



ROYAL
PHARMACEUTICAL
SOCIETY



Seven Day Services in Hospital Pharmacy

Giving patients
the care they deserve

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I. EXECUTIVE SUMMARY

Over the last 10 years the number of patients coming through hospital doors has been increasing year-on-year (an accumulative rise of 37%).¹ The patients being seen are also older with more co-morbidities. 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.

Quote from Suzie Shepherd, Lay Chair, RCP Patient and Carer Network:

“There have also been times when I have felt like a parcel, passed around the hospital from ward to ward, sometimes in the middle of the night. This has often been without explanation, and with no idea of who is actually responsible for my care or who I could talk to about the situation. At times like these – and particularly when I have been admitted at the weekend – it can seem as though my care is organised for the convenience of the system and its staff, with very little to do with my needs.”

Reference: Future hospital: caring for medical patients. A report from the Future Hospital Commission to the Royal College of Physicians. 2013.

NHS England's NHS Services, Seven Days a Week Forum has made recommendations for delivering high quality treatment and care seven days a week and has already identified 10 clinical standards for urgent and emergency care services, many of which are relevant to pharmacy. Similarly, the Royal College of Physicians' (RCP) Future Hospital Commission recommends that hospital services deliver high-quality care sustainable 24 hours a day, seven days a week.

Pharmacy teams in hospitals make a significant contribution to patients by delivering effective pharmaceutical care and ensuring patients use their medicines in an optimal way. However, there is variability in the consistency of this care outside of normal working hours. The limited availability of hospital pharmacy services, particularly at weekends, has been reported as resulting in:

- an increase in missed doses
- prescription errors
- lack of medicines reconciliation
- delayed discharge due to waiting for discharge medication.

On the 20 May 2014, members of the Royal Pharmaceutical Society, along with other colleagues from across Great Britain, gathered in London to discuss the challenges in moving to seven day services so that pharmacists can better care for patients. This is a report of that meeting. It opened with a discussion on the wider context in which seven day services are developing, as illustrated by the RCP's Future Hospital Commission and NHS England's Seven Days a Week Forum workstreams, and then highlighted case studies on diverse approaches to extended and seven day pharmacy services.

From the presentations and deliberations on the day, four themes emerged, each with actions that can be considered to support implementation of seven day service development.

The themes are:

■ Joining up hospital and community pharmacy services

For consideration:

- ask patients or their carers to identify a named community pharmacist who can receive a handover of pharmaceutical care for patients discharged from hospital
- exploit cross-pharmacy sector and wider working further and roll out existing local innovative solutions more extensively
- improve sharing of information with primary care (community pharmacy and general practice) to facilitate a timely discharge and limit unnecessary increases in length of stay in hospital (wherever possible embrace technology to support this)

■ The pharmacy workforce and ways of working

For consideration:

- engage pharmacy staff from the outset to build a vision and strategy for seven day working – communicate, communicate then communicate again
- review current ways of working to ensure efficiency and the requirement for services to still be delivered in their current way
- employ new staff on seven day working contracts
- benchmark workforce data, e.g. from the National NHS Pharmacy Staffing Establishment and Vacancy Survey, to build a case for more staff in order to deliver extended working hours (if appropriate)
- inform pharmacy undergraduates that seven day working is a requirement of all pharmacists
- plan the workload and education of pharmacy staff in training
- focus clinical input on the wards rather than in the dispensary
- review skill mix, especially the generalist/specialist balance, and activities of pharmacists and pharmacy technicians
- further embed innovation, including technology, to create capacity for seven day working

- develop pharmacist-led, focused triage so that pharmacy input can be delivered to those patients most at need
 - analyse workload data, especially where peaks and troughs of work occur so staff can be deployed to smooth out workflow, e.g. working shifts
 - shift to a multidisciplinary approach and involve patients; seven day services will not be delivered by a uni-professional approach
- **Targeting where to deliver seven day services**
- For consideration:*
- determine what services to deliver in-house, depending on the local context and priorities of the Trust in which they are based, starting with acute care/emergency admissions
 - target extended pharmacy services to more complex patients during admission and discharge, thereby ensuring their smooth transfer through care settings
 - network and learn from other hospitals' approaches and the host hospital's strategic direction
- **Affordability and building a case at an organisational level**
- For consideration:*
- communicate a clear vision of proposals for extended/seven day services to all stakeholders
 - build a business case and proposals that clearly describe the benefits and challenges that are linked to the organisation's context and strategic goals.

Progressing seven day services in pharmacy requires context driven service change, i.e. it is dependent on local needs. Sharing experiences, tools and tactics will help pharmacy teams manage the change. Engaging with pharmacy networks and seeing the strong leadership that has brought transformation in many localities will inspire pharmacy teams to make changes. However, models of service cannot just be lifted and shifted. Local discussions and engagement within local organisations are essential.

Pharmacy is the golden thread in seven day services. With current pressures related to patient flow in and out of hospital, pharmacy services can play a significant role in improving this. In many hospitals physicians are saying: "I need a pharmacist on my ward round". Extending seven day services will give other professions increasing confidence in pharmacy as a seven day clinical service rather than an office-hours clinical service.

2. INTRODUCTION

The Royal College of Physicians' Future Hospital Commission (RCP FHC) reported that the numbers of patients coming through hospital doors has increased year on year: a cumulative rise of 37% over 10 years¹. The patients being seen are also older with more co-morbidities. These gradual increases in the number and complexity of emergency admissions have been managed by reducing the length of stay in hospital, but the RCP FHC views this as unsustainable and that patient care will be compromised as a result. The RCP FHC recommends that hospital services deliver high-quality care sustainable 24 hours a day, seven days a week.

