ROYAL PHARMACEUTICAL SOCIETY

APPENDIX 2:
EXAMPLES OF PRACTICE FROM THE DEVELOPMENT SITES

Professional Standards For Hospital Pharmacy Services

One year on – sharing experience from the development sites

September 2013

Appendix 2 Examples of practice from the development sites

The examples of practice listed here support the implementation of some of the dimensions in the standards. They represent just a few of the examples submitted by the development sites and were selected by the steering group to use as illustrations of practice.

STANDARD 1.0 PATIENT CENTRED

Patients (and/or carers) are supported in their decision-making about medicines.

1.1 PATIENT FOCUS

Communication and the involvement of patients and carers is an integral component of effective pharmacy services

Northumbria Healthcare NHS FT

Northumbria Healthcare has a Trust-wide scheme to elicit views from patients ("2 minutes of your time") about their hospital stay. The feedback is relayed to all departments involved in the patient's care, including pharmacy, as a number of questions are medicines related. The outcomes and feedback from this survey are used to improve services and the overall patient experience. Pharmacy have introduced and/or tested several changes such as using posters about medicines to raise awareness; issued leaflets at the bedside; delivered more patient counselling; follow-up post discharge via phone calls and referral to community pharmacy for support etc. This Trust-wide scheme has enabled Northumbria Healthcare to deliver a better end-to-end service, becoming one of the best performing Trusts in patient experience in their region.

County Durham and Darlington NHS FT

Pharmacy has developed a 'Vision & Behaviours' document that articulates how staff should treat everyone, patients and colleagues, with dignity and respect. The document was implemented one year ago and been well received; setting a baseline culture of respect for all, within the department.

1.2 INFORMATION ABOUT MEDICINES

Patients (and/or carers) have access to information and support in order to make informed choices about the use of medicines or the implication of choosing not to take them.

Northumbria Healthcare NHS FT

Working with local community healthcare partners, Northumbria Healthcare has introduced new services that promote shared decision making with patients:

- A Locality Integrated Network (LIN), consisting of hospital consultants and pharmacists, GPs, district nurses and social services, liaises on a regular basis to monitor and support patients who may need more support with their care. From a pharmacy perspective, members of the team refer patients who need more support with their medicines to the pharmacists. The pharmacist arranges to meet with the patient, often in their home with the family and/or carers and using the principles of shared decision making, talk through any medicines related problems. Decisions are made with the patient as to the next steps and how best to help them - this enables the patient to feel in control and be involved in decisions about their care. The service is also proactive; pharmacists will review patients on GP clinical registers, looking for those patients who take multiple medicines but do not access services routinely and may potentially be at risk of hospitalisation. Any patients identified will be offered a follow-up with the pharmacist.

- The pharmacy department has developed a clinical-ethical framework to enable patients to be reviewed in care homes. Central to this framework is patient involvement around any decisions regarding their medicines. Hospital pharmacists visit patients in care homes and undertake a detailed review of the patient's medication. The outcomes are discussed with the patient (where possible), their family, GP and care home nurses. If the patient has no family, or the family does not want to be involved, then the team liaises with a legal advocate. The team also liaises with a psychiatrist and behavioural nurses for patients with dementia. Difficult decisions are made in conjunction with the whole team (including the patient) about the medicines and any changes that may need to be made e.g. stopping psychiatric medicines and working with behavioural nurses etc. The service is funded by an award from the Health Foundation Shine programme as a 12-month project. A recent mid-term review at 6 months shows that 5 care homes have been visited, with 105 patients reviewed so far. 81 out of 105 patients had medicines stopped, resulting in 195 medicines stopped overall at an annualised saving of £22,500, if therapy was continued. In addition, new medicines have been started; some medicines changed for dose or formulation; and there is more monitoring for safety etc.

Two pharmacists run both these services on a full time basis and it is anticipated that these services will continue.

King's College Hospital NHS FT

Medicines; A Patient Profile Summary (MAPS) – this is a web based resource developed by a private company, which has been bought by the Trust. The website lists all the medicines available in the BNF. Pharmacists are able to select the medicines a patient is on and print out summarised patient information to discuss with the patient. The aim is to improve information delivery, providing patients with information about their medicines in an easy to use format, which they can then review at a later stage. The Trust are currently in the planning stages for this scheme, reviewing issues such as when would be the best point to undertake this type of information delivery e.g. at discharge, or earlier on during hospital stay, so as to give patients the best possible support.

Frimley Park Hospitals NHS FT

At Frimley Park Hospital, when pharmacy staff undertake medicines reconciliation, patients are given a fact sheet that encourages them to speak to a pharmacist if they have any questions about their medicines during their stay. It also gives details of the Helpline that can be called after discharge, and by outpatients, and highlights the community pharmacy 'medicines use review' and 'new medicines' services. Since the introduction of the patient factsheet, the pharmacy department has seen an increase in the number of requests from patients to discuss their medicines, during their hospital stay. This meant more patient contact for ward pharmacists and the opportunity to ensure that medicines are optimised. We will be looking to evaluate the impact of this service, through the CQC patient survey.

County Durham and Darlington NHS FT

An Intermediate Care Pharmacy Technician post has been created with funding from Darlington Borough Council. The technician provides additional support to patients in the Darlington area, who require pharmacy input when in intermediate care. The post started in May 2013 and will be evaluated after 1 year. It is early days for the post so it is still being evaluated. The overall aim of this additional support is to help patients manage their condition in their home environment and reduce hospital admissions.

North Bristol NHS Trust

The Trust provides support for a number of public health initiatives such as:

- Mass Prophylaxis Centre Planning for major incidents; in conjunction with the HPA and CCG, the Trust have developed documentation and SOPs to be used in their region for major incidents, including for the release of chemical weapons.
- HPV vaccine programme; the Trust have a developed a generic PGD with their local CCG, that operates throughout the region and provides HPV vaccines to schools, for nurse run vaccination clinics.
- Flu vaccine; the pharmacy department proactively engages with the Trust-wide staff vaccination programme, providing Flu vaccines and relevant PGDs for delivery of the programme.

By engaging with public health initiatives, the pharmacy service is able to engage with wider NHS priorities; provide support for primary care colleagues where large scale supply systems may be difficult to operate; as well as expand their business with other revenue streams.

North Middlesex University Hospital

Implemented a Local Patient Experience tracker; on discharge, patients are asked to fill in a short questionnaire on an iPad, about their experiences in hospital. One question is around medicines and whether they have received sufficient information about the side effects of their medication. The information is automatically fed-back into a Trust wide dashboard, which is reviewed regularly. The Executive monthly performance meetings will also review the outcomes and implement changes and/or improvements Trust-wide. Using the outcomes from the tracker, there has been a concerted team effort across the organisation to improve on providing more information about medicines to patients – which was verified by an improvement in the patient experience feedback. The pharmacy department are now looking to implement a similar questionnaire in the outpatient pharmacy to gather feedback on the service and ensure continuous improvement.

