

STANDARD 8.0 LEADERSHIP

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

8.1 STRATEGIC LEADERSHIP

The chief pharmacist (or equivalent) ensures that the organisation maintains a clear vision for pharmacy services and optimal use of medicines across the organisation

Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board

At Wrexham Maelor Hospital the overall organisational 5 year plan is supported by a pharmacy specific operational plan. The BCU 5 year plan is updated on a rolling annual basis resulting in updates of the pharmacy operational plan. Using the BCU plan, pharmacy workstreams are planned and prioritised, ensuring they align with organisational vision. Regular updates are provided to the Pharmacy and Medicines Management Board and to the Board of Directors.

Nuffield Health

To bring to the standards to the attention of key internal stakeholders, the Group Chief Pharmacist cross referenced the RPS hospital standards to the organisation's own values and made the link with the requirements in Appendix B of CQC's Essential Standards. This resulted in Hospital Board members and Hospital Directors (Registered Managers with CQC) being able to easily see the relevance and importance of the RPS standards in improving patient safety.

8.2 OPERATIONAL LEADERSHIP

Pharmacy services are patient centred, and aligned with organisational priorities and the range and level of healthcare commissioned/purchased.

The North West London Hospitals NHS Trust

The hospital standards have been incorporated into regular departmental planning at North West London Hospitals NHS Trust. Services and activities are RAG rated and raised at the senior pharmacists meeting to help identify areas of work for improvement or development and plan activity around, for the next 6-12 months. For some areas, the activity and subsequent delivery of the standard, is linked to staff Personal Development Plans (PDP). For example, the pharmacy department is keen to get further feedback on patient satisfaction; a member of staff is given responsibility for gathering the data and reviewing outcomes. This is written into their PDP and reviewed during their appraisals.

By linking standards delivery and related activities to PDPs, the pharmacy department is able to ensure that the work is carried out and regularly reviewed to help develop services, as well as ensure accountability.

The North West London Hospitals NHS Trust

At North West London Hospitals NHS Trust every manager has 'balanced score card' A balanced score card is a performance management tool that has been developed internally by the department. It identifies key outcomes for the service or clinical speciality such as; the number of patients seen by a prescribing pharmacist in clinic; number of patients counselled on their medication whilst in hospital; number of TPN items per month; contribution of antibiotics pharmacist to the Trust policy on minimising MRSA risk to patients etc. All outcomes are aligned to the role and linked to the overall organisational objectives.

The outcomes from the data collected is used to monitor and assess departmental activity; helping to review the workload; ensure staff performance; help bid for new funding and give overall assurance that the service itself is performing.

Northumbria Healthcare NHS FT

A high-level strategic gap analysis compared current outsourced Trust services with recommendations from the Hackett report. This was presented to the Trust's Medicines Management Committee (MMC), which approved all the high-level

actions to be implemented. To action this, a Medicines Homecare Group was set up, with executive director support and membership drawn from commissioners, as per the recommendations in the Hackett report. This group provides the leadership to achieve the strategic outcomes and is also the custodian/gatekeeper for all new Homecare agreements, reporting into the MMC. The group is successfully delivering the strategy and expects full compliance with the recommendations of the Hackett report by March 2014. The few exceptions relate to the utility of technological solutions that are desirable but not essential to meeting the principles as laid out by Hackett.

8.3 CLINICAL LEADERSHIP

The pharmacy team is recognised as leading on medicines issues in the organisation.

Colchester Hospital University NHS Foundation Trust

At Colchester Hospital, senior pharmacy technicians provide induction and refresher training on a range of medicines management topics including drug administration, storage, pharmacy services, controlled drugs etc, for all qualified nurses. To help meet the requirements of the Trust, the training is delivered by a combination of: e-learning packages, developed by the pharmacy team covering topics such as managing self-administration for patients, pharmacy processes, annotations on prescriptions; and a practical 'taught' session. All newly qualified nurses are required to undertake the training, with refresher courses every 3 years. The training is very well received, with pharmacy clearly leading on the appropriate use of medicines across the organisation. Technician led delivery has helped to focus the training on practical, daily issues encountered by staff. It has also enabled a much more varied skill-mix within the pharmacy department with role development.

The North West London Hospitals NHS Trust

The pharmacy department seeks to influence the Trust clinical audit plan by having a proactive multidisciplinary plan for audits across the organisation. The department has an annual audit plan which details parameters such as type of audit; responsibility; outcomes from previous audit; re-audit date and review and implementation of audit recommendations and feedback. The plan is reviewed on a monthly basis and aligns with the Trust objectives, as well as with other teams where possible. The department is now looking to combine audits with other teams, so that multidisciplinary audits are carried out in key medicines related areas - this will add greater value to the outcomes and help to influence change and development across the service as a whole.

Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board

Medical Education Pharmacists at BCUHB deliver a robust training programme, 'Introduction to Prescribing', to medical undergraduates on clinical placements. The focus is on ensuring patient safety by improving prescribing skills and reducing prescribing errors. Small group workshops allow interactive teaching on clinically focused cases with prescribing practice and feedback. This has culminated in the introduction of a written, case based assessment 'Prescribing Competency Programme' (PCP), providing seamless training between undergraduate and Foundation year (FY1) doctors. It is undertaken at the end of the Assistantship placement or during FY1 induction (for non Cardiff graduates). The PCP identifies any further learning needs of the newly qualified doctors and these are addressed by one-to-one tuition or during the monthly FY1 pharmacist led workshops. The PCP is a realistic tool utilising local guidelines and procedures, which will endorse the National Prescribing Assessments soon to be introduced nationally. Developments at BCU are well recognised as being at the forefront of medicines management training for junior doctors in Wales and the PCP was commended by Cardiff Deanery.

Feedback on pharmacy teaching from Cardiff medical undergraduates in BCUHB, 2011-12 has been very positive:

"All confusing technicalities in prescription writing were addressed very well."

"This teaching should be given to all medical students."

"...it made me feel confident and safe at prescribing especially when on-call."

Consultant feedback:

"The quality of the prescribing has improved just through looking on ward rounds, and there has been a reduction in adverse incidence since starting the programme."

"I think it's (prescribing) better now because of the course, there's been a big improvement."

Luton and Dunstable University Hospital NHS Foundation Trust

The Trust business case proforma directs people to pharmacy for any service developments involving a medicines management issue. This has been helpful when developing a range of services and setting up appropriate pharmacy processes, such as:

'Hospital at Home (H@H)'; the aim of the service is to offer support for patients with a wide range of conditions, within their own homes, seven days per week. A pharmacy technician is now part of the discharge team. Their role in the team is to see patients while they are in hospital, establish if they have any concerns regarding their medicines and to follow up with a telephone call if necessary after they have been transferred to the 'virtual ward'. The pharmacy technician is the key pharmacy contact and acts as a trouble shooter within the pharmacy e.g. prioritizing H@H discharge prescriptions; organising the re-supply of MAR sheets; getting stock items authorised; referring to a pharmacist for clinical problems etc.

Integrated Community Musculoskeletal Service; provides patients from Luton with a comprehensive range of treatments for pain and problems affecting the spine, bones, joints, nerves, muscles, tendons and ligaments. The service is delivered conveniently at three different locations within the Luton community. The pharmacy department was involved in the planning and strategic set up of the service to ensure good governance around medicines management.