“A quarter of Britain’s population is now over 60 years, and half of these have a chronic condition. Two thirds admitted to hospital are over 65 years, a quarter have a dementia diagnosis.”

Reference: Future hospital: caring for medical patients. A report from the Future Hospital Commission to the Royal College of Physicians. 2013.

NHS England's NHS Services, Seven Days a Week Forum, chaired by its Medical Director, was established in February 2013 to consider how NHS services can be improved to provide a more responsive and patient-centred service across the seven day week. The Forum focused initially on urgent and emergency care services and their supporting diagnostic services. The Forum's review pointed to high variation in outcomes for patients admitted to hospitals at the weekend. This variation was seen in mortality rates, patient experience, lengths of hospital stay and re-admission rates. Based on the insight and evidence gathered, the Forum made recommendations to NHS England for supporting the NHS to improve clinical outcomes and patient experience at weekends by the end of 2016/17. It also recommended that the Forum's remit going forward be broadened to include setting out proposals for the creation of a fully integrated service delivering high quality treatment and care seven days a week.

Pharmacy teams make a significant contribution to patients by delivering effective pharmaceutical care and ensuring that patients use their medicines in an optimal way throughout their journey in and out of hospital. However, there is variability in the consistency of this care outside of normal working hours. The limited availability of hospital pharmacy services particularly at weekends has been reported as resulting in:

- an increase in missed or delayed doses of patients' medicines
- prescription errors
- lack of medicines reconciliation
- delayed discharge due to waiting for discharge medication.

“To make a full contribution to patient outcomes and the patient experience and gain full recognition and credibility as a patient-centered, clinical profession within the multidisciplinary team, it must ensure that access to pharmacy services is available to all patients seven days a week.”

Over the years, the pharmacy profession has moved a long way with its clinical services. However, to make a full contribution to patient outcomes and the patient experience and gain full recognition and credibility as a patient-centered, clinical profession within the multidisciplinary team, it must ensure that access to pharmacy services is available to all patients seven days a week.

On the 20 May 2014, members of the Royal Pharmaceutical Society, along with other colleagues from across Great Britain, gathered in London to discuss the challenges faced in moving to seven day services so that pharmacists can better care for patients. This is a report of the meeting that first summarises the speakers' sessions, beginning with the wider context in which seven day services are developing, as illustrated by the RCP's Future Hospital Commission and NHS England's Seven Days a Week Forum workstreams. The report then focusses on case studies of approaches to extended and seven day pharmacy services. The report concludes by outlining the emerging themes for the pharmacy profession to consider when developing seven day services, supplemented by actions for consideration.

The RPS would like to thank the speakers who attended the seven day services event for their contributions on the day and for providing a written summary of their presentations and other documents that have supported this report.

Dr. Harriet Gordon, Director – Medical Workforce Unit, Royal College of Physicians

Ms. Pat Hays, Deputy Director – Clinical Networks and Senates, NHS England

Dr. David Terry, Director – Academic Practice Unit/Deputy Chief Pharmacist, Aston University and Birmingham Children's Hospital NHS Foundation Trust

Mr. Richard Hey, Director of Pharmacy – Central Manchester University Hospitals NHS Foundation Trust

Mrs. Helen Howe, Chief Pharmacist – Cambridge University Hospitals NHS Foundation Trust

Mr. Will Willson, Director of Pharmacy – Walsall Healthcare NHS Trust

3. FUTURE HOSPITALS

HARRIET GORDON

Director – Medical Workforce Unit,
Royal College of Physicians



WORKFORCE BACKGROUND

In the next 20 years the number of those aged over 65 is predicted to increase by 51%. A quarter of Britain's population is now over 60 years, and half of these have a chronic condition. Some two-thirds admitted to hospital are over 65 years, a quarter have a dementia diagnosis. In the next 20 years those aged over 85 will double. We know that those with a single condition are best managed by a specialist of that condition, for example, a jaundiced patient is best managed by a hepatologist. But if that patient already has a cardiac problem, should they be managed by a cardiologist or hepatologist? And if they had dementia, should they be looked after by a geriatrician with input from hepatology and cardiology?

While the number of acute admissions has increased by 37% in the last 10 years, the length of stay has dropped by 30% so that the number of acute beds has fallen. For those over 85 years, the average length of stay is 11 days, for those under 65 years it is three days. People over 85 years account for 22% of all hospital beds, so that if the number of over 85 year olds doubles in number we will either need a big increase in acute beds, or alternative ways of managing illness in the elderly.

There is a 10% increase in mortality at weekends. Patients admitted at weekends also have a 16% increased mortality over those admitted during the week. The presence of senior doctors improves outcomes: the lowest quartile for mortality has 0.8 senior doctors per 100 beds, the best quartile 4.1. Therefore, we need a consultant-led service, and consultant expansion has been enabling this.

The consultant workforce is predominantly young and nearly half are female. However, we know women often want to work less than full-time and have difficulties working at a weekend because of dual responsibilities.

THE FUTURE HOSPITALS COMMISSION

The RCP FHC was established to look at how hospitals needed to change to meet these substantial challenges. Its report was published in September 2013 and suggested 11 principles of patient care:

1. fundamental standards of care must always be met.
2. patient experience is valued as much as clinical effectiveness.
3. responsibility for each patient's care is clear and communicated.
4. patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital.
5. patients do not move wards unless this is necessary for their clinical care.
6. robust arrangements for transferring of care are in place.
7. good communication with and about patients is the norm.
8. care is designed to facilitate self-care and health promotion.
9. services are tailored to meet the needs of individual patients, including vulnerable patients.
10. all patients have a care plan that reflects their individual clinical and support needs.
11. staff are supported to deliver safe, compassionate care, and committed to improving quality.