1.3 ADHERENCE TO MEDICINES

Systems are in place to identify patients who may need adherence support, or to allow patients to request support.

Luton and Dunstable University Hospital NHS Foundation Trust

Have a multiple approach to help encourage patients to adhere to their medicines e.g.:

- Posters displayed in all out-patient areas and on wards to encourage patients to talk to staff for more information about their medicines and raise awareness of the 'new medicines service' in community pharmacy.
- An adherence counselling service for GUM patients, encouraging them to discuss any issues with the GUM clinic pharmacist.
- Patients identified as having non-intentional adherence issues whilst in the hospital can be referred by ward staff to the Interface Pharmacy Technician or a medicines management pharmacy technician. They undergo a structured assessment to help identify what might support them practically with their adherence e.g. pill popper etc.
- The Trust has recognised an issue with adherence to medicines, with an additional factor of a diverse patient population; for many English is not their first language, and/or are unable to read their own language. To help meet their needs, the Trust is looking at different options that support these patients with their adherence. This includes developing pictorial dosing instructions with symbols and pictures which can be used e.g. on stickers for boxes; a chart specific to the patient's medicines. Pharmacists and trained pharmacy technicians can use these charts to counsel patients and help improve medicines taking. Preliminary patient feedback on the acceptability of this initiative has been very positive and the Trust is looking to implement across the organisation in the near future.

These multiple approaches aim to support and drive adherence, with ultimately better health outcomes for patients.

Wishaw General Hospital – NHS Lanarkshire

Pharmacists have access to the electronic prescription histories, generated by GP surgeries in Scotland. Access to the history enables pharmacists to see exactly which medicines a patient is taking, their repeat and acute prescription history. This data is often used when patients are admitted to hospital, alongside other resources, to review compliance and identify any issues.

Luton and Dunstable University Hospital NHS Foundation Trust

As part of the Trust's commitment to support on-going adherence and medicines optimisation, the Interface Pharmacy Technician (IPT) attends meetings and liaises with a range of care providers including Trust MDT discharge meetings, Domiciliary Care Providers and is the link person for the Community Health Services Pharmacist. They also refer patients to the Community Based Pharmacy Technicians and liaise with any other external agencies involved in the patients care to ensure that the patient is supported in their care. Monitored Dosage Systems (MDS) have been a particular issue. Where, following an 'Equality Act' assessment, if the patient is not eligible but is still receiving an MDS in primary care, the IPT will liaise with relevant agencies to resolve any issues and provide seamless care In addition the Trust also has an SLA with a local community pharmacy to provide MDS, for patients whose regular local community pharmacy cannot provide a timely service at discharge or for patients newly started on an MDS.

STANDARD 2.0 EPISODE OF CARE

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

2.1 ON ADMISSION OR AT FIRST CONTACT

Patients' medicines are reviewed: to ensure an accurate medication history, for clinical appropriateness and to identify patient in need of further pharmacy support.

Hampshire Hospitals NHS Foundation Trust

At Hampshire Hospitals, an electronic prescribing system helps to ensure the accuracy of prescriptions during medicines reconciliation. Doctors, pharmacists and medicines management technicians carry out medicines reconciliation for all newly admitted patients. The electronic prescribing system shows the full medication history for any previous admissions, which can be used to help ensure the accuracy of current medication and review any changes. On discharge, patients receive a list of all their medicines including the full discharge summary. An electronic copy is also sent to the GP and to the patient's nominated pharmacy, if they are using a monitored dosage system.

The Trust are now exploring how the electronic prescribing system can be used to further improve accuracy around medication history and communications with colleagues in the community, especially for those patients on complex regimes and/or taking high risk drugs.

Milton Keynes Hospital NHS FT

Introduction of a newly designed prescription chart that enables medication histories to be accurately documented on the chart as part of the admissions/medicines reconciliation process. This section needs to be signed off to show that medicines reconciliation has been done and drug history is up to date.
This simple re-formatting of the existing drug chart has ensured that medicines reconciliation is undertaken for all patients and all relevant information is clearly visible and accessible, rather than potentially buried in the patient's notes.

University Hospitals Bristol NHS FT

All medicines management technicians across the region are trained in comprehensive drug history taking and medicines reconciliation using the SW accredited training scheme. Any issues are flagged to the ward pharmacist. A key benefit of this scheme has been to free up time for pharmacists to focus on more clinical issues and the patient experience, such as appropriate counselling on medicines, providing patient information etc.

2.2 CARE AS AN INPATIENT

Patients have their medicines reviewed by a clinical pharmacist to ensure that their medicines are clinically appropriate, and to optimise their outcomes from their medicines.

NHS Tayside

NHS Tayside have developed Clinical Standards that aim to prioritise patients with the most needs and helps to manage clinical services to wards Within a day of admission to acute receiving wards 95% of patients will have a documented medication history, a pharmaceutical care plan with a priority code attached and the NHS Tayside Prescribing and Administration Record screened. The priority codes are assigned based on the patient's age, number of medicines, any high risk medicines taken and frailty; each code determines how often the patient is visited by a pharmacist on the ward, based on agreed timescales e.g. every 24 hours etc. The service has been very well received by medical, nursing and pharmacy staff; with further plans to look at patient feedback around the service. Pharmacists now have more time available for the most complex patients and are able to attend clinical ward rounds with medical staff. The scheme has also enabled more junior pharmacists to manage complex patients with peer review from seniors, thereby contributing to staff development.

Leeds Teaching Hospitals NHS Trust

The Integrated Medicines Optimisation on Care Transfer (IMPACT) project. Patients admitted to the older people admission wards at Leeds Teaching Hospitals NHS Trust were assessed by clinical pharmacists and pharmacy technicians to determine if they had a medicines related need post-discharge. Where a need was identified, a Medicines Care Plan (MCP) was added to the patient's discharge communication. Patients were signposted to healthcare professionals in primary care for follow-up action where appropriate. These included community pharmacists (for referrals to the new medicine service and post-discharge medicine use reviews), practice pharmacists (for clinical medication reviews), GPs, district nurses, practice nurses (e.g. for review of inhaler technique) and community matrons. Where there was no obvious person in primary care to refer to, patients were followed up by a hospital based pharmacy technician either by telephone or a domiciliary visit. A retrospective case review of all MCP patients who were readmitted was performed by a consultant physician for older people and a consultant pharmacist to determine whether the re-admission was drug related. The Trust is currently looking at how to take this project forward and secure funding to be able to provide this as an on-going service for other high-risk patients.

