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NHS

The efficient pharmacist - prioritising tasks and designing processes

European Association of Hospital Pharmacists 2018

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Disclosure

- Conflicts of Interest :
  - Roger Fernandez
    - Nothing to disclose
  - Ann Jacklin
    - Nothing to disclose

Seminar IG1:
The efficient pharmacist - prioritising tasks and designing processes

Abstract

What part could hospital pharmacists play in helping their hospitals survive the economic downturn? Health services across Europe have been affected adversely by the economy and pharmacists could are ideally placed to have a positive impact on the finances of their hospital, provided they are prepared to, re-prioritise tasks and consider redesigning processes.
In this seminar examples of how to introduce efficiencies both into how individual pharmacists work and how pharmacy departments operate will be outlined with examples from an innovative national program and from within a large acute care hospital.

Learning objectives

After the session, the participant should be able to:

- Understand the imperative for greater efficiency in how hospital pharmacists work;
- Identify areas in which efficiencies could be made; and,
- Learn when processes need to be redesigned in order to realise efficiencies;
- Relate learning to the EAHP Hospital Pharmacy Standards

Relevant EAHP Statements (1)

Statement 1.2

"At a European level, 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed and implemented. These guidelines will include corresponding human resources and training requirements and assist national efforts to define recognised standards across the scope and levels of hospital pharmacy services."

Statement 1.3

"Health systems have limited resources and these should be used responsibly to optimise outcomes for patients. Hospital pharmacists should develop, in collaboration with other stakeholders, criteria and measurements to enable the prioritisation of hospital pharmacy activities."

Statement 2.1

"Hospital pharmacists should be involved in the complex process of procurement of medicines. They should ensure transparent procurement processes are in place in line with best practice and national legislation, and based on the principles of safety, quality and efficacy of medicines."

Relevant EAHP Statements (2)

Statement 4.2

“All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.”

Statement 4.8

"Clinical pharmacy services should continuously evolve to optimise patients’ outcomes."

Self-Assessment Questions

Answer *Yes* or *No*

1. I understand the imperative for greater efficiency in how hospital pharmacists work;
1. I can identify areas in which efficiencies could be made; and,
2. I need to learn when processes need to be redesigned in order to realise efficiencies.

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Content

National

- Context
- Policy Initiatives the Carter Review(s)
- The Carter Review findings and implementation
- The Medicines Value Programme

Local

- Trust response
- Sustainability & Transformational Plans
- Collaborative Themes to release efficiencies
- Clinical Productivity
- Pharmacy workforce development

The population is ageing

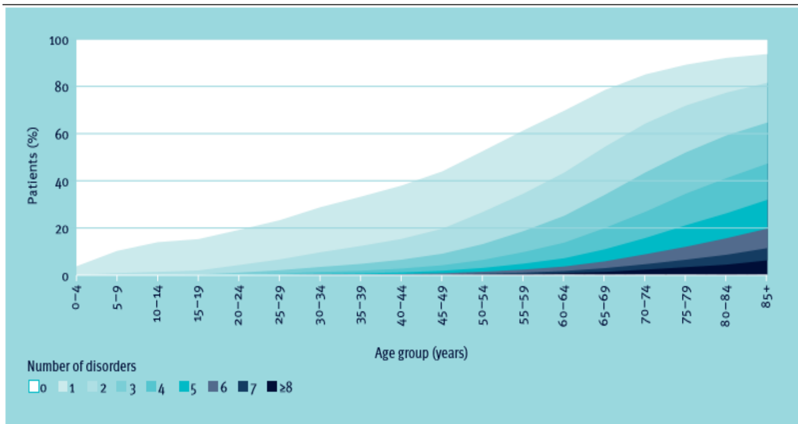
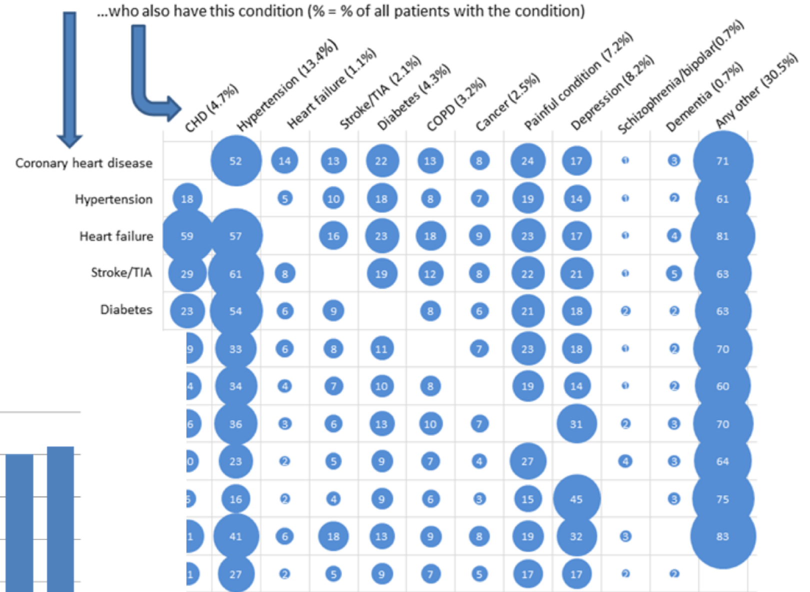
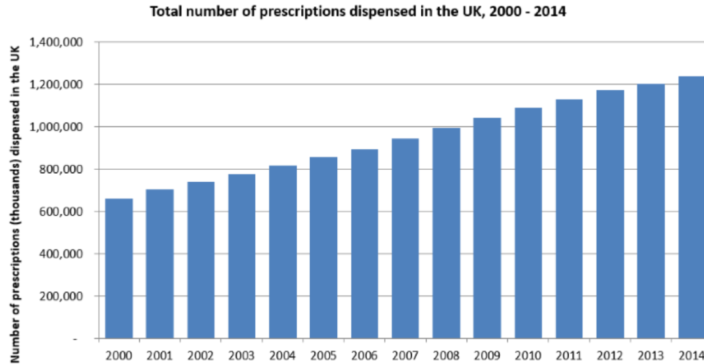