In addition the seven day services workstream from the FHC recommended that:

- a named consultant lead, seven days week, for any given ward area
- an acute care hub stabilises acutely ill patients, with same access to diagnostics and interventional services on weekend as on a weekday
- specialist medical care is delivered across the hospital and in the community seven days a week
- staff rotas are planned on a seven day basis and there is seamless transition between teams from one day to next
- planning for recovery begins as soon as the patient is admitted and arrangements for discharge operate on a seven day basis, including early supported discharge through community teams
- dedicated on-site psychiatry liaison services cover all wards, emergency department and acute medical unit across seven days, a minimum of 12 hours/day
- there is an assessment of how the current workforce needs to adapt to deliver seven day working.

The FHC recommended patient-focused clinical records with a single electronic patient record, with common record standards that were viewable in hospital and community.

IMPLEMENTING THE VISION

In order to realise the future hospital over the next three years, the following plans have been made, with the RCP Executive Board and implementation group established to oversee ongoing work.

- There will be partner sites with hospitals evaluating recommendations to establish how the model can be implemented
- There is ongoing consultation to explore the impact of recommendations (e.g. with specialist societies, looking at the impact on education and training, interaction of specialist teams and the link with existing work on good practice, seven day and reconfiguration projects)
- There is a need to identify key stakeholders and levers (e.g. new health service structures in England) and to develop tools to communicate and implement FHC recommendations (e.g. with NHS workforce, public and policy makers). The RCP is establishing a *Future Hospital Journal* to assess, review and share good practice.

NHS England's NHS Services, Seven Days a Week Forum examined the implications of delivering seven day diagnostics and urgent and emergency care in England. This has been the key piece of work on seven day services, led by Sir Bruce Keogh from December 2013. The Forum will report again in autumn 2014 on the development of a fully integrated system, beyond urgent and emergency care, providing services seven days a week.

The Forum has already set out 10 clinical standards for urgent and emergency care seven day services:

1. patients and, where appropriate, families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week.
2. all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital.
3. all emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant, and have a completed medicines reconciliation within 24 hours.
4. handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts.
5. hospital inpatients must have scheduled seven day access to diagnostic services such as X-ray, ultrasound, computerised tomography, magnetic resonance imaging, echocardiography, endoscopy, bronchoscopy and pathology.
6. hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols.
7. where a mental health need is identified following an acute admission the patient must be assessed by psychiatric liaison within the appropriate timescales 24 hours a day, seven days a week.
8. all patients on the acute medical unit, surgical assessment unit, intensive care unit and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate.
9. support services, including pharmacy, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.
10. all those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, seven days a week.

4. NHS SERVICES, SEVEN DAYS A WEEK

PAT HAYE

Deputy Director – Clinical Networks and Senates, NHS England

There is a compelling case for healthcare services to be accessible seven days a week, to avoid compromising patient care, safety and patient experience as demand for NHS services rises.

Growing media coverage and evidence has highlighted how the lack of continuity of care over the weekend period can have significant consequences for patients, carers and their families, including:

- reduced service provision throughout hospitals, including fewer consultants working at weekends, is associated with higher weekend mortality rates
- patients do not always experience equity in access to the optimum treatment or diagnostic test. This can result in delays to their treatment that can contribute to less favourable clinical outcomes
- emergency admissions activity at weekends is around a quarter lower than the rest of the week
- significant variations exist in patient outcomes and service arrangements, both between hospitals and also within hospitals, depending on whether the patient is admitted on a weekday or weekend.

Seven day service provision is about equitable access, care and treatment, regardless of the day of the week. The level of service provided should ensure that the patient has a seamless pathway of care when accessing services, no matter what day of the week.

In 2012, NHS Improvement published a collection of case studies in *Equality for All: delivering safe care seven days a week*, to illustrate how seven day services were being designed and delivered in the NHS.

In 2013, the NHS Services, Seven Days a Week Forum was established to give all NHS commissioners the insight and evidence they need to move the NHS towards routine services being available seven days a week. The Seven Days a Week Forum has looked into the consequences of the non-availability of clinical services across the seven day week, including proposals for improvements and examining the key issues that affect delivery of a seven day service. The Forum is organised into five workstreams: Clinical Standards; Commissioning Levers; Finance and Costing; Workforce; and Provider Models.

Every organisation and community will have a different starting point for developing seven day services, dependent on an understanding of local needs across their health and care economy. Patients bring a unique perspective to developing new ideas and ways of working. Involving them in the beginning, along with carers and the public, can provide a rich picture of what health and care is really like. Their input is crucial to ensure that the best possible solutions are reached to meet needs, expectations and preferences.

All staff members need to be involved with service change from the trust board downwards and early conversations are important. Leadership and teamwork is essential at all levels. Traditional approaches to service delivery need to be challenged and innovations will be required. Continuous consultation with the workforce and culture of openness can help facilitate the willingness of staff to want to do the right thing for patients, and build enthusiasm, support and ownership for change.

The findings from the first stage of the Seven Days a Week Forum's review, which focused on urgent and emergency care services, was published in November 2013 and highlighted:

- rising demand and rising expectations
- every year the NHS supports hundreds of millions of contacts from members of the public who need urgent or emergency care
- some people simply need advice or treatment for relatively minor illnesses, others need help with pre-existing long term health problems which fluctuate or deteriorate.

