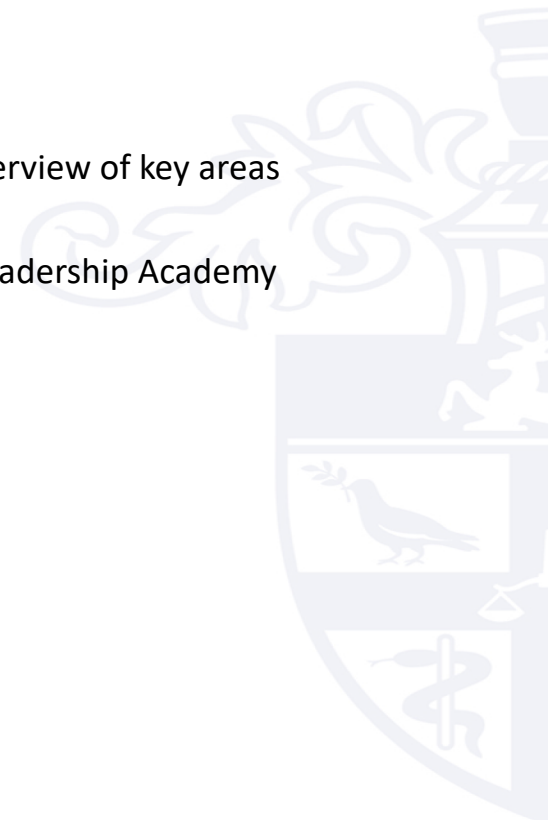
Chief pharmacist development programme

The *Chief pharmacist development programme*, designed and delivered in partnership with the NHS Leadership Academy, will equip new in-role and aspiring chief pharmacists with the necessary knowledge, skills, behaviours and experience to effectively perform this senior role. The 12-month fully funded programme offers a comprehensive mix of residential training, specialist study days, mentoring, online self-directed study, assessment and support. The *Chief pharmacist development programme* is overseen by a reference group, chaired by Health Education England (HEE).

The programme will run twice a year, in May or November, and we are accepting applications for future waves of the programme on an ongoing basis. Wave 7 will commence in November 2018 and the deadline for receipt of applications is 1 August 2018.

Ultimate guide for aspiring chief pharmacists

- Guide for aspiring chief pharmacists (and equivalents) to provide them with an overview of key areas of which they need to be aware.
- Developed with CPPE for the Centre for Pharmacy Postgraduate Education/NHS Leadership Academy Chief Pharmacists Development Programme in England.
- Published on RPS website September 2017



RPS



HOSPITAL EXPERT ADVISORY GROUP

The RPS Hospital Advisory Group (HEAG) is a consultative group to the Boards of the Royal Pharmaceutical Society (RPS). The Group provides expertise on issues of hospital practice which impact on the pharmacy profession and the public, and provides thought leadership to inform RPS policy.

For the purpose of this group, hospital practice includes providers of pharmacy services in or to acute, mental health, private, community services, prison, hospice and ambulance settings. It also covers areas of practice where hospital pharmacy expertise and influence is required to improve care e.g. whole health economy solutions to medicines optimisation challenges.



How the HEAG supports the RPS and the profession

Currently HEAG is supporting the RPS and the profession by:

- Providing oversight for the update to the [Guidance on the Safe and Secure Handling of Medicines](#)
 - Developing definitions to underpin [benchmarking metrics for acute hospitals](#)
 - Contributing to thought leadership at the [Pharmacy Workforce Summit: Right place, right time, right number positioning the workforce for patients](#)
 - Contribution to the development of the [RPS Ultimate guide for Chief Pharmacists or equivalent](#) (published Sept 2017)
 - Supporting RPS to develop guidance on [conflicts of interests](#)
 - Ensuring expert input to RPS responses to consultations, requests for endorsement and to requests for comment on resources produced by other professions and specialist groups
- For more detailed information about the work of HEAG summary notes of all meetings can be found here [01/12/2016](#) | [14/06/16](#) | [03/05/17](#) | [25/01/18](#)

Would you like to join the RPS Hospital Expert Advisory Group? Email support@rpharms.com

See the group's [terms of reference](#).

In conclusion



Key messages

- RPS is the professional leadership body for pharmacy in Great Britain. RPS helps the profession to define and shape what good looks like both now and in the future.
- It is crucial to understand the wider context in which pharmacy services are located and to understand trends and drivers of patient care. Pharmacists and their teams need to be marketed strategically as solutions to the needs of the service and patients.
- Whether it's a focus on antibiotic use, improving delayed discharge or relieving the pressure on emergency care associating pharmacy with national and local priorities will help making the case for involvement much easier.
- Communicate, influence and engage widely outside of the pharmacy profession about what it is pharmacy teams can do to support patient care (speak their language not ours). Spend time with key opinion leaders - rather than just those already on side - avoid the tendency for pharmacy to talk to pharmacy.
- Leadership (strategic), leadership (professional), leadership (clinical)



ROYAL
PHARMACEUTICAL
SOCIETY

Thank you

<https://www.rpharms.com/>

Please feel free to contact RPS or Catherine Picton:

support@rpharms.com