EXHIBIT 3: Patterns of multimorbidity by age gro

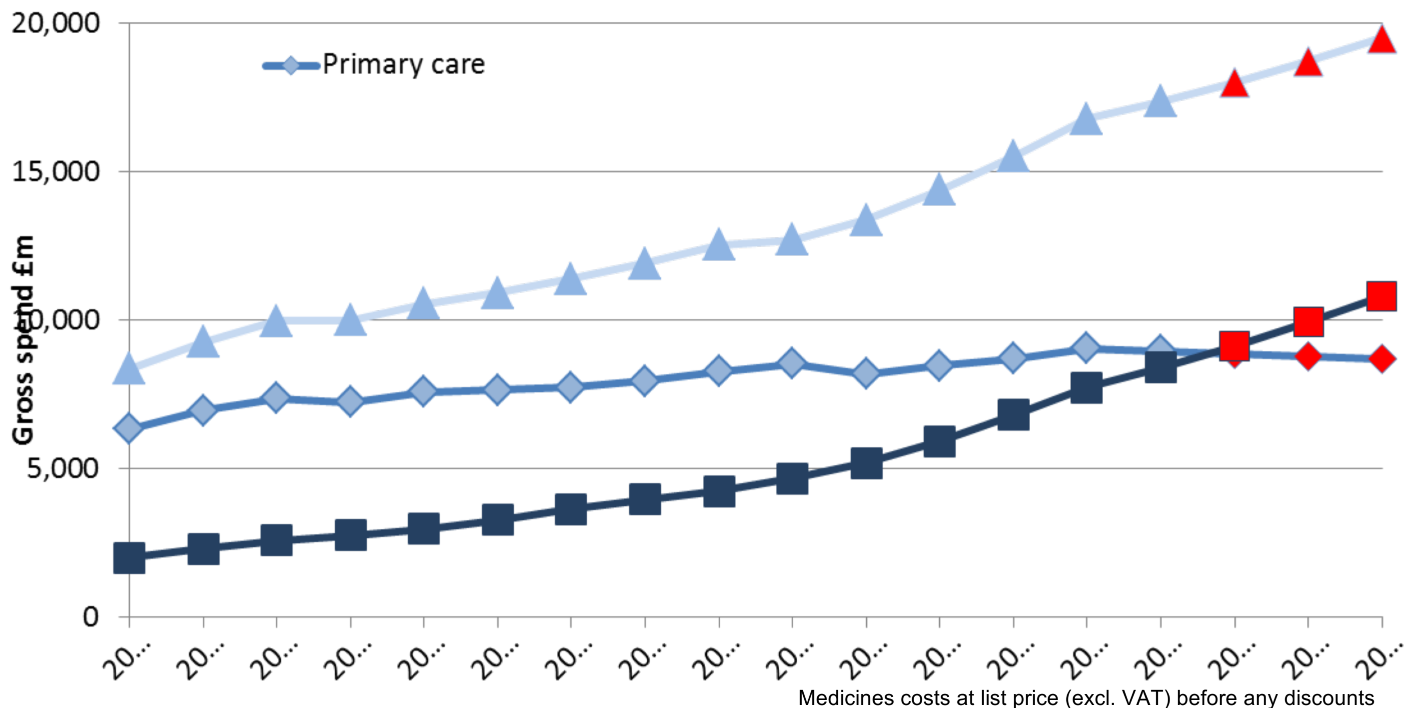
& patients get more complex as they get older



Meds use increases



Medicines spend is increasing



- Overall medicines spend by 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%

The quality of medicines use is variable:

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

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

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Policy makers are engaged

NHS England 5YFW October 2014:

- ……..'mismatch between resources and patient needs of nearly **£30 billion** a year by 2020/21
- action will be needed on all three fronts
  - demand,
  - ***efficiency*** and
  - funding

Led to

- Government providing £8 billion
- NHS to find £22 billion 'efficiencies
  - NHS trusts (hospital groups) to deliver >3% efficiency savings per annum for 5 years
- Carter Review to find £5 billion for acute trusts

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Lord Carter of Coles Reviews:

Summer 2014

- Health Secretary asks Lord Carter to assess what efficiency improvements could be generated in acute hospitals across England
- Hospital Pharmacy and Medicines Optimisation Programme (HoPMOP) established October 2014

February 2016

- 'Operational Productivity and performance in NHS acute hospitals: Unwarranted variations' published

Summer 2016

- All report recommendations adopted
- Implementation to be Operational Productivity directorate of NHS Improvement
- HoPMOp implementation begins

Winter 2016

- Lord Carter invited to review Ambulance, Mental Health, Community Services & Specialist hospitals across England.

Spring 2017

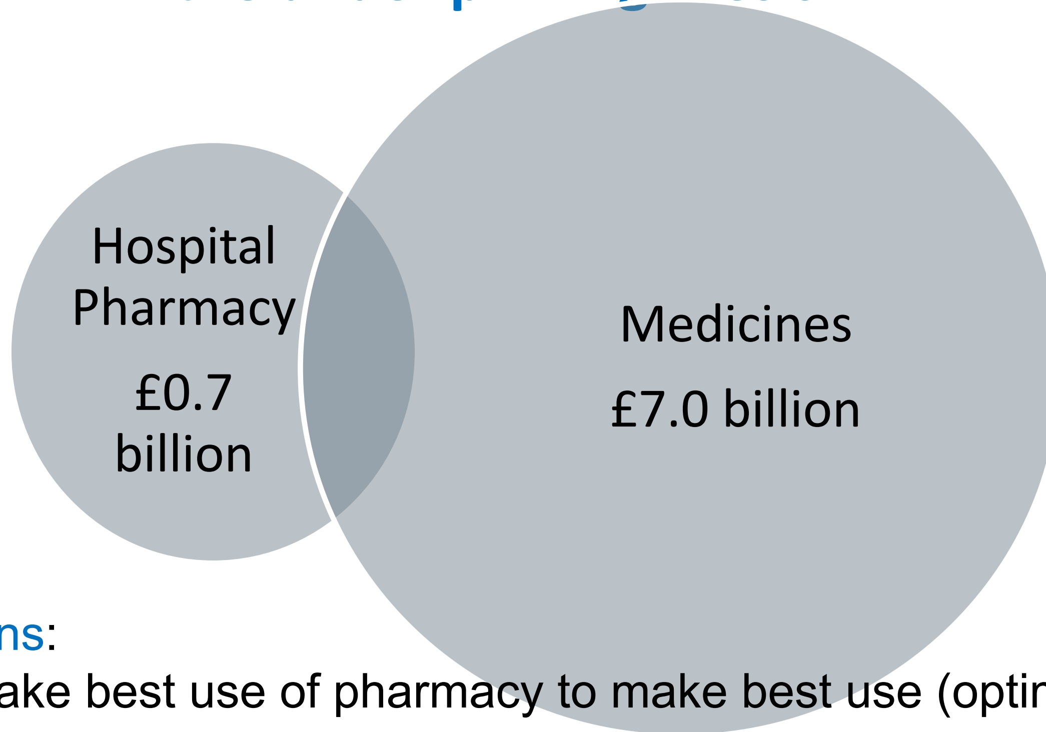
- Carter II Mental **Heath & Community Medicines, Pharmacy & Pathways** project commenced
- Publication of the Five Year Forward View re-refresh
- Launch of the NHS England **Medicines Value Programme**