Calderdale and Huddersfield NHS FT

At Calderdale and Huddersfield NHS FT, some wards offer self-administration of medicines. On admission patients undergo a self-administration assessment and are assigned a level which demonstrates their knowledge about their medicines and their competence to self-administer, during their stay. Patients that self-administer will access their medicines, kept in the bedside-locker, at the appropriate times and record that they have self-administered on the drug chart record. Nurses and pharmacists regularly review charts to monitor self-administration and note any omissions. Research on the scheme has shown that patients are much happier when self-administering their medicines; they feel more in control of their condition and on discharge have a better understanding about their medicines. In particular, Parkinson's patients are able to take their medicines exactly when they need them and are able to manage their condition much better.

Royal Derby NHS FT

At the Royal Derby NHS FT, self-administration of medicines is default for all adult patients admitted to the Trust. Every patient is assumed to be able to self-administer unless they are proven otherwise, using an assessment tool i.e. patients have to 'opt out'. Self-administering patients are given the key to their bedside medicines locker and charts to help prompt them to take their medicines. Pharmacy and nursing staff regularly monitor charts to ensure that medicines are being taken and identify any issues. By using this 'opt out' scheme, the number of patients that self-administer one or more medicines in the Trust has risen from 3% to nearly 40%, with excellent feedback in the Trust patient survey.

2.3 MONITORING PATIENTS' OUTCOMES

Patients' outcomes from and experiences of treatment with medicines are documented, monitored and reviewed.

Aintree University Hospitals NHS FT

An electronic prescribing web portal identifies lab results that are out of range and potentially highlights drugs that are an issue. Electronic notes can be left for doctors to review the drugs and/or any drug related issues. Some of the benefits of this system are that it gives pharmacists the ability to highlight issues more easily and quickly than before; prioritises patients for pharmacy in-put and ensures that complex patients are monitored more closely; highlights suitable preventative measures e.g. DVT risk. The system is also able to link to lab sensitivity data, so that appropriate antibiotic prescribing can be monitored. The data can be accessed anywhere inside or outside hospital and is a useful resource for the on-call pharmacy service, ensuring that patients are clinically monitored on a regular basis.

Aintree University Hospitals NHS FT

The electronic prescribing web portal is regularly used to produce a doctor's job list, following a ward visit by the pharmacist to address any issues that have been identified. This ensures that there is a clear job list for doctors to action. In addition, the electronic note on the patient's file can only be removed by the pharmacist once any issues are rectified, thereby ensuring that action is taken. The system has proved to be an efficient use of staff time and improved communications.

Milton Keynes Hospital NHS FT

Annual Medicine Incident Away Day introduced to share learning from medication incidents. The department was aware of lots of reporting around medication incidents, but with few demonstrable outputs, or feedback. The pharmacy department organised a multi-professional away-day for 40 members of staff from across the hospital. The day aimed to identify what could be learned from errors; that everyone has a role in preventing errors and how could they get all departments involved. The away-day was successful in that staff feel there is now a more positive culture of reporting. Whilst there is still work to do to maintain this positivity, there has been a definitive change in culture and awareness of medication errors, as something that everyone has a role in. The 'away-day' will be repeated annually and feed into the Trust patient safety groups.

Wishaw General Hospital – NHS Lanarkshire

In Wishaw General Hospital, there is a daily 5-minute briefing with all staff on wards. Pharmacists take part in these briefings and used these as an opportunity to raise any issues or concerns about general medicines across the hospital, including learning from medication errors etc. The aim is to pass on information from across the hospital and help raise awareness.

2.4 CARE FOR PATIENTS NOT ADMITTED (e.g. outpatients, outreach, homecare)

Patients who are taking medicines at home or in non-acute care settings, have access to continuing supplies of medicines and to pharmacy services and support appropriate to their care.

Leeds Teaching Hospitals NHS Trust

Technicians in Leeds hospital provide Homecare services in HIV, liver and paediatrics to address complex medicines regimens, unlicensed medicines and over supply e.g:

- Many adult HIV patients come into the hospital to pick up their medicines; the technicians monitor and manage prescription renewal, liaising with consultants and set up the supply. When patients come to pick up their medicines, they talk to them regarding any issues, especially around adherence and side effects, and help to identify any problems. This system has helped to limit waste around HIV medication, as well as provide additional support for patients.
- There is a similar process for patients taking medication for their liver condition; with often the same ward technician managing the Homecare supply. Patients build good relationships with the technician whilst they are an inpatient following liver transplant and the technician helps them with any medicines related issues before, during and after the discharge process.
- The technician for the paediatric Homecare service also has a supply monitoring function; they will liaise with suppliers and manufacturers around complex, often unlicensed formulations, any supply issues and inform clinical specialists of any problems that may arise.

Calderdale Huddersfield NHS FT

Have a 'virtual ward team' in place. This is a multidisciplinary team, based within the Trust that includes community matrons, in-hospital screening nurses and pharmacy staff. The focus of the team is to reduce re-admissions of high-risk patients to hospital. The team liaise with a range of care providers within the patient's community e.g. community nurses, GPs, community pharmacists, about any medication issues that the patient may have, such as clinical reviews, compliance, medicines reconciliation at the GP practice, appropriate treatment of UTIs, warfarin monitoring. There is also some liaison with social services, especially where a patient may not be coping with their medicines, or any other issues. Post-discharge pharmacy staff will contact patients and, if requested by the patient, will arrange for a home visit to review how well the patient is coping with their medicines and assess their concordance etc. These visits can vary; some patients may require repeat visits or referral to other members of the multidisciplinary team.

The virtual ward aims to reduce re-admissions within 30 days of discharge; support patients with their medicines to get the best out of them; improve concordance; improve medicines reconciliation with GPs and ensure effective communications amongst the care team supporting the patient to give the best possible care.
The scheme is well accepted across the organisation and has received positive feedback from patients.

STANDARD 3.0 INTEGRATED TRANSFER OF CARE

Patients experience an uninterrupted supply of medicines when they move care settings and the healthcare team taking over their care receives accurate and timely information about the patient's medicines.

3.1 PATIENT NEEDS

Patients (and/or carers) are given information about their medicines and have their expressed needs for information met.

Leeds Teaching Hospitals NHS Trust

Leeds Hospital involves pharmacy technicians in a number of areas to improve skill-mix, develop staff and enable pharmacists to focus on more clinical activities. Extended technician roles include:

- Medicines history taking - pharmacy support staff also work alongside the technicians, performing key administrative duties, giving technicians more time to ensure the accuracy of the medicines.
- Technicians also perform quarterly controlled drug checks, referring items for destruction to the ward pharmacist
- Warfarin and inhaler counselling - technicians are involved in counselling new patients and newly discharged patients in several warfarin clinics per week. Inhaler counselling is often done on the ward, prior to discharge to help familiarise patients. Patients requiring additional support are followed up in the community by technicians to help with inhaler techniques.

Feedback on these additional roles has been very positive, especially around greater patient interaction and support.