Emerging principles for seven day services are that it:

- provides **consistently high quality** and safe **care**, across all seven days of the week
- is **simple** and guides good choices by patients and clinicians
- provides the **right care** in the **right place**, by those with the **right skills**, the **first time**
- is **efficient** in the delivery of care and services.

“Provides the right care in the right place, by those with the right skills, the first time.”

Across England, services across hospitals, community and social care have started to implement changes and have demonstrated the benefits for patients and carers. Some examples of work already underway in pharmacy include:

- pharmacists working in Accident & Emergency. In terms of workforce, we have a glut of pharmacists coming through and a shortage of accident and emergency doctors and nurses (there is a Health Education England group looking at this chaired by Anthony Sinclair from Birmingham Children's Hospital)
- pharmacist prescribers working with physician assistants
- a pharmacist based in Accident & Emergency and Medical Admissions Unit seven days a week. They see patients waiting who have epilepsy, Parkinson's or diabetes to arrange that doses of important medicines are not missed, those who will be admitted for early medicines reconciliation, all those over 70 and on three or more medicines, all those on warfarin, those with renal impairment. In Worcester Hospital, a pharmacist is present from 8am–7pm Monday to Friday and 10am–4.30pm Saturday and Sunday.

Beyond these examples it is clear that community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illness, medication queries and other problems. The pharmacy-based minor ailments system should be strengthened and each pharmacy's directory of services should be clear on hours, services, etc and training needs identified to further develop these roles. Community pharmacy can be re-directed to through 111, but also allow walk-in access through the promotion of its services. Consulting rooms should be also be universally available (e.g. in every 100 hours pharmacy). Pharmacies and third sector partners should be more actively involved in education, drug reviews, medicines collection and adherence. The issue of payment for items that would be free on prescription needs to be resolved to encourage utilisation, particularly among deprived groups. A consistent menu of urgent care services offered by all community pharmacies would be helpful.

Seven day services in hospital pharmacy is more than just supply and To Take Away (TTA) medication, it is also about clinical services, medicines reconciliation and medicines safety every day of the week. Discharge communication to community pharmacy needs to improve, some hospitals are referring for the New Medicines Service or post discharge Medicines Usage Review.

Translating the urgent and emergency care report are key next steps. The spread of new models of seven day services across the NHS at scale and pace is a priority.

We are aiming to ensure equity in care for patients, regardless of the day of the week.

5. TRANSFORMATION OF CARE – IMPLICATIONS FOR PHARMACY SERVICES

DAVID TERRY

Director – Academic Practice Unit, Aston University/
Deputy Chief Pharmacist, Birmingham Children's
Hospital NHS Foundation Trust



Birmingham Children's Hospital (BCH) is one of only four specialist children's hospitals in England. With 360 inpatient beds across two sites and 257,173 patient visits a year, the hospital is a nationally designated specialist centre for epilepsy surgery, a paediatric major trauma centre, a national liver and small bowel transplant centre, a centre of excellence for complex heart conditions and houses one of the largest child and adolescent mental health services and the largest paediatric intensive care unit in the UK.

From September this year, the hospital's pharmacy department has plans to become a seven day service. BCH has a large outpatient department with 164,370 visits a year and a busy emergency department that sees 50,296 visits a year. The total drug spend by the hospital is approximately £15m per year. The pharmacy department is situated on the main site and has a staff of 85 people (approx. 60 Whole Time Equivalents) which includes 29 pharmacists and 35 pharmacy technicians. The staff budget is nearly £2.25m per annum. Most of the pharmacists are specialist paediatric clinical pharmacists working in their own specialty and some are funded by that specialty. The pharmacy provides all the core services expected of a hospital pharmacy, including dispensary, purchasing and ward/clinical services. It also houses some specialist sub-departments, including a large clinical trials unit, an expanding Commissioning Interface Liaison Team and a new research and development department – the Academic Practice Unit (APU). The APU is a joint venture with the School of Pharmacy at Aston University, which provides most of the funding.

At the beginning of 2013, a new outpatient pharmacy was opened and named the Medicine Chest by one of the hospital's young patients. The Medicine Chest provides a dispensing and counselling service to the hospital's outpatients and currently dispenses 170 items per day. This pharmacy is staffed by BCH's own complement of clinical pharmacists and technicians and is resourced to allow both rapid dispensing of prescription items and also patient medicines support, primarily through the paediatric clinical pharmacists being able to spend time with the patients and their families. Work load is assisted by the use of an ARx dispensing robot. The Medicine Chest is operationally and financially separated from the main department

and is a wholly owned subsidiary of BCH NHS Trust. Prior to the opening of the Medicine Chest all outpatient items were provided by prescriptions dispensed by community pharmacists. Over 36,000 items were dispensed for BCH patients in 12 months by over 1,200 different community pharmacies around the UK.

Discussions about seven day working began in 2012 with informal meetings with staff and hospital managers. Like most hospital pharmacies in England, full services at this time were provided during weekdays and only urgent core services at weekends, primarily dispensing and supply of medicines. The main pharmacy was open 9am–1pm on Saturdays and 11am–1pm on Sundays. A pharmacist on-call service (non-residential) was, and continues to be, provided whenever the pharmacy is closed, and is staffed on a rota basis by the clinical pharmacists. Prior to the introduction of seven day working, the weekend services were paid for based on locally negotiated overtime rates. During 2013, the process of organisational change was undertaken in the pharmacy as part of a wider skill-mix review by the hospital. Formal negotiations with staff commenced in October 2013 and concluded in February 2014.