The Carter approach

1. What good looks like in delivering services
2. Identify metrics and benchmarks
3. Publish a report and move into implementation phase

Projects areas	
Workforce	Pathology & imaging
Estates	Procurement
Corporate services	***Medicines & pharmacy***

Hospital Pharmacy and Medicines Optimisation in acute trusts
‘the under pinning thesis’



Exam questions:

How do we make best use of pharmacy to make best use (optimise) medicines?

What does good look like?

What metrics support this?

Let's use the principles of medicines optimisation

ROYAL PHARMACEUTICAL SOCIETY

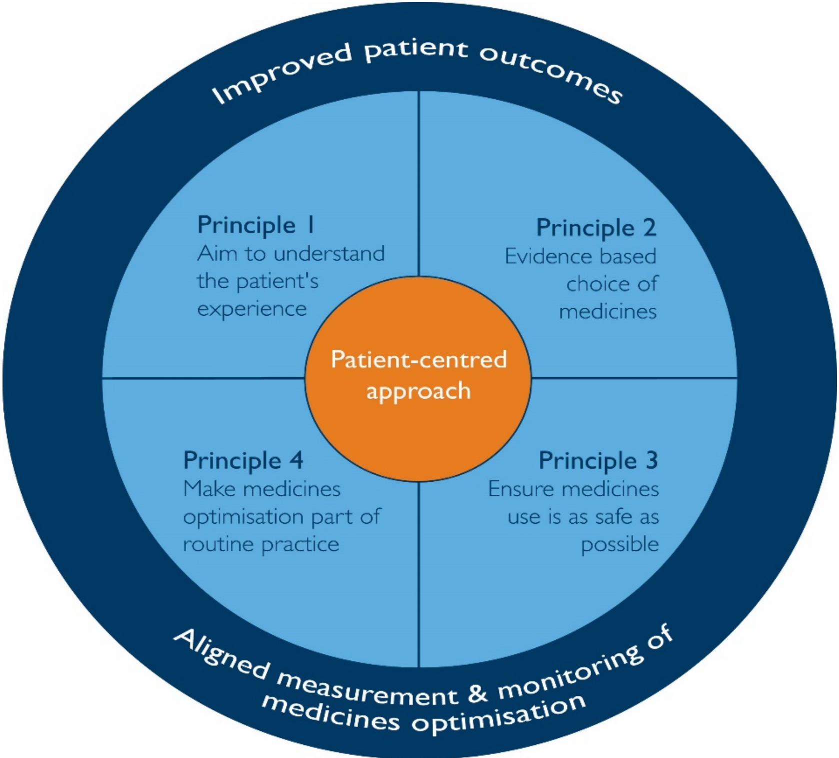
Medicines Optimisation:
Helping patients to make the most of medicines

Good practice guidance for healthcare professionals in England

May 2013

Endorsed by

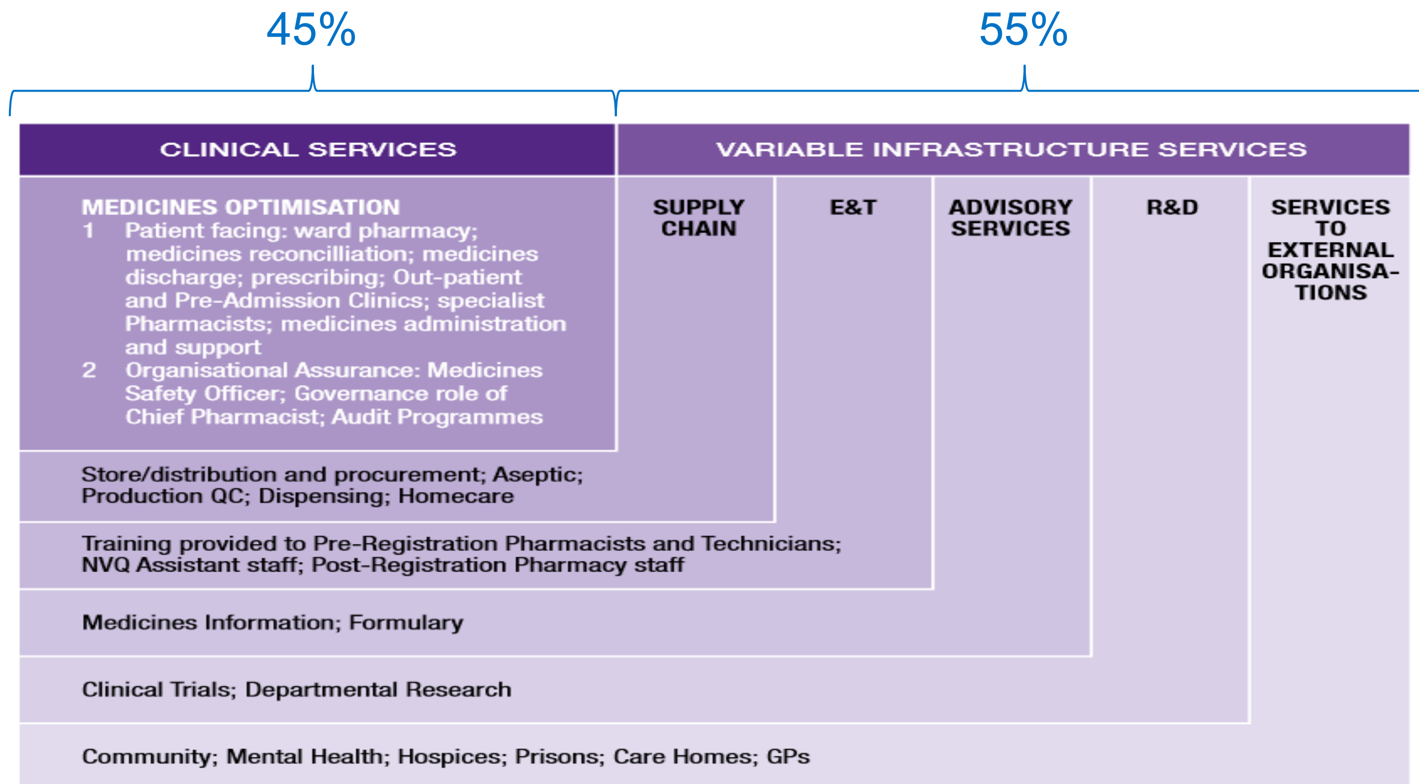
NHS England
Royal College of General Practitioners
Royal College of Nursing
abpi
ACADEMY OF MEDICAL ROYAL COLLEGES