Northumbria Healthcare NHS FT

Engagement in 'Patient Experience Real Time Project': Patients are asked questions that reflect those of the national inpatient survey, i.e. did anyone explain the purpose of your medicines, did they explain in a way you understand, and did they explain the side-effects? Pharmacy staff take the lead in explaining these aspects to patients, but also in facilitating provision of information by other means, e.g. nurses explaining as part of the medicines administration round, promoting use of prompt leaflets, posters to raise awareness for patients and relatives to ask about medicines. The questions are presented in a number of ways: real-time information, where patients are asked a range of questions by members of the patient experience team, sometimes as "two minutes of your time"; patients are also sent questionnaires following discharge, for return by post.

The feedback from all the various routes, provides a medicines management domain score out of 10; this is used to measure performance and improvement. Any qualitative comments are also used enable improvements.

The New Victoria – NHS Greater Glasgow and Clyde

The MyMeds service is an end-to-end service; patients are encouraged to bring in their own medicines; following a medicines reconciliation review, they use their own medicines during the hospital stay. On discharge, a copy of the discharge prescription, with a letter explaining any changes, is sent to the patient's GP and regular community pharmacist. Pharmacists and GPs are able to contact the MyMeds team if required. This system aims to encourage appropriate medicines use and reduce medicines wastage.

Nuffield Health

On discharge, Nuffield hospitals give every patient a 'Going Home' booklet. This contains some general information e.g. about their stay, numbers to call for help, as well as specific information tailored to each individual patient. Discharge nurses will go through information on monitoring their condition; when they will need to have stitches take out etc, and a pharmacy professional will counsel the patient on all their medicines, including why any may have been stopped etc. Patients are asked to sign off on this discharge process, including that they have understood all the information given to them and know what to do next to self-manage.

These discharges are also compared to the 'patient survey' and enables pharmacy to check against the patient's real expectations i.e. what they expected and what they signed-off on – any gaps are highlighted and used to help staff improve the discharge service. Nuffield actively support the ISO9001 methodology to bring clarity on what customers expect, with the aim of ensuring that the organisation has sufficient evidence to show that patients have been asked about their needs, which they have tried to meet

3.2 PROFESSIONAL RESPONSIBILITIES

Accurate information about the patient's medicines is transferred to the healthcare professional(s) taking over care of the patient at the time of transfer. Arrangements are in place to ensure a supply of medicines for the patient.

City Hospitals Sunderland NHS Foundation Trust

On nearly all wards at City Hospitals Sunderland, there is an integrated medicines management pharmacist, who manages all medicines related issues for patients during their stay and at discharge. At the point of discharge, the pharmacist is responsible for deciding which medicines are issued on the electronic discharge prescription. The pharmacist will clarify any outstanding issues with the medical team and generate a prescription, adding any medicines related notes for the GP e.g. monitoring, duration of course, etc. The prescription is added to the overall discharge summary and sent to the patients GP. The patient receives a copy of the prescription and a pharmacy technician provides medicines education as required. The summary is also sent to the patient's community pharmacist, if required, especially for patients using compliance aids etc.

East Lancashire Hospitals NHS Trust

Introduced a scheme called Safely HERE Safely HOME. The scheme aims to ensure that information about medicines is accurate - during admission, on discharge and/or transfer of care. During admission, consultants and nurses use a ward round checklist; this captures any changes to medication on the prescription chart and 'forces' clinicians to record the rationale behind these changes. Discharge planning is initiated following admission, so that all medicines and information regarding them is accurately communicated, via letter, to all care providers for the patient e.g. GP, community nurses etc.

Matrons audit the Safely HERE Safely HOME scheme for compliance with its standards and this includes checking a random sample of charts for changes to medication and whether the rationale has been captured. The scheme aims to demonstrate national leadership in this field and has been adopted across different departments in the Trust as a driver for quality services.

Additional examples to demonstrate this standard in practice are available on the RPS 'Map of Evidence' for the following titles:

- Hospital Standards (3.1) - Integrated Transfer of Care - Meeting patient needs
- Hospital Standards (3.2) - Professional Responsibilities - Electronic Discharge System
- Hospital Standards (3.2) – Professional Responsibilities - Discharge Medicines Review Service (DMRS)

STANDARD 4.0 EFFECTIVE USE OF MEDICINES

Medicines used in the organisation are chosen to maximise safety, effectiveness and adherence to treatment.

4.1 MEDICINES POLICY

The pharmacy team supports an integrated approach to the choice of safe and clinically effective medicines for patients.

Wishaw General Hospital – NHS Lanarkshire

Wishaw General has a policy in place for the use of unlicensed medicines in neonatal and paediatrics to enable seamless care for patients from secondary to primary care. This includes:

- Shared care protocols for prescribing melatonin and buccal midazolam
- As many medicines are unlicensed or specials, they work closely with the patients GP to share responsibility of care, monitoring, etc and enable patients to be managed nearer to home.
- A standard letter to the patient's community pharmacy describing the medicines used by the patient (e.g. specials, unlicensed, off-label etc) and information on where to purchase from and reimbursement costs.

This approach helps to ensure that patients continue to be optimally managed as they move across care settings.

Central Manchester University Hospitals NHS FT

The Greater Manchester Medicines Management Group (GMMMG) acts on behalf of 12 CCGs for Greater Manchester. They work together on a range of medicines related issues e.g. new therapies, horizon scanning, formulary etc, for treatment across the region.

Patients often travel from all over the region to access specialist services. To enable some degree of continuity of care closer to their homes, GMMMG have developed a 'traffic light' system; listing medicines they would expect GPS to prescribe for complex regimes. Red – GP would not be expected to prescribe; green - would expect the GP to prescribe; amber - could be prescribed by the patients GP under a shared care protocol with the secondary care trust. The hospital provides comprehensive shared care guidelines that detail information on areas such as defined responsibilities of the primary and secondary care team, patient criteria, GP led monitoring etc.

4.2 MEDICINES PROCUREMENT

Medicines procurement is managed by pharmacy in a transparent and professional way. Quality assured medicines are procured through robust and appropriate processes.

Wishaw General Hospital – NHS Lanarkshire

Scotland has a Clinical Safety Group that reviews and decides which medicines Scotland will buy for use across all the Health Boards. Decisions are based on a number of factors including safety profile of the product, licensing status and ensuring that the health service can get the best value for money. In additional local contracts are negotiated by individual Health Boards for more specialised medicines such as specials for neonates, unlicensed medicines etc. These are cross-checked with other hospitals to ensure that the organisation has similar products and contracts as their peers, based on quality, safety and value.

King's College Hospital NHS FT

The Pharmacy and Medicines Use workstream of the NHS London Procurement Partnership (LPP) works to deliver cost effective prices on medicines and related products; and it supports London-wide QIPP work on medicines use and procurement. More information is available on the website: http://www.lpp.nhs.uk/default.asp. They provide London Trusts with cost-effective, quality and safe procurement, alongside a range of services to make the best use of medicines e.g. Homecare service providers and contract negotiations; immunosuppressant repatriation.