The new agreed staff working arrangements means that all operational staff will now work five days out of the seven, including Saturdays and Sundays, on a rota basis. The main department will open for longer at weekends (8.45am–4.15pm on Saturdays and Sundays). The department is currently considering extending services at weekends beyond dispensing and supply. The increase in productivity, mostly due to longer opening hours, is approximately 22%, with no increase in staff funding. Further migration of pharmacy staff outside the pharmacy itself will improve the efficient use of medicines and is supported by a new dispensing robot to be installed in the main department, without any loss of staff posts.

In 2014 two exciting staff developments are also being researched and considered for future workforce changes. The APU is collaborating with Health Education – West Midlands (HEWM), and others, to investigate the role of pharmacists as front line clinicians in emergency departments. In the UK, attendances at the emergency department have increased 50% in the last 15 years and the current (national) arrangements have been described as 'unsustainable'. The HEWM-funded three phase study is designed to identify the patient types that attend emergency departments and which of these can be managed by pharmacist independent prescribers now, or in the future, with further training. HEWM have funded 70 places for pharmacists to train as independent prescribers to support this development. A small number of these will be community pharmacists. The vision is to see these pharmacists working part-time in hospital emergency departments and taking back their enhanced clinical skills to their own community pharmacies.

BCH is also considering enhanced roles for pharmacy technicians. Can this valuable staff group administer medicines to patients? Due to the complexities of administering medicines to patients, many paediatric hospitals use two nurses to check medicines when giving them to patients. Research conducted by the APU will identify the opportunities, barriers, training and additional competencies required by pharmacy technicians to take on this role, either as a nurse and technician drug administration team or even as a two-technician team.

6. DEVELOPMENT OF 24/7 PHARMACY SERVICES AT CMFT

RICHARD HEY

Director of Pharmacy – Central Manchester University Hospitals NHS Foundation Trust



In early 2012 the pharmacy management team initiated a review of pharmacy extended hours and out-of-hours arrangements. This followed a recent period of significant organisational change that included merging pharmacy services on the Central and Manchester Children's hospital sites into a single managed service operating from a new facility on one site, assimilation of the PCT Community Medicines Management service into the directorate, merger with Trafford Hospitals Trust and consequent management of their pharmacy service, and outsourcing of outpatient dispensing services.

Following a series of staff workshops the following problems were identified with our existing arrangements:

- weekend workload increasing and largely dispensary based
- on-call intensity and demand increasing to excessive and potentially unsafe levels. On-call demand to dispense discharge medicine
- the need to move from Whitley to Agenda for Change payment system for on-call staff, which would be financially disadvantageous
- on-call rotas needing to be European Working Time Directive (EWTD) compliant
- need for robust out-of-hours aseptic release cover
- requirement to improve performance for important patient safety standards, such as medicines reconciliation within 24 hours and omitted doses of time critical medicines
- our extensive and high quality clinical pharmacy and ward-based technician service provided during traditional core hours had become integral to multi-disciplinary patient care and not being available in the evening and weekends was a real issue in terms of compromised care and clinical credibility.

Furthermore an analysis of the future operating environment of the Trust identified:

- planned further concentration of complex and specialist care into our hospitals (major trauma, complex surgery, myocardial infarction, cancer, tertiary specialism)
- provision of seven day clinical care in light of the emerging evidence that patients suffered poorer clinical outcomes if they were admitted over the weekend
- increasing rates of patient discharge into the evenings and over weekends and the need to reduce TTO turnaround times.

The conclusion reached was that we needed to provide an extended hours clinical and ward-based pharmacy service into the late evening and throughout the weekend, with on-call replaced by a night-shift pharmacist.

In researching the clinical demand and nature of the extended hours duties, the views of nursing and clinical staff were sought with senior clinical pharmacists spending time attending the medical and surgical evening handovers and working with the Hospital-at-Night team. What became apparent was the extent of unmet demand for pharmacy support at these times with clinically significant medicines issues being handled in a well-intentioned but sub-optimal manner, without referral for pharmacist input. This further reinforced our conviction that direct pharmacy support was required at these times.

Further research was undertaken into the EWTD and safe night-shift working/fatigue management arrangements (using aviation industry research) and advice was sought from human resources in order to develop outline shift working rotas and patterns.

An internal pharmacy reconfiguration proposal was developed on the basis that no additional external resource would be available and consisted of:

- a defined team of band 6 and 7 pharmacists working shifts to cover all non-core hours, including two late shifts (9pm and 10.30pm finish) and one night shift (8.30pm–8.30am), seven days a week
- all other pharmacists covering one late evening shift (to 8pm) each week and one weekend day shift (10am–5pm) every six weeks
- ward based technicians providing extended hours cover until 10pm weekdays and 8.30pm weekends
- dispensary staff providing extended hours cover until 8.30pm weekdays and 5pm weekends.

The pharmacist shift-working team was defined as needing a minimum of sixteen band 6 and 7 pharmacists recruited on revised terms and conditions. Recruitment commenced in October 2012. An important aspect of the employment offer was an improved clinical rotation training program with access to clinical diploma. The shift system fully replaced on-call in July 2013.

Ward-based technician and dispensary teams underwent formal consultations to amend working arrangements and were fully in place by autumn 2013.

The service currently supports:

- extended presence on admissions units undertaking medicines reconciliation, clinical review and time-critical medicines supply
- evening discharges
- urgent inpatients – clinical review and time-critical medicines supply
- attendance at evening clinical handovers – allowing involvement in high-risk patients
- liaison with the Hospital-at-Night team
- out-of-hours urgent aseptic product release.

Future development of the service will include:

- extending weekend clinical service cover to support complex and high-risk patients
- aseptic services to operate seven days
- night-shift support staff for pharmacist
- introduction of e-systems (Electronic Prescribing and Medicines Administration (EPMA) Electronic Pharmacy Record (EPR)) to facilitate more effective working.