http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf

Optimising pharmacy services to optimise medicines

What we found in acute trusts February 2016



What did Lord Carter say in February 2016:

- The NHS spends around £6.7bn on medicines in hospitals and £0.6bn on hospital pharmacy services
  - The need to manage these medicines in the context of financial constraints is critical
  - Trusts should ensure clinical pharmacists are in place, with sufficient capacity, to meet this challenge.
  - Trusts should therefore ensure more clinical pharmacy staff are deployed
  - The more time pharmacists spend on infrastructure services the less time they have to maximise value and outcomes from complex and costly medicines and support prescribing choices across the service
- Significant potential for the buying, making and supply of medicines, along with other back office functions, to become more efficient
  - these infrastructure services are most efficiently delivered when undertaken through collaborative or shared service type-models, at local, regional and national levels

What did Lord Carter recommend?

Recommendation 3: Trusts should, through a Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding by April 2020, in agreement with NHS Improvement and NHS England so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities.

Delivered by:

a) developing HPTP plans at a local level with each trust board nominating a Director to work with their Chief Pharmacist to implement the changes identified, overseen by NHS Improvement and in collaboration with professional colleagues locally, regionally and nationally; with the Chief Pharmaceutical Officer for England signing off each region's HPTP plans (brigaded at a regional level) as submitted by NHS Improvement;

b) ensuring that more than 80% of trusts' pharmacist resource is utilised for direct medicines optimisation activities, medicines governance and safety remits while at the same time reviewing the provision of all local infrastructure services, which could be delivered collaboratively with another trust or through a third party provider;

c) each trust's Chief Clinical Information Officer moving prescribing and administration from traditional paper charts to Electronic Prescribing and Medicines Administration systems (EPMA);

d) each trust's Finance Director, working with their Chief Pharmacist, ensuring that coding of medicines, particularly high cost drugs, are accurately recorded within NHS Reference Costs;

e) NHS Improvement publishing a list of the top 10 medicines with savings opportunities monthly for trusts to pursue;

f) the Commercial Medicines Unit (CMU) in the Department of Health undertaking regular benchmarking with the rest of the UK and on a wider international scale to ensure NHS prices continue to be competitive, and updating its processes in line with the Department of Health's NHS Procurement Transformation Programme as well as giving consideration as to whether the capacity and capability of the CMU is best located in the Department of Health or in the NHS, working alongside NHS England's Specialist Pharmacy Services and Specialised Commissioning functions;

g) consolidating medicines stock-holding and modernising the supply chain to aggregate and rationalise deliveries to reduce stock-holding days from 20 to 15, deliveries to less than 5 per day and ensuring 90% of orders and invoices are sent and processed electronically; and,

h) NHS improvement, building on and working with NHS England commissioned Specialist Pharmacy Services, should identify the true value and scale of the opportunity for rationalisation and integration of hospital pharmacy procurement and production, developing an NHS Manufactured Medicines product catalogue and possibly moving towards a four region model for these services.

Hospital Pharmacy Transformation Programme HPTP

80% pharmacist time on CLINICAL activity

EPMA

High Cost Drugs coding

Drug savings

Drug Procurement - CMU

Supply chain

Specialised Pharmacy Service NHS Manufactured Medicines Catalogue

Carter - shifted the paradigm

- 7,000 pharmacists working with clinical pharmacy technicians to deliver values and outcomes from £6.7 billion pa medicines working with;
  - >100,000 doctors
    - Of whom >53,000 junior doctors
  - >400,000 nurses
  - For >100,000 inpatients a day

- Clinical Pharmacy (including medicines reconciliation) delivers a return on investment of £5 for every £1 invested from
  - Reduced dose omission
  - Reduced length of stay (2 days)
  - Reduced admissions (9 -16%)
  - Increased time to readmissions (20 days)
  - Reduced medicines costs
  - Reduced errors on discharge (25% - <1%)

Implementation of Carter

Investment:

- Nationally
    - HoPMOp Core Team: IT business case, aseptic survey,
    - model hospital development
    - Model Hospital : national benchmarking
- Regionally (x4)
    - Operational Productivity Teams
    - Regional Pharmacists

Model Hospital > Dashboard > 2. Operational > Pharmacy & Medicines

Pharmacy & Medicines

Headline Metrics

Trust Level

Compartment downloads

Guidance

Export to Excel

Print

Metric	Value	Period
Pharmacy Staff & Medicines Cost per WAU	£526	2014/15
% Biosimilar Infliximab Uptake (Monthly) *UPDATE*	74.3%	Sep 2016
% Biosimilar Etanercept Uptake (Monthly) *UPDATE*	0.0%	Aug 2016
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activities] *NEW*	53%	2015/16
Data Quality of NHS England Monthly Data Set Submissions From Providers *NEW*	25	Sep 2016
% Pharmacists Actively Prescribing *UPDATE*	38%	2015/16
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent) *UPDATE*	10.0	2015/16
% ePrescribing Chemotherapy	100%	2014/15
Number of Days Stockholding *UPDATE*	25.0	2015/16
Pharmacy Deliveries per Day [Average Number of Deliveries] *UPDATE*	18	2015/16
e-Commerce - Ordering (AAH) *NEW*	77.0%	2015/16
e-Commerce - Ordering (Alliance) *NEW*	91.0%	2015/16

Users can drill down to see much greater granularity – currently 36 HoPMOp metrics

