



SHAPING PHARMACY FOR THE FUTURE

Hospital Pharmacy: A briefing for members in England

NOVEMBER 2017

AN INTRODUCTION

This briefing provides an outline of the national policies and agendas that are currently impacting on changes in pharmacy in acute trusts. Many of these changes have come about following the publication of the 2016 Lord Carter review which outlined potential savings for the NHS by increasing productivity and reducing variability in hospitals.

Key points from these changes are:

- Hospital pharmacy is under the spotlight, the traditional model of a pharmacy department will change and this presents challenges and opportunities.
- Hospital Pharmacy Transformation Plans (HPTP) offer an opportunity for pharmacists and pharmacy services to gain greater recognition at board level within the hospital.
- The recommendation that medicines optimisation is a top priority for pharmacists and pharmacy teams provides a great opportunity for the profession.



WHAT DOES THIS MEAN FOR ME AS A PHARMACIST?

- Pharmacists are experts in medicines and their use. The use of medicines is the single most costly treatment intervention in the NHS. Pharmacists can help support efficiencies in the NHS and improve patient care by, for example, undertaking person-centred medicine reviews and supporting the discharge process.
- The pharmacy professions have a great opportunity to capitalise on the changes that are happening and realise the opportunities that are forthcoming in the progression of delivery of the Five Year Forward View (FYFV). Pharmacists can concentrate on their clinical responsibilities by releasing their time through having additional support from pharmacy technicians and other members of the pharmacy team.
- The Carter review and the subsequent HPTP programme encourages pharmacists to spend the majority of their time carrying out clinical functions in support of medicines optimisation and the clinical care of patients to reduce the amount of resource devoted to infrastructure services.
- Pharmacist prescribers in hospitals are integrated into multidisciplinary teams where their expertise around medicines is highly valued.
- Examples of where pharmacy services are supporting efficient patient flow through hospitals could be adopted locally and developed.
- Pharmacists are ideally placed to bring together aspects of mental and physical health as part of the “parity of esteem”.
- There are opportunities to work closely with pharmacists and pharmacy teams in other sectors to ensure the safest possible transfer of care between settings.
- There are opportunities to work collaboratively across hospitals to develop shared services.

WHAT IS THE ROYAL PHARMACEUTICAL SOCIETY DOING?

- The RPS is regularly working with key stakeholders to shape and influence the direction of travel for the pharmacy profession.
- The RPS has established a [Hospital Pharmacy Expert Advisory Group](#) to provide advice and expertise to the National Boards. This group is leading on a wide range of initiatives that include developing definitions to underpin benchmarking metrics for acute hospitals, contributions to the development of a handbook for aspiring chief pharmacists which will equip them to lead amongst the current challenges in the NHS and updates to guidance such as ‘Safe and secure handling of medicines’.
- The RPS has developed a [workforce vision](#) which outlines future workforce requirements across the profession linking to [Foundation](#) and [Faculty](#) and the [RPS Roadmap](#).
- The RPS is reviewing and updating the [Hospital Pharmacy Standards](#) to ensure they align with the changes happening in hospital pharmacy.
- The RPS is building a range of case studies and examples to highlight innovative practice from across the country to support members to highlight innovative practice from across the country.
- The RPS published a report following a [workforce summit](#) focused on hospital care and how it permeates out into the community.



BACKGROUND INFORMATION:

Productivity in NHS hospitals (Carter review)

In 2015 Lord Carter published an [interim review](#) outlining potential savings for the NHS by increasing productivity in hospitals. Lord Carter states 'I believe that £2bn could be delivered by improving workflow and containing workforce costs. I think a further £3bn could be delivered from improved hospital pharmacy and medicines optimisation, estates and procurement management (£1bn from each) by adopting best practices and modern systems.'

In February 2016 the [final review](#) was published and it confirmed the findings from the interim report. One of the Carter recommendations was to create a Hospital Pharmacy Transformation Programme (HPTP).

Hospital Pharmacy and Medicines Optimisation Project (HoPMOp)

The HoPMOp programme was set up to support the implementation of the recommendations of Lord Carter's review. The HoPMOp programme highlights the specific pharmacy elements within the report including a focus on the pharmacy workforce to drive optimal value and outcomes from the £6.7bn spend on medicines within NHS trusts. Recommendations include:

- Trusts should accelerate the transition of prescribing and administration from traditional paper charts to Electronic Prescribing and Medicines Administration (EPMA) systems.
- Trusts should ensure there is accurate coding of medicines, cost data, particularly of high cost drugs.
- Trusts should consider outsourcing their outpatient dispensing services if they haven't already.
- Trusts should review / have a plan in place for improving productivity and efficiency, including consideration of innovative supply routes.
- Work collaboratively across hospitals, through benchmarking, to identify intended and unintended variations in service provision and costs.

Model Hospital

NHS Improvement have developed a comprehensive dashboard which uses a variety of metrics including a suite for the HoPMOp workstream, to enable hospital Chief Pharmacists and others to benchmark their performance against that of their peers, to see where they stand in relation to the Carter recommendations.