Lessons learned:

- a seven day core-hours on-site pharmacy service is essential. It cannot be based on good-will, volunteers or overtime
- out of core hours there is a range of service options: 24/7 vs. residency vs. on-call vs. network arrangements
- clinical necessity and large scale is required to operate full 24/7 shift working
- 24/7 services are complex to operate, requiring a rota-master/ training coordinator
- it must be safe (EWTD compliant, lone-working, healthy)
- it involves significant change for staff, therefore it is managerially time consuming to design, negotiate and implement
- changes the service costing model – all service developments now costed on a seven day working basis.

“The outcome of the service re-design is that pharmacy is now valued by medical and nursing staff as a full partner in the care of patients 24/7, patient care and experience is improved...”

The outcome of the service re-design is that pharmacy is now valued by medical and nursing staff as a full partner in the care of patients 24/7, patient care and experience is improved, the learning and developmental experience for junior pharmacists has been enhanced, and, operationally, we believe we have introduced an approach which is scalable to meet future requirements for seven day working without the need to undergo repeated organisational change.

7. SEVEN DAY PHARMACY SERVICES

HELEN HOWE

Chief Pharmacist – Cambridge University Hospitals
NHS Foundation Trust



The transformation of pharmacy to provide seven day patient care services is being driven by the national agenda for all healthcare services. This is led by the national Medical Director, Professor Sir Bruce Keogh. He has set 10 standards for us to meet and a three-year timeline to do so. The drivers for this work are largely evidence of less good outcomes for patients admitted at weekends.

The changes required in acute care will include seven day medicines reconciliation services, as well as meeting supply needs. This will require a significant shift in thinking and models of staffing. Shared decision making by patients is given greater emphasis. This was a key issue in recent Francis and Berwick reports and will require pharmacy in hospitals to find ways of engaging patients in their medicines optimisation work.

At Cambridge University Hospitals (CUH), the Trust Medical Director is leading on the change management work. There is concern to ensure all processes Monday to Friday are optimum and we do not perpetuate any inefficiencies across extra days or use the weekends to simply manage poor practice during the week. He is clear that this is not just about doctors but the whole team. He is particularly keen to involve pharmacy at admission and discharge, as junior doctors numbers fall this year due to changes in medical manpower.

Weekends see more admissions than discharges, and Bank Holidays doubly so. The result stalls the optimum utilisation of beds at the start of each week. Additional investment in medicine reconciliation services has been approved for two consecutive years. The evidence shows that the cost is less than the benefit. Advance planning for discharge remains a key objective and so discharge management is just as important as admission work.

Pharmacy dispensing services at CUH have been in place on both weekend days for over 10 years. These run until 4pm with a residency service offering emergency admission medication beyond that for all hours. No aseptic services are currently planned, but an emergency Saturday service operates. In 2013–2014, the service received additional investment and began to offer medicines reconciliation services to acute medical patients at the weekends. The staffing level provided was not sufficient to address all admitted patients but allowed proof of benefit and more investment is approved for 2014–2015.

“Teamworking is key to ensure we are efficient and focused across all seven days. All pharmacists will become prescribers to support the changes we must achieve.”

Formal changes to staff terms and conditions were conducted to enable the changes last year. As we plan for more change there is further need to consider staffing models and we have started the work to address this. This has included reviews of our clinical service to see how we can focus care to allow a different service model to operate. This will be enabled by the planned adoption across the Trust of a fully electronic system to manage all aspects of information and ordering for patients. This ‘go-live’ is in late October 2014. This will allow us to also address metrics and performance of the service. It will mean we can identify patients for care based on a range of parameters. These may be driven by risk, service level agreements with our clinical divisions and directorates, or to meet Trust objectives.

Some changes are needed. Teamworking is key to ensure we are efficient and focused across all seven days. All pharmacists will become prescribers to support the changes we must achieve. Impact assessment will be anticipated where possible and risk mitigated. Service monitoring will be more finely tuned with medicine optimisation achievements visible. These changes will all assist with placing resource across seven days in the right place for patient need.

8. LOCAL APPROACHES TO SEVEN DAY PHARMACY SERVICES

WILL WILLSON

Director of Pharmacy – Walsall Healthcare NHS Trust



Seven day services and how we deploy them depends, to some extent, on how we adapt to drivers and circumstances to provide the core of the service. There is no question, given the current political and financial context, that these drivers are powerful. The seven day service challenge makes us ask the question: “What is at the core of our services to patients?”

Working in London as a staff pharmacist, the only time you could get a parking space in the hospital car park was on the weekend and I used to think, is this the minimum amount of people needed to run a hospital?

There is inevitably a challenge in terms of pharmacy staff perceptions, those of the staff outside pharmacy and patients. This can lead to some protracted negotiations with staff to ensure equitable outcomes. This is a challenge that must not be underestimated or undervalued as often the staff will have answers to some of the challenges this service model presents. Given the mounting pressures on the system these can translate into powerful drivers for considering how we change to deliver a seven day service within the confines of limited or unchanging funding.

“Working in London as a staff pharmacist, the only time you could get a parking space in the hospital car park was on the weekend and I used to think, is this the minimum amount of people needed to run a hospital?”

The service deployed will be within a local context as it is highly unlikely that we will end up with one size fits all and I am fairly certain I cannot just extend my current service to seven days as is.

So my team and I will need to develop a view on what we can and cannot provide at a consistent level seven days a week, focused on patient safety and experience, aligned with the Trust’s clinical strategy, with sufficient support for my team to deliver.