NHS
ovement

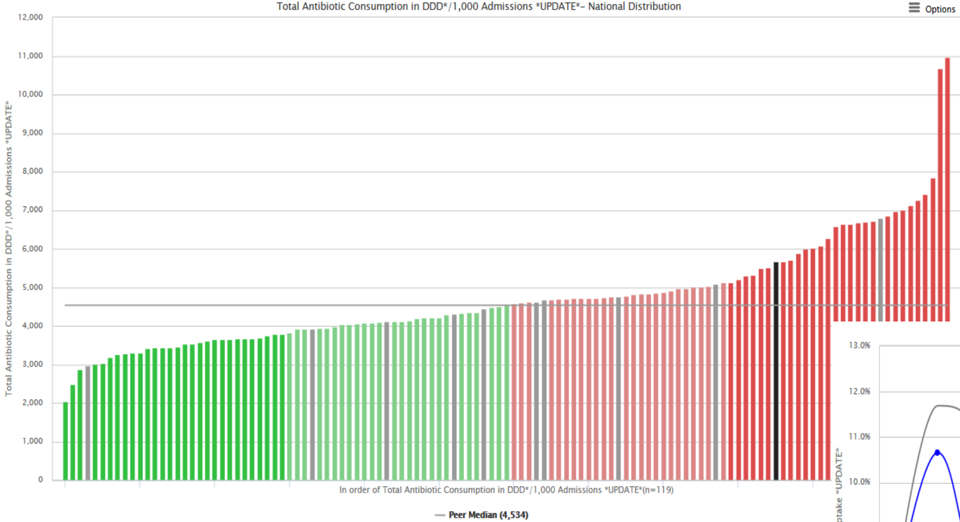
Pharmacy & Medicines, Trust Level

My Peers | NHSI Regional Peers | Sustainability & Transformation Plan Peers | Trust Type Peers (ERIC) | Trust Size Peers (OPEX) | Trust Size Peers (WAUs)

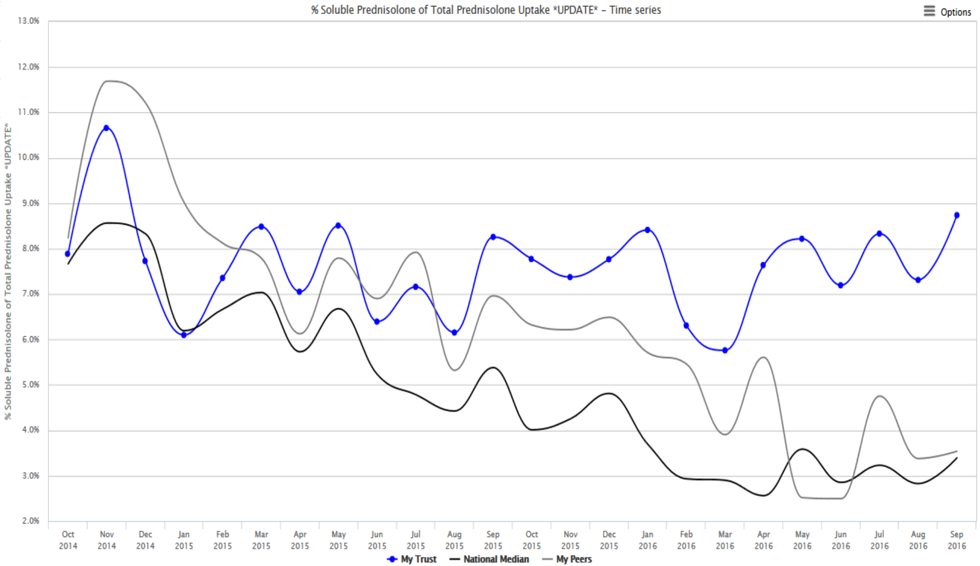
Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Pharmacy Staff & Medicines Cost per WAU	2014/15	£526	£432	£335			No trendline available
Medicines Cost per WAU	2014/15	£473	£396	£298			No trendline available
High Cost Medicines per WAU	2014/15	£126	£133	£97			No trendline available
Non High Cost Medicines per WAU	2014/15	£347	£265	£189			No trendline available
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend] *NEW*	2015/16	50%	50%	56%			No trendline available
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)] *NEW*	2016	61%	57%	60%			No trendline available
Use of Inhalation Anaesthetics - % Spend on Sevoflurane *NEW*	2015/16	59%	65%	66%			No trendline available

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions *UPDATE*	2015/16	5,662	4,534	4,549			
% Diclofenac vs Ibuprofen & Naproxen (Monthly) *UPDATE*	Jun 2016	3.70%	8.89%	8.85%			
% ePrescribing Chemotherapy	2014/15	100%	80%	50%			No trendline available
% ePrescribing IP	2015/16	20%	60%	50%			No trendline available
% ePrescribing OP	2014/15	20%	20%	50%			No trendline available
% ePrescribing Discharge	2014/15	20%	100%	60%			No trendline available

National distribution is shown for all metrics



Timelines for selected metrics



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NHS England Medicines Value Programme 2017

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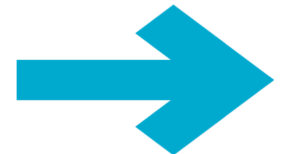
Value is… measurable improvement in patient outcomes while maintaining an affordable medicines bill

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



Workforce Optimisation

Goal to release pharmacist time from non-clinical duties to support the following clinical activities, driving overall workforce efficiencies:

Releasing time from other professional groups	Focus on Medicines Optimisation/ Best practice in prescribing	Reducing patients' stay in hospital
Increase number of active pharmacist independent prescribers Pharmacy input to inpatient drug rounds Pharmacist presence in A&E Departments Pharmacist-led outpatient clinics	Medicines reconciliation to reduce polypharmacy and deliver patient-centred care Medicines reviews using STOPP/START toolkit Antimicrobial stewardship to ensure antibiotic usage is in line with clinical best-practice	Faster dispensing of discharge medications Prescribing discharge medication Developing improved pathways between hospital & community services Homecare chemotherapy and IV antibiotics (OPIT)

£5 saving in patient care costs for each £1 invested in clinical pharmacy

The NHS Trust Response

- Some have almost ignored the issue
- Some have adopted a ‘business as usual approach’
- Some have adopted a programme management approach
- The example of’ King’s College Hospital and Guy’s & St Thomas
  - Carter Programme Board
  - Executive Director as Exec sponsor & Chief Pharmacist/CD as Senior Responsible Owner (SRO)
  - Appoint a Senior Programme Manager (AfC Band 8c)
  - Workstream governance
  - External engagement & communications

Definitions

- **Efficiency is about *doing the same with less***
  - This is often about reducing the number of labour hours required to produce the same level of output – which translates into saving opportunities. Hence focus of the denominator.
- **Productivity is about *doing more with the same***
  - This is often about a change in output per labour hours over a defined period of time. Hence the focus is on the numerator.
  - Focusing on productivity gives us a natural opportunity to improve quality – for us these are synonymous.