Southport and Ormskirk Hospital NHS Trust

The Regional QC Office facilitates regular 'Recall Exercises'. A 'mock' situation of a drug recall usually occurs out of hours. The on-call pharmacist is contacted by the QC office and given details about a faulty batch or product. The pharmacist then follows a defined protocol based on identifying and isolating the batch; making risk assessments about patient safety, suitability of recall etc. They will also inform the Trust Chief Pharmacist and any other relevant people. There is a clear audit trail of all their actions, especially as the on-call pharmacists will be working alone out of hours. Any learning outcomes are collected by the regional QC office and used to update the process/protocol. These exercises ensure that staff are suitably trained, competent and ready for a real-life situation

4.3 CUSTOM-MADE MEDICINES

Any medicines custom-made by, or for, the organisation are quality assured and appropriate for their intended use.

Alder Hey Children's NHS Foundation Trust

At Alder Hey, where possible, custom-made and unlicensed medicines are sourced from a supplier listed on the regional Quality Control North West (QCNW) list of "Approved Suppliers". Each product must be provided with a Certificate of Analysis (CA); if this is not available, the pharmacy procurement department will liaise with QCNW to discuss the need for further testing. On delivery, all custom-made and unlicensed products are quarantined until their use has been authorised by a named technician or pharmacist, who have satisfied agreed competencies for releasing custom-made unlicensed medicines supported by a CA. The pharmacy procurement team will also liaise with QCNW when an alternative supplier is used, sending samples when requested, if the product has not previously been tested.

Custom-made and unlicensed medicines are also checked by the medicines information team, who advise on the suitability of excipients for children. All custom-made and unlicensed medicines are flagged on the pharmacy computer system to indicate their unlicensed status and ensure that they receive special attention at all stages of the procurement and dispensing process.

These processes help to assure the quality and safety of custom-made and unlicensed products used within the organisation.

STANDARD 5.0 MEDICINES EXPERTISE

The pharmacy team provides expertise and advice to support the safe and effective use of medicines by patients.

5.1 EXPERTISE FOR HEALTHCARE PROFESSIONALS

Healthcare professionals prescribing, administering, and monitoring the effects of medicines have relevant, up-to-date, evidence-based information and pharmaceutical expertise available to them at the point of care.

Wishaw General Hospital – NHS Lanarkshire
The Scottish Patient Safety Programme has strict requirements around Medicines Reconciliation (MR). Every week, 10 case notes are checked to see if MR has met the appropriate criteria and the standard of 95% of all patients have MR undertaken within 24 hours of admission. A monthly audit is carried out across the hospital to see if this standard has been met and prove that the hospital is achieving patient safety. The pharmacy department regularly provide training for pharmacists to undertake MR and ensure that the service is meeting the required standards.

Evelina London Children's Hospital, Guy's and St Thomas' NHS FT
The pharmacy and medical teams have developed an electronic dose calculator for staff working in Paediatric Intensive Care Units (PICU), which gives prescribers access to a safe way of calculating doses on a mg/kg basis. It does not however provide any decision support. The Trust are currently developing an application that accesses the organisational paediatric formulary, providing a quick reference to important issues to around drugs in paediatrics as well as giving the dose. Information is easily accessible to prescribers and future developments will look to incorporate drug calculations as well.

Aintree University Hospitals NHS FT
Full implementation of the electronic document management system on the Trust intranet supports the electronic prescribing system, by providing all Trust prescribing guidelines; Trust formulary and antibiotics formulary. All formulary choices are visible ahead of non-formulary agents. The local Drugs and Therapeutics Committee ratifies all medicines related guidelines for publication on intranet, with senior clinical/specialty pharmacists as part of the development team.

5.2 EXPERTISE FOR PATIENT CARE

Pharmacists are integrated into clinical teams across the organisation and provide clinical care direct care to patient.

Northumbria Healthcare NHS FT
Since the introduction of independent pharmacist prescribing, the pharmacy department at Northumbria Healthcare NHS Foundation Trust has encouraged all their pharmacists to become independent prescribers. All newly appointed pharmacists are also expected to become independent prescribers. The Trust has now reached a critical mass of independent prescribers, with the skills and confidence to work across the service within their field of expertise. Independent pharmacy prescribers now work on all wards and services (known internally as the 'any time any place' model) with most prescribing carried out during medicines reconciliation. Pharmacists can prescribe for all patient groups, for any medication within their scope of practice and across the organisation; new medicines are also initiated where required e.g. more pain relief.

The feedback from clinical teams has been very positive with doctors and nurses valuing these skills. Recent data shows that pharmacists prescribe for 44% of all patients who are admitted, accounting for 12% of all items prescribed, with an error rate of 0.3%.

City Hospitals Sunderland NHS Foundation Trust

There are a number of independent pharmacist prescribers at City Hospitals Sunderland, who manage pharmacy led clinics in specialities such as haematology, heart failure, chronic pain and diabetes. Pharmacists are encouraged to become independent prescribers following completion of their clinical diploma and undergo a supported mentoring programme, until they are skilled and competent to prescribe independently. The department works with the organisation to set up appropriate funded clinics, which are pharmacist led. Each pharmacist has their own caseload of patients and works as a member of the multidisciplinary team.

Leeds Teaching Hospitals NHS Trust

To help reduce the number of operations cancelled due to a high INR, Leeds Hospital has introduced a pharmacist-led pre-admission clinic. Pharmacists work alongside surgical teams to identify patients who take warfarin/anticoagulants and are coming in for surgery. Several days prior to surgery, the patient is seen in a pre-admission clinic by the pharmacist and transferred to a low molecular weight heparin. Pharmacy staff liaise closely with the patient's GP and district nurses to ensure medicines supply and administration is robust. The pilot service has also reduced the number of cancelled operations and, to date, zero patients have had their surgery cancelled due to problems with anticoagulation.

The use of pharmacist transcribing/prescribing in the Same Day Admissions area has also reduced the number of errors and omissions markedly. Previously approximately 70% of patients had an error or omission with their usual medicines. Over the past few months, this error rate has reduced to zero.

Central Manchester University Hospitals NHS Foundation Trust

At Central Manchester University Hospitals, independent pharmacist prescribers work closely with clinical teams, especially in areas where complex prescribing regimes are required e.g:

- Clinical Haematology; the pharmacist prescriber works with the clinical team to set up a chemotherapy regime. They then continue to prescribe the regime, inclusive of chemotherapy and any adjunct medications such as anti-emetics. Liaising closely with the aseptics team in the pharmacy department, the pharmacist can ensure that therapy is ready for the patient when they arrive.
- Neonatal Total Parenteral Nutrition; as previously, the pharmacist prescriber works closely with the clinical teams to set up a suitable regime, which they continue to prescribe and ensure that it is ready for patients at the point of need.

By having independent pharmacist prescribers in these complex areas, there is better, more streamlined, coordination between departments, resulting in more efficient patient care.