The Model Hospital is a new digital information service provided by NHS Improvement to support the NHS to identify and realise productivity opportunities. It acts as an Integrated Performance Tool across all aspects of acute hospital services including workforce, clinical productivity, estates HoPMOp etc.

The service allows you to look at a hospital's activity from five different perspectives:

- board-level oversight
- clinical service lines
- operational
- people
- patient services

It can be accessed at <https://model.nhs.uk> but registration is required.

Hospital Pharmacy Transformation Plans

There are approximately 7,000 pharmacists in hospitals and 16,000 pharmacy staff compared to 60,000 junior doctors. Focusing on where pharmacists are effective and add value is as important as efficiency.

It is recognised that Trusts will need strong leadership to deliver efficiencies and change and having agreed HPTPs ensures that Trusts' boards are held to account for their part of delivery. The plans ensure that hospital pharmacy is recognised as 'a clinical workforce' and that their primary function is to work closely with patients, doctors and nursing staff to choose, prescribe and monitor clinical outcomes of medicines. Hospital pharmacy services and medicines optimisation are intrinsically interwoven and from a value perspective can't be separated. Key to this is Trusts improving their benchmarks e.g. numbers of actively prescribing pharmacists and 80% of time on medicines optimisation activity. Implementation of the HPTPs will present challenges as to how staff are deployed effectively and how collaboration will work across hospitals and other sectors such as primary care which includes community pharmacy.

Seven day services

There is a strong political push for hospitals to deliver comprehensive seven day services. Pharmacy services were identified as a priority within the [Keogh review of urgent and emergency care](#). Patient care in hospitals outside of 'normal working hours' has been described by many as being focused around the system and staff rather than the patient. In particular at weekends, but also weekday evenings and nights, with patients reporting that they can feel dehumanised.



NHS England has published 10 clinical standards aimed at ending the variation in outcomes for patients admitted to hospital in an emergency at the weekend. Hospital pharmacy services are increasingly extending their availability to:

- reduce missed doses
- reduce prescription errors
- improve medicines reconciliation
- support senior clinical decision making
- optimise flow through hospitals across the week
- improve patient safety and clinical productivity
- decrease waiting times for discharge through the timely supply of medicines.

More information can be found at <https://www.england.nhs.uk/ourwork/qual-clin-lead/seven-day-hospital-services/> and a specific report for hospital pharmacy is available at www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf

Five Year Forward View refresh

The Five Year Forward View (FYFV), published in 2014, sets out a vision for the NHS in England. The vision in the FYFV is for a sustainable NHS that continues to be tax-funded, free at the point of use, and is fully equipped to meet the evolving needs of its patients, now and in the future.

The different types of vanguards that affect hospital pharmacy directly are:

- **Primary and Acute Care Systems (PACS)**
 - This model combines general practice and hospital services, similar to the Accountable Care Organisations developing in other countries.
- **Viable smaller hospitals**
 - This model supports smaller district hospitals to continue to provide care to the local population.

The Five Year Forward View Next Steps outlines a ten point efficiency plan and point four is particularly relevant to the pharmacy profession. For more information on the FYFV refresh please access the RPS briefings on the FYFV and the FYFV next steps.

Hospital pharmacists will increasingly need to input across the health and social care system. Some Sustainability and Transformation Partnerships (STPs) and New Care Models (NCM) will see large numbers of hospital beds close and care shifted into primary care or intermediate care facilities. Pharmacy staff may shift as well and need to be able to flex across the local system.



HOW PHARMACISTS IN OTHER SECTORS (COMMUNITY) COULD SUPPORT THE HPTPS

HPTPs need to consider what their impact will be to local services and the local population in terms of their health and care needs. Community pharmacy is well placed to support local hospitals in delivering the change that is required in managing patient flows into and out of hospital. Pharmacists in the community, whether as part of GP surgeries, working with care homes or based in community pharmacies, should work with their hospital colleagues to manage the health and wellbeing of the local population in a collaborative manner. This could include ensuring that medicines use reviews (MURs) are recorded on a patient health record which can then be accessed, or shared, with pharmacists in hospitals. Likewise, hospital pharmacists should be communicating with their colleagues in the community and in the GP practice about the same patient. There are existing referral tools such as 'Refer to Pharmacy' and 'PharmOutcomes' that could be utilised more efficiently. It needs to be ensured that the clinical handover contains sufficient information about medicines to inform future care and to support patient outcomes.

Pharmacists in the community should equally be able to refer patients directly to a named specialist pharmacist as this would shorten the medicines pathway for patients and increase the knowledge and capability in the community as complexity continues to increase. More complex patients could then be managed in the community to reduce admissions into Emergency Departments and pharmacists in the community could manage a patient's medicines upon discharge through a referral from the hospital pharmacist. This may require some expert advice from a specialist pharmacist in the hospital to the pharmacist in the community. In this way an integrated medicines pathway would be created in the same way that integrated diagnostic pathways currently exist.

At all times patients must be at the centre of care, decision making shared between clinicians and patients, so that patients can make informed choices about their medicines and decide the best treatment and support for them as an individual.