A vision statement

Our vision in pharmacy is to continually strive to provide high quality, innovative, personalised care for all our patients through the optimal use of medicines, emerging technologies and a motivated workforce.

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KCH Governance

Outputs:
- Monthly
- Board agenda
- RODs/Minutes
- Benefit report
- Issues/Risks
- Newsletter
- Update project plans

HPTP Advisory Group

Hospital Pharmacy Transformation Programme Board

Jane Farell (Chief Operating Officer, Executive Lead) and
R. Fernandes (Chief Pharmacist), Chair

OHSEL Medicines and Pharmacy Programme Group

Clinical Transformation Steering Group

King's Executive Board

Divisional Programme Board

Programme Lead (Deputy Chair) R. Singal

Project Manager (Secretary) L. Hooper

Technical Services — L. Thompson

Procurement, Stores and Distribution — M. Allen

Clinical Services — G. Miller

Operations — K. Nixon

Enabling work streams

Informatics — P. Bains

Workforce Development — K L Chan

Research and Governance — G. Cavell

Communications — L Hooper

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What are STPs?

- The NHS ‘Five year forward view’ was published in October 2014 and details a new shared vision for the future of the NHS based around the new models of care.
- To support delivery of the ‘Five year forward view’, STPs were announced in NHS shared planning guidance in December 2015 - outlining a new approach to help ensure that health and care services are built around the needs of local populations.
- In spring 2016, local health and care systems came together to form 44 areas in England that have been identified as geographical STP ‘footprints’.
- Each of these geographic footprints will be responsible for the delivery of plans to improve local health and care based on the needs of their local populations.

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London STP Footprints

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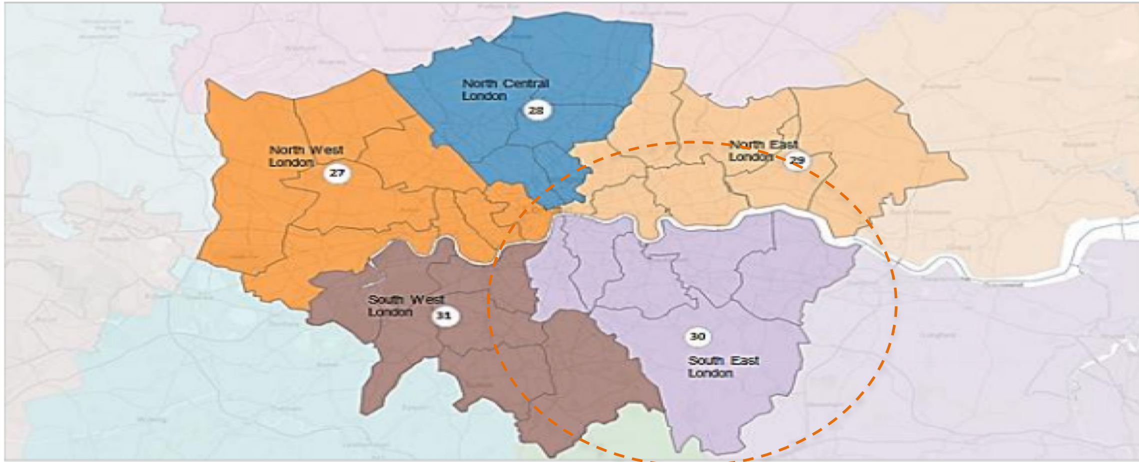

Population: ~ 1.7m
Medicine spend: ~ £500m

4 Acute Hospital Trusts:

- Lewisham and Greenwich
- GSTT
- KCH
- Dartford and Gravesham

Out of hospital:

•Community Pharmacies (355)
•GPs
•Social Care
•Care Homes / Hospices
•Urgent Care

6 CCGs:

•Bromley
•Bexley
•Greenwich
•Lambeth
•Southwark
•Lewisham

2 Mental Health Trusts:

- SLAM
- Oxleas

Other partners:

- King's College London
- HIN (AHSN)
- KHP (AHSC)

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The NHS spends around £17bn on medicines, which remains the most common patient-level intervention in the NHS, and covers all sectors of care. It is the second highest area of spending in the NHS and we spend approx. £0.5bn in South East London. We know that we need to do better to improve the value patients get from their medicines, addressing sub-optimal use, and creating headroom for new treatments. This will only become reality if we radically transform the way we deliver services.

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PPG Advisory Group

SEL Area Prescribing Committee

Medicines and Pharmacy Programme Group

Martin Shaw (SRO), Provider CEO, CCG CEO, London LPN Chair, Provider Chief Pharm, CCG Chief Pharm, Programme Lead, SEL APC Chair, Patient Rep, HIN CEO, KHP PS CAG Rep, OHSEL Director of Strategy Rep, Clinical Pharm Lead Rep, OHSEL Finance Director Rep, Commercial Rep, GP Fed Rep

Collaborative Projects

Integrated procurement, stores and distribution

To identify productivity and performance opportunities through service collaboration.

SRO: Roger Fernandes

PM: Amanda Ransome / Kirsteen Docherty

Rationalisation of technical services facilities

To identify productivity and performance opportunities in technical services through collaboration.

SRO: Louise Dark

PM: TBR

Medicines optimisation and clinical pharmacy services

To identify clinical productivity opportunities through collaborative service models

Provider SRO: Tim Hanlon
Commissioner SRO: Vanessa Burgess/ Eileen White

PM: TBR

Pharmacy workforce development

To define a strategy to improve workforce capability and skill mix, so that all pharmacy staff operate top of their license

Provider SRO: Roger Fernandes

PM: Rahul Singal

Digital Medicines and Informatics

To define a strategy to leverage technology and informatics to deliver and enable service improvement

Provider SRO: Tim Hanlon

PM: Rahul Singal

Research, Evaluation and Innovation

To define a strategy to accelerate innovation of new technologies and drugs, whilst aligning research efforts with programme priorities.