Sussex Community NHS Trust

In Sussex Community NHS Trust, a specialist community pharmacist provides care for patients with long-term conditions, in their homes. Following a community nurse referral, the pharmacist visits the patient in their home and conducts a full clinical review of their medication. GP notes and patient laboratory data support this. The outcomes and any recommendations are sent to the GP, community pharmacist and the original referrer. The service is targeted at high intensity users of primary and secondary services and aims to identify medication issues that could result in unplanned hospital admissions; to reduce prescribing costs and to provide education and support to patients and carers in order to help them with taking their medicines (The Pharmaceutical Journal 2009;282:83).

The Trust is looking to expand this service for other areas, such as a pharmacist on the rapid response team. The vision is patients that stay well, stay out of hospital.

King's College Hospital NHS Foundation Trust
The Trust has standards for the structure and content of pharmacy entries and communications in medical notes to ensure that pharmacist contributions to patient care are effectively recorded.

University Hospitals Bristol NHS FT
Pharmacists help to optimise high risk medicines across the Trust via a number of routes including a 'High risk Medication' policy which identifies high risk areas e.g. storage ordering etc. Pharmacy led training sessions for many areas around safe medicines use including: training for paediatric staff on the use of gentamicin; IV skills training session for all new nurses and return to practice nurses; mandatory training sessions for doctors and nurses on intrathecal drug safety issues; drug issues as part of the Trust cytotoxic training day.

Many of these areas are common to most Trusts, however it is helpful to actively offer these training sessions as part of the drive to improve the safe use of high-risk medicines.

Additional Examples to demonstrate this standard in practice are available on the RPS 'Map of Evidence' for the following titles:

- Hospital Standards (5.1) – Expertise for Healthcare Professionals – Prescriber Training.
- Hospital Standards (5.2) - Expertise for Patient Care - Admissions Pharmacist Prescribing

STANDARD 6.0 SAFE USE OF MEDICINES

The pharmacy team ensures that safe medication practices are embedded in the organisation (including contracted or directly outsourced services and third party providers).

6.1 SAFE SYSTEMS

The chief pharmacist (or equivalent) leads on ensuring that all aspects of medicines use within the organisation are safe.

Betsi Cadwaladr University Health Board
An 'all Wales' prescription chart is used throughout Wales. The chart was developed by the sub-group of the 'All Wales Chief Pharmacists' group in conjunction with All Wales Medicines Strategy group and is regularly updated.

Wirral University Teaching Hospital NHS FT
Wirral hospital use Trust-wide electronic prescribing, that is supported by a number of paper prescriptions for various specialities e.g. ICU, insulin, GTN, warfarin etc. These prescription charts are accessible on the internet and printed off when required. To ensure that prescribers use only approved prescriptions, the clinical guidelines committee have a prescription tracker that monitors all current prescription and administration charts. Divisions are only sent PDF versions therefore are unable to amend or update the charts without committee knowledge. All pharmacists are aware of this guidance and will challenge any new prescriptions that have not been through the due clinical guidelines committee process (identified by a footer). The aim is to ensure that charts are reviewed and undergo due process for safety before being released into the Trust.

Aintree University Hospitals NHS FT
When the Trust started to plan for an Electronic Prescribing and Medicines Administration (EPMA) system, the pharmacy department actively asked to be involved in the programme. This enabled them to put forward pharmacy requirements in terms of staffing resources at the business planning stage. The Trust now has a senior pharmacist (band 8b) and technician (band 6) as two permanent members of staff responsible for the EPMA as part of their day job.

Leeds Teaching Hospitals NHS Trust
At Leeds Teaching Hospitals NHS Trust, pharmacists visibly record on the prescription chart every time they review the drug chart. There are 3 defined levels of review. Each level has set criteria which determine the type of screening the prescription chart has undergone:

- Level 1 (Prescription validation). At this level the pharmacist is responsible for the prescription being reasonable at face value. It requires the pharmacist to review the prescription using the information on the prescription chart only (no access to medical records). The pharmacist reviews the whole prescription chart not just the prescription for the product to be supplied. These reviews take place before a patient specific product is supplied (One stop dispensing or Non-stock supply). In all cases the pharmacist undertaking the Level 1 review is expected to undertake the same process wherever they are e.g. in the dispensary on a Saturday, or on a weekday on a ward.
- Level 2 (Medicines review). In addition to the criteria used in Level 1, at Level 2 the pharmacist is expected to access and take into account relevant information from the medical record (reason for admission, renal function and other relevant pathology results). The first Level 2 after admission includes medicines reconciliation. The aim is to undertake a Level 2 Review within 24 hours of admission.
- Level 3. The same criteria as Level 2 but also includes an interview with the patient, around medicines concordance and suitability of their medicines in the context of the patient's condition and the way they live their lives.

Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board
The on-call pharmacist is supplied with a Blackberry linked to MHRA email alerts. This enables any product recalls to be made on a 24-hour basis and helps ensure patient safety. The hospital standards were used to help highlight this issue and implement change.

6.2 SAFETY CULTURE

The chief pharmacist (or equivalent) leads on promoting a 'just' culture in which medication safety has a high profile, both within the organisation and its partner.

County Durham and Darlington NHS FT

Over the past year, the pharmacy department at County Durham and Darlington FT have implemented an informal 'buddy' system for pharmacists and junior doctors. On starting with the Trust, newly qualified junior doctors are 'buddied' with a named pharmacist in their clinical area. The pharmacist is there to provide support and help with any medicines related issues, ultimately ensuring prescribing and safe use of medicines. The department are planning to survey the first batch of junior doctors and get some feedback on the benefits of this scheme, though anecdotally it has been very well received.

Pharmacists also intervene in a variety of ways to ensure the safety and effectiveness of medicines by:

- medicines reconciliation undertaken on clinical pharmacy wards
- patient counselling on discharge
- Safe Medicines Practice Handbook produced by pharmacy team disseminated to all staff
- participation in delivery of junior doctor training programme
- prescribing intervention forms completed for prescribing ""near miss"" events
- safeguard reporting of prescribing incidents and monthly thematic analysis of prescribing themes

Central Manchester University Hospitals NHS FT

Have a Trust wide reporting system that includes medication errors. Once a month, all medication errors that are scored as category 4 or 5 (i.e. serious) are highlighted on the dashboard, with the aim of raising awareness, improving learning and preventing re-occurrence.

Betsi Cadwaladr University Health Board

Prescribing and dispensing errors originating from primary care and secondary care are routinely recorded during an inpatient stay. Information is fedback to the original prescriber in order to improve practice. Several common themes have been identified e.g. missed drug interactions, evidence-based antimicrobial prescribing, medication-induced Acute Kidney Injury (AKI). Sharing medication incidents across the interface is vital to reduce avoidable medication-related admissions. Pharmacy staff collate suspected medication-related admission and problems, using data collection forms. Themed safety messages are fedback at local medical and pharmacy educational events, via email and medication safety alerts. This helps to improve the safety culture, 'close the loop' and promote cross-sector multi-disciplinary working.