For me the key is that clinical pharmacists must be an accepted part of the multidisciplinary team and available when it is operational – this is in line with the recommendations of both the Keogh report and that of Prof. Berwick. Will I be able to serve them all? Experience tells me this is unlikely, so I will need to think of a different model, one that builds upon the risk-based approach I have now. This leads me inevitably to the interface, with the aim being to get the medicines right at the point of entry. I envisage an expert acute medicine team operating seven days a week with reach into A&E and outreach beyond acute medicine. As electronic prescribing and administration (and further automation) comes online then this will provide additional support for such a model.

In terms of our planning, we have supported Heath Education England and the Deanery in their work on the role of pharmacists in emergency medicine. We are working with local clinical commissioning groups to offer band 7 pharmacists sessions in GP surgeries and then ensure they take an independent prescribing course. We are looking to further develop our independent prescribing with an advanced clinical practitioner course. We are looking at how we might implement a preceptorship for our band 6 pharmacists to start to develop them for this clinical service. We also plan to further develop our pharmacy technicians to really take the lead on assurance, operational management and leadership by working closely with colleagues in nursing, as well as further expanding their roles in areas such as production.

I am going to need to think beyond traditional boundaries to ensure that there is access to pharmacy services at the point of need; stop doing things in order to start doing others, working with a range of other services to this end. The service will develop and, in extending to seven days, the traditional five day model will have to change/compensate so that we achieve this.

Seven day working presents me with an opportunity to rethink the service we provide to patients. If we truly are at the heart of medicines optimisation, it cannot be just five days a week; if we seek a place as part of the front line multidisciplinary team caring for patients it can’t be five days a week.

In order to achieve this, we need to continue the development of our services, more integrated, more collaborative and, perhaps, with fewer boundaries, so, in time, we can say that pharmacy is truly integrated into the healthcare team, providing continuity of care for our patients and open wherever you are, seven days a week.

I suspect getting a car parking space will remain as challenging as ever...

9. EMERGING THEMES AND CONSIDERATIONS FOR TEAMS PROGRESSING SEVEN DAY SERVICES IN HOSPITAL PHARMACY

A number of main themes emerged from the summit, along with a series of actions for organisations developing seven day services to consider. The actions are also listed in the Executive Summary.

- joining up hospital and community pharmacy services
- the pharmacy workforce and ways of working
- targeting where to deliver seven day services
- affordability and building a case at the organisational level.

Many pharmacy departments are making progress with the delivery of seven day services. However, there is considerable variation between hospitals in what is being delivered. The themes and recommendations below can be utilised no matter what the starting point and take a systemic approach that goes beyond just extending pharmacy opening hours – this is essential if a truly integrated seven day clinical pharmacy service is to be delivered that provides excellent patient care and a high quality patient experience.

I. JOINING UP HOSPITAL AND COMMUNITY PHARMACY SERVICES

Engagement with community pharmacists is important, as a whole system approach across primary and secondary care is required if solutions are to be found to developing/extending seven day services for patients in hospital.

Working effectively with community pharmacists will ensure the interfaces of care are managed appropriately. In transferring care closer to home, hospitals can ensure that patients leaving hospital have a named community pharmacist who can receive a handover of pharmaceutical care.

For consideration: ask patients or their carers to identify a named community pharmacist who can receive a handover of pharmaceutical care for patients discharged from hospital.

Pharmacy Local Professional Networks will be well placed to consider the challenges and solutions to seven day working – this needs building on. In some cases it may be appropriate for discharge prescribing to occur outside of the hospital at weekends, e.g. use of FPIOs for individual patients. In keeping with approaches already developed in some hospitals, some services could be delivered using a collaboration and a community pharmacy model, for example, outpatient dispensing and dispensing multi-compartment compliance aids. This is further considered under Theme 2: the pharmacy workforce and ways of working.

Connections also need to be made between hospital pharmacy and, more widely, in primary and social care. One example includes, for example, band 7 pharmacists undertaking placements in GP surgeries to provide advice on interface prescribing so that clear lines of communication are in place. This will also afford an

opportunity to understand the prescribing systems that local GPs have in place. These connections should smooth the transfer of care, thereby facilitating smooth discharge of patients from hospital and helping to achieve length of stay targets and easing the pressure on seven day services.

For consideration: exploit cross-pharmacy sector and wider working further and roll out existing local innovative solutions more extensively.

In some hospitals, improved sharing of discharge information has been delivered by creating an electronic discharge document including a summary of current and new medicines. Electronic information is beneficial as information is clear and legible (compared to handwritten), can be rapidly transferred to the local pharmacy and GP, as well as providing access to historical information.

For consideration: improve sharing of information with primary care (community pharmacy and general practice) to facilitate a timely discharge and limit unnecessary increases in length of stay in hospital (wherever possible embrace technology to support this).

2. THE PHARMACY WORKFORCE AND WAYS OF WORKING

For many pharmacy staff members the implementation of seven day working represents a significant change to their ways of working and terms and conditions. It is absolutely vital that they are engaged with any proposals from the outset so that they can become part of the solution to the challenge of extended pharmacy opening and/or working hours. A clear vision and strategy for the pharmacy service should be developed by involving pharmacy staff at all levels by providing space for thought and discussion and valuing the input of all staff members. Pharmacy departments that have implemented seven day working reported that initial internal resistance was overcome by effective staff engagement and once the routine of seven day services was embedded. It is likely that seven day working will require a change to staff contracts including terms and conditions of service. Advice can be sought from the local human resources department as to how this process should be managed. Consideration should also be given to how full-time and part-time staff contribute to extended services. It may also be necessary to involve occupational health to undertake risk assessments for areas that staff may not have previously worked in. The hospital's staff-side committee will usually also need to be consulted for discussing and agreeing possible remuneration packages for staff. Working towards proper support for staff in the evolving arrangements has also helped manage the changes required.