Provider SRO: David Taylor

PM: Rahul Singal

Hospital Provider Pharmacy Transformation Joint Programme Group

Provider Chief Pharmacists , Programme Managers

GSTT HPTP | LGT HPTP | KCH HPTP | DGV HPTP | SLAM PB | Oxleas PB

Primary and Community Care Programme Group

CCG Chief Pharmacists, LPC CEOs, LPN Chair

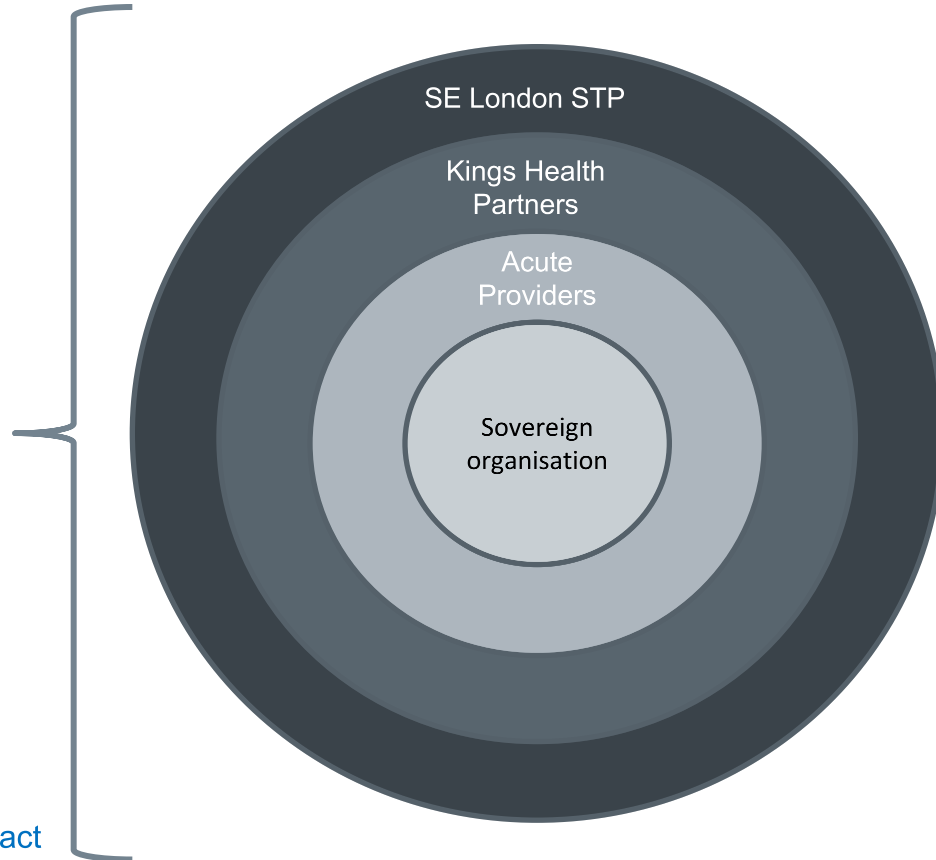
Pharmacists in General Practice | Community Pharmacy | CCG Medicines Optimisation

STP enabling strategies

IM&T | Estates | Workforce | Communications

Collaborative themes

- **Supply Chain:**
  - Procurement
  - Distribution and Stores
- **Aseptic services**
  - Manufacturing
  - Commercial opportunities
- **Workforce:**
  - Education, training and development
  - Foundation training with HEE and RPS
  - Talent management
  - Optimise productivity
- **Clinical Productivity:**
  - Reduce unwarranted variation in practice
  - Improve quality and safety across pathways
  - Optimise patient experience
- **Technology**
  - Fundamentally change the way we deliver services
  - Leverage opportunities across SE London
  - Track outcomes and realise benefits
- **Research and Innovation**
  - Opportunities to maximise research portfolio and impact across the sector and profession



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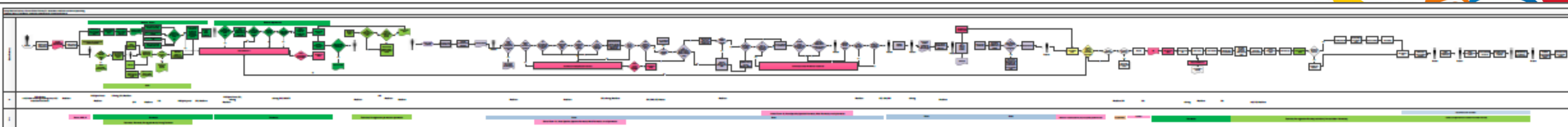
Clinical Productivity

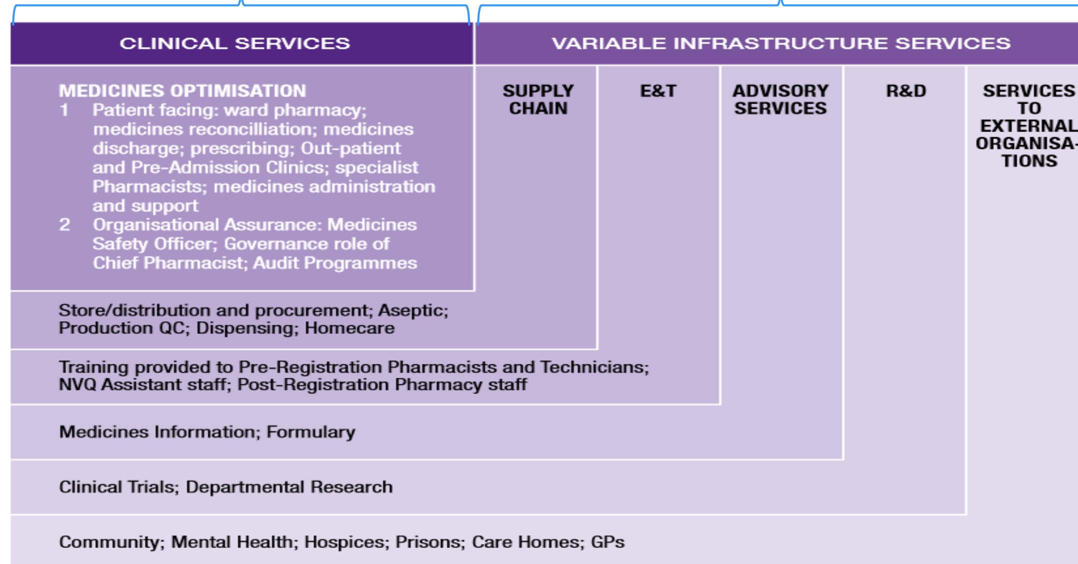
The Safe Medicines Pathway and the Safe Staffing Levels Reviews will highlight the requirement for Medicines Management Pharmacy Technicians (MMPTs) and Pharmacy assistants to take on a wider role at ward level to release pharmacist resource to allow for pharmacists to undertake greater clinical activity and roles traditionally undertaken by doctors such as prescribing.