This work has become a patient safety programme in its own right and is a driver for the MHRA yellow card submissions. Some of the incidents are of national significance e.g. treatment failure from doxycycline or quinolones secondary to concomitant calcium intake; essential information which is not on the legal dispensing label but is in the Summary of Product Characteristics.

NHS Western Isles Health Board

Western Isles Health Board will be introducing a new scheme whereby case-notes are reviewed for all INRs >6 in secondary care. The outcomes are fed back to the individual consultants and the Senior Charge Nurse (SCN) of the ward where the patient was based using Situation Background Assessment Recommendation (SBAR) communication tools. The SBARs will be compiled monthly and an anonymised summary will be sent to all prescribers (medical and non-medical), SCNs and GPs across the region, highlighting points of learning identified in the review. The key outcomes from this scheme are to ensure a stable INR for patients, better monitoring, improved prescribing of any interacting medication and reduce the risks of bleeds and adverse events.

NHS Western Isles Health Board

At a local level, a 'root cause analysis' is carried out for all C. difficile infections and S. aureus bacteraemias presenting in the local Health Board, by the Infection Control Team and Antimicrobial Pharmacist, who subsequently feedback with recommendations to all staff involved and senior managers. More widely across Scottish Health Boards, there is an on-going audit for 'empirical antimicrobial prescribing,' which highlights any reasons for non-compliance with the formulary and, where relevant, why an indication for antimicrobial therapy has not been documented. This on-going work is reviewing how this data can be used to improve empirical prescribing and ultimately achieve good antimicrobial stewardship, to improve patient care.

NHS Western Isles Health Board

Outcomes from DATIX investigations (a risk management database used across Scottish Health Boards), are fed back to all involved parties and their senior staff e.g. if a patient has been admitted with C. difficile, there is a full investigation into its cause ranging from medicines through to hand hygiene. These outcomes are fed back to relevant senior staff to ensure that they implement appropriate changes to systems and services to avoid future occurrences.

East and South East England Specialist Pharmacy Services

Using the data from extensive audit across the region around the safe use of insulin, the Medicines Use and Safety Division have developed a number of resources that build on the learning from the audit. A series 'how to' guides have been developed that include:

- Safe use of insulin: Inpatients General guide
- Safe use of insulin: Inpatients Example 1 Prescribing abbreviations
- Safe use of insulin: Inpatients Example 2 Patient self-administration

These are used across the region and supported by strategies to help implement safe use of insulin in practice. The audit and resources, based on learning from the audit have helped to improve practice and patient safety in this field.

Additional Examples to demonstrate this standard in practice are available on the RPS 'Map of Evidence' for the following titles:

- Hospital Standards (6.1) - Safety Systems - Insulin Prescribing Chart
- Hospital Standards (6.2) - Safety Culture - Promoting a 'just culture'

STANDARD 7.0 SUPPLY OF MEDICINES

Medicines are supplied, distributed, stored and if necessary disposed of in a legal, safe and timely way.

7.1 DISPENSING

Medicines are dispensed or prepared accurately, available when needed and clinically appropriate.

North Bristol NHS Trust
Discharge medication is processed at ward level with the use of a mobile dispensing trolley. A Medicines Management Pharmacy Technician will process clinically screened discharge letters, using facilities available on the mobile discharge trolley. The trolley is a lockable unit which contains a laptop computer, pharmacy label printer, commonly used medication to suit the ward specialty and all dispensing items such as boxes / bottles / bags. Once dispensed, all discharge prescriptions are checked at ward level by a designated member of the pharmacy team. All discharge prescriptions completed via the mobile unit are logged onto the pharmacy system and the monthly data processed to provide a KPI of activity and impact of the service.

North Bristol NHS Trust
The dispensary supports the re-use of patients' own drugs (PODs) whilst dispensing for discharge. All clinically screened discharge prescriptions are POD screened by a pharmacy technician to check for suitability and re-use. Unsuitable items are separated and returned to the ward in a specific green POD bag with a label attached to explain the reason for not reusing them. As PODs are the legal property of the patient, the discharging nurse needs to gain patient consent, on behalf of the Trust, to destroy items no longer required. The pharmacy department is currently taking legal advice to review this process and determine whether unwanted PODs, that may be unsafe for patients to use, can be destroyed by the Trust without prior consent. All suitable items are incorporated into the discharge medication. POD paperwork is completed for each patient as a record of processing PODs, which is then used to calculate savings. All POD screening technicians will have completed an in-house accuracy training program, before being assessed as competent to screen PODs.

Betsi Cadwaladr University Health Board
The Telepharmacy project entails the use of a videoconference system linked with high definition cameras located in the community hospitals across North West Wales and a video screen in the dispensary at the District General Hospital in Bangor. The telepharmacy equipment enables the team within the acute hospitals to link with the community hospital hubs allowing pharmacists more time with patients and multi-disciplinary teams in clinical areas. The aim of the project is to enable remote clinical validation of medicine treatment charts and prescriptions by pharmacists thus saving significant travel time in this rural area, where the road links are poor and the furthest community hospital is 65 miles away.

Betsi Cadwaladr University Health Board
Ward automation of medicines is now firmly established within A&E departments and medical admission wards in each acute hospital in North Wales. Further implementation is underway for all medical wards and critical care units as well. The systems consist of several frameworks of computer-controlled drawers. Staff access the software's graphic user interface using biometrics and an integral touch-screen. They can search for a required medicine in a number of ways but the most commonly used is by 'fast code' searching. Having selected the product and quantity required, the computer allows only the specific storage drawer to be accessed. Ward automation provides a number of benefits over manual systems. It provides a robust and highly secure storage of medicines and medicinal products; 'live' stock control and automatic ordering directly to the central pharmacy; clinical decision support is available visually and audibly at the point of drug administration e.g. warnings of products with cross-sensitivity to penicillin.

These systems have been demonstrated to significantly reduce nursing time in the handling of medicines, reduce stock-outs and importantly reduce omission of drug doses. They provide a total audit trail of which member of staff has accessed what medicine at what time, reducing any opportunity for theft or inappropriate access to an absolute minimum.

Wishaw General Hospital – NHS Lanarkshire

Wishaw General has implemented an electronic tracking system that tracks the turnaround time for prescriptions coming into the main dispensary. All prescriptions are identified with a bar code that is scanned at each stage, from receipt by dispensary, throughout the dispensing process and up until the prescription leaving the department. The process time is fed into a central system, whereby ward staff are able to monitor the prescription and assess when it will be ready. There is no tracking system in the near ward pharmacy area but they implement a manually recorded workload throughout the day, with the turnaround time, which is quicker that the main dispensary.

LEAN audit has demonstrated an overall reduction in phone calls to the department with this system. The turn around time for prescriptions can also be audited using the tracking system and changes to the service implemented where required.