- How can we ensure we use the increased deployment of pharmacy teams on clinical activities in the most productive way?
- Define the clinical model and standardise the clinical operating model across acute hospitals in SE London STP – both macro and micro levels.
- Shelford Chief Pharmacist Group and other stakeholders to agree model of risk-stratification
- Improve utilisation of prescribers and promote autonomous practice
- Collaborative delivery of seven day clinical pharmacy services



Currently 45% of time

Currently 55% of time



Clinical Services

- Risk stratification of patients
- Increase active prescribers
- Focus on medicines optimisation to improve value and outcomes from medicines
- Balance between specialists and generalist practice
- Development of clinical pharmacy technicians and assistants
- Integrated medicines optimisation services across settings
- Support medical and multi-professional team to improve clinical productivity i.e. greater presence on ward rounds
- Job planning and e-rostering

Infrastructure Services

- Outsource outpatients
- Review technical services across KHP/SE London
- Review distribution and procurement processes across KHP/SE London
- Digital medicines strategy – EPMA, interoperability, accurate coding, shared records
- Research and clinical trials strategy – KHP/ SE London
- Medicines information already hosted by GSTT
- Workforce development

SE London STP Collaborative Opportunities

Opportunities for pharmacy?

- Critical, important opportunity for all pharmacy professionals – irrespective of the sector.
- Improving productivity and performance in the way pharmacies operate - could include collaborating across STP footprints with pharmacy providers.
- Reducing unwarranted variation and improving clinical efficiency.
- Integrating care across existing organisational boundaries.
- Optimising the pharmacy workforce to improve the use of medicines
- A greater emphasis on the population being served.
- Leverage technology
- STPs are a recognition that there is no “one size fits all” model.

Workforce

- Pharmacy assistants
  - Novel clinical roles and emerging apprenticeship standards
- Pharmacy technicians
  - MMPT and greater clinical roles
- Pharmacists
  - Integrated pre-registration training / Central recruitment through HEE LaSE ORIEL system
  - Foundation Pharmacist Vocational Training Scheme
  - Consultant pharmacists
- Multi-professional / and cross sector learning opportunities and programmes
- STP Workforce Project across SE London to be inclusive of primary and secondary care
- Communication and engagement with the entire workforce in our departments – harnessing their ideas and creativity

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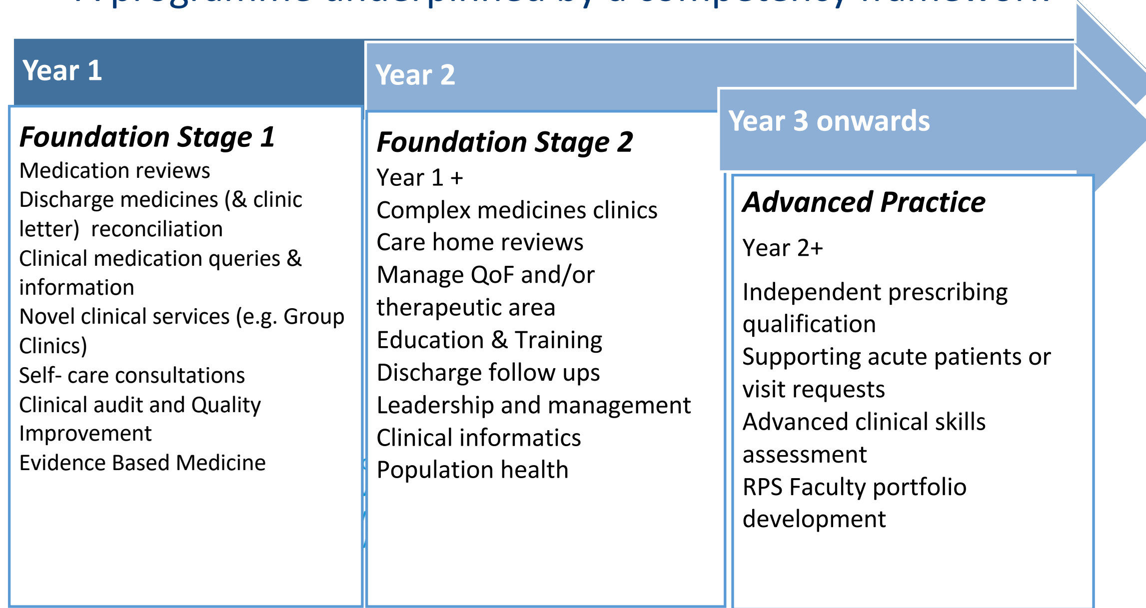
Vocational Foundation Training

- The FP programme must include a multidisciplinary focus across different sectors of pharmacy
- A flexible programme with workplace based assessment
- A programme underpinned by a competency framework



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Leadership challenge

- Emotional intelligence: self-awareness; self-management; social awareness; & social skill
- Compassionate leadership
- Transformational leadership
- Personal skills for collaboration
- Culture and change
- Leading collaboratively to effect change
- New systems and new ways of working
  - ***"Truly adept leaders know not only how to identify the context they're working in, but also how to change their behaviour to match."*** (Snowden & Boone, 2007)

Take Home Messages:

- Pharmacy practice varies across hospital settings that adds cost and inefficiency
- Data on how effective and efficient your hospital pharmacy service is will help quickly identify areas that can be reviewed, contracted out or collaborated on with another hospital
- Collaboration across several hospital pharmacy departments is achievable with an agreed common strategy and vision

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Self-Assessment Questions

Answer *Yes* or *No*

1. I understand what the national drivers are that are adding significant cost in healthcare; *Yes*
2. It is easy to collaboration across several Hospitals to improve efficiencies in Pharmacy and reduce cost; *Yes*
3. I can identify processes that need to be redesigned with medicines in order to release cost and improve efficiency. *Yes*

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Thank you for listening

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