7.2 LABELLING

Medicines dispensed or prepared are labelled for safety in line with legal requirements.

North Bristol NHS Trust

North Bristol NHS Trust has put in place a system to reduce the wastage of medicines, yet also ensures that patients receive medication that is correctly labelled. Using a Standard Operating Procedure (SOP), even if the dose for a medication has been changed, the patient's own drugs (PODs) can be relabelled for re-use at discharge.

County Durham and Darlington NHS FT

A resource pack developed to aid patients with visual impairment / literacy problems includes resources such as:

- Medicine reminder charts
- Pictorial aids
- Talking labels - these attach to medicines boxes and enable the drug and dosing directions to be recorded. Patients can listen to the recording to identify the drug and follow dosing instructions. The Trust is currently in the planning stages and reviewing issues such as continuity of care following discharge from the Trust, re-usability of the labels and who will manage the service in the community etc.

This range of labelling helps to take into account the diversity of patients accessing medicines and meet their needs.

7.3 DISTRIBUTION AND STORAGE

Medicines are safely and securely distributed from a pharmacy and stored in a secure and suitable environment prior to administration.

North Bristol NHS Trust

The Pharmacy department has implemented the installation of an Abloy CLIQ locking system in Maternity and Delivery wards, which enables controlled access to ward drug cupboards. These cupboards have digitally coded keys that are assigned to specific members of nursing staff whilst they are on duty. The digital only access provides a detailed audit trail for access to the medicines locked in the cupboards. The Trust is looking to extend this system throughout the hospital to provide greater security and audit trail access to other areas such as:

- The 'out of hours' emergency drugs cupboards
- The out of hours deposit hatch for the pharmacy automated dispensing robot. This would enable nurses to access the out of hours robot delivery hatch with an audit trail digital key. The on-call pharmacist is able to remotely dispense from outside the hospital e.g. at home, using the robot to delivery medicines to the secure hatch. Medication can then be collected by nursing staff without the need for the pharmacist to come into the hospital.

University Hospitals Bristol NHS FT

Senior nursing staff carry out a monthly audit on the storage of medicines on their wards using a routine "Quality of care" tool. The measures are based on CQC requirements e.g. fridge temperatures, drugs cupboards locked etc. Pharmacy monitors this via the Medicines Governance Committee, reviewing the audit outcomes and will feedback any recommendations or actions required.

The North West London Hospitals NHS Trust

Northwick Park and Central Middlesex Hospitals carry out a 'Safe & Secure Handling of Medication' audit on all wards and departments, every six months. The aim of the audit is to ensure that medicines are handled in a safe and secure manner, as per regulatory and good practice requirements. The audit monitors practice in areas such as appropriate handling of high risk medicines; medicines securely locked on wards; safe handling of medicines by staff etc. The results are presented to the Drugs and Therapeutics Committee and the Patient Safety Committee for review. The outcomes from the audit are used to develop further training and raise awareness. Over time, the audits have significantly improved practice, from 50% of wards complying to now 86% of all wards complying with safety measures. This process of continuous improvement has developed a more safe, open and fair culture around medicines management, which the organisation will continue to build on.

Additional Examples to demonstrate this standard in practice are available on the RPS 'Map of Evidence' for the following titles:

- Hospital Standards (7.1) – Dispensing – Electronic Medicines Management

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.

STANDARD 9.0 GOVERNANCE AND FINANCIAL MANAGEMENT

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

9.1 SYSTEMS GOVERNANCE

Systems of work are established that are safe, productive, support continuous quality improvement, are regularly audited and comply with relevant regulations.

Colchester Hospital University NHS Foundation Trust

All patients admitted for planned surgery are screened (level 2 medicines reconciliation) on admission by a pharmacy technician or a pharmacist, to see if they are taking high-risk drugs, as defined by the NPSA. Patients currently taking high-risk drugs are highlighted by putting a sticker on the drug chart; this prompts ward staff to contact pharmacy to check the appropriateness of the discharge medicines and letter and ensure accurate communication about their medicines. This process has helped to ensure that over 80% of patients on high risk medicines admitted to Colchester University Hospital are monitored and reviewed before discharge. Pharmacists will also check prescriptions and discharge communications retrospectively to check for any problems, following up with the patient's GP or primary carer, if required. The service is consistently audited, looking at a number of parameters to ensure appropriate coverage of patients and target appropriate pharmacy resources. The outcomes are used for continuous improvement of the service and minimise risks for patient on high-risk medicines during and after discharge.

NHS Tayside

At Perth Royal Infirmary (NHS Tayside), there is ongoing measurement in all wards to demonstrate the performance of the pharmacy service against set standards. Pharmacists and technicians measure a number of criteria, namely the percentage of patients with a:

- pharmaceutical care plan
- accurate drug history
- clinical check of the Tayside Prescribing Administration Record
- priority code within 24 hours of admission; code 1 indicates high-risk patients that are to be reviewed every 24 hours.

This regular performance review has enabled the service to target resources to high-risk wards such as 'admissions' wards, other areas where our standards are not being met and helps to identify and training issues. A key benefit to patients is that high-risk patients are regularly reviewed, with targeted resources for medicines reconciliation and accurate drug histories, care planning and proactive discharge planning, which all helps to reduce risks and prevent medication errors, during their stay and post discharge.

STANDARD 10 WORKFORCE

The pharmacy team have the right skill mix and the capability and capacity to develop and provide quality services to patients.

10.1 WORKFORCE PLANNING

The pharmacy workforce is planned and appropriately resourced in order to support service quality, productivity and safety.

Colchester Hospital University NHS Foundation Trust

There is continuous audit of clinical activities at Colchester University Hospital. Clinical staff, pharmacists and technicians, audit how much of their daily time is spent on patient facing services e.g. clinical activities, dispensary work etc and on other more strategic or development activities such as education and training. The audit is carried out for 1 week, every 6 months; the outcomes are discussed internally and reported as departmental KPIs to Trust senior management.

The aim of the audit is primarily to identify and help define patient facing and supporting pharmacy services, as well as manage workforce planning and resources. Interestingly, some early results show that clinically trained technicians spend more time in patient facing activities, whereas pharmacists are more involved with activities that are strategic based e.g. guideline development. The regular audit outcomes are used to help plan resources and workforce activities, with the department looking to introduce a mixture of 'sessions' for staff activities e.g. ward-based work, strategic/developmental activities, dispensary sessions etc.

Royal Derby NHS FT

The pharmacy department is managed as an independent business unit, within the Trust, that aligns to overall Trust vision and planning. As one of the Trust business units, pharmacy has an ongoing transformation plan that prioritises key projects for efficiencies and workforce, to meet the needs of the service and budget targets e.g. save money on drug procurement; appropriate skill-mix of staff; keeping certain posts empty due to budget constraints etc. There is an overarching workforce plan, aligned with the Trust, which aims to meet service needs and developments, so that recruitment drives, training needs etc can be planned and delivered.