For consideration: engage pharmacy staff from the outset to build a vision and strategy for seven day working – communicate, communicate then communicate again.

For consideration: review current ways of working to ensure efficiency and the requirement for services to still be delivered in their current way.

For consideration: employ new staff on seven day working contracts.

Recently, the National Institute for Clinical and Healthcare Excellence (NICE) has undertaken a consultation about setting minimum staffing levels for ward nurses in acute hospitals. As there is considerable variation between pharmacy departments at different hospitals, an approach that considers setting minimum pharmacy staffing levels in hospitals could be adopted. However, this approach is difficult to apply across all localities, therefore, using benchmarking workforce data from hospitals of a similar size, case mix and numbers of patient episodes (in order to plan safe pharmacy staffing levels for patients) might be more productive. Smaller hospitals with a lower staffing establishment collaborating with neighbouring hospitals to provide services may also deliver the required economies of scale to extend working hours (see Theme 4).

For consideration: benchmark workforce data e.g. from the National NHS Pharmacy Staffing Establishment and Vacancy Survey, to build a case for more staff in order to deliver extended working hours (if appropriate).

The education and training of the pharmacy workforce needs to evolve to meet the healthcare needs of the population. Where it does not exist already, training should be expanded into all care settings with placements in community (see Theme 1) as well as different types of hospital, so that pharmacy staff understand the challenges of patients transferring between different care settings and deliver integrated pharmaceutical care. Interprofessional learning at the earliest opportunity will support integration into the multidisciplinary team post-qualification. The expectation that seven day working is a requirement of all pharmacists must be reinforced at an undergraduate level. Supporting the education and training of the pharmacy team when staff are working on different days/shifts will need to be planned – improving clinical rotations with access to post-qualification learning/qualifications is one approach.

For consideration: inform pharmacy undergraduates that seven day working is a requirement of all pharmacists.

For consideration: plan the workload and education of pharmacy staff in training.

Any strategy for seven day working must go beyond the boundaries of the dispensary (see also Theme 3) and should be ward-centric but standards-based. Many hospitals have found that by avoiding medicines charts entering the pharmacy, timely discharge could be facilitated much more smoothly.

For consideration: focus clinical input on the wards rather than in the dispensary.

In addition, in discussion with pharmacy staff members, take every opportunity to innovate and think about which processes and activities add value, and which could be discarded so that capacity can be increased. Innovation/new ways of working might involve:

- optimising pharmacy skill mix, e.g.:
 - use pharmacy technicians to undertake medicines reconciliation on the wards
 - consider senior level support for extended services
 - use band 7 pharmacists to deliver extended hours service on wards
 - consider a skill mix with more advanced generalists rather than advanced specialists
- creating new/extended roles, e.g. pharmacy prescribers/transcribers of discharge medication and using pharmacy undergraduates as bank pharmacy assistant staff for weekend and evening work
- create pharmacy communication diaries between shifts for the effective handover of pharmaceutical care.

For consideration: review skill mix, especially the generalist/specialist balance, and activities of pharmacists and pharmacy technicians.

Colleagues have reported that a key factor with progressing seven day services was deciding that their departments did not have to continue doing the same activities. Using technology, such as automation of the dispensary/stores, electronic prescribing/discharge and electronic patient records, has improved patient flow and helped build capacity. Allowing access to summary care records/electronic GP prescribing records is imperative so that medicines reconciliation can be carried out effectively and efficiently. Indeed, access to all patient records is a vital component of seven day services.

For consideration: further embed innovation, including technology, to create capacity for seven day working.

An approach that considers workflows – especially the patient journey – has helped a number of pharmacy departments manage the change. For example, in one hospital when processes were mapped by discussion with hospital pharmacy, nursing, medical and other staff, the main delays to discharge were around portering. This had an impact on the capacity of, not only the pharmacy department, but also on smoothing the flow of patients through the hospital. Once the cause was understood solutions could be delivered. Triage methods that risk assess the pharmacy input that patients require have helped model capacity for pharmacy services (see also Theme 3).

For consideration: develop pharmacist-led, focused triage so that pharmacy input can be delivered to those patients most at need.

When capacity is created (see also Theme 3), hospitals have been able to implement shift systems to extend working hours, e.g. a clinical pharmacy service delivered to acute medicine between 11am–7pm. Other pharmacy departments have found that, in allocating staff to defined shifts throughout the day, this has in itself developed capacity for the service. Benchmarking the complexity of medicines reconciliations done versus time allocated, e.g. 20 minutes for an elderly care medicines reconciliation, is also helpful for capacity planning.

For consideration: analyse workload data, especially where peaks and troughs of work occur, so staff can be deployed to smooth out workflow, e.g. working shifts.

It is very important to work in collaboration with other members of the multi-disciplinary team. For instance, medical staff may welcome support with pharmacists taking on the role of prescribing discharge medicines according to local standard operating procedures. Discussions within the multidisciplinary team will help to identify those pharmacy activities that add value, or those that can be dropped or reassigned elsewhere. Patient involvement with changes should also be sought, as helpful advice can be received on how to manage patient expectations on dispensary/discharge turn around. Some hospitals give patients data on timings with their discharge medication, i.e. time received in pharmacy and time dispensing was completed and a pharmacy help line number should there be any medicine-related questions. Requesting the time required for TTAs, and delivering discharge medication to targets has also improved TTA turn-around times.

For consideration: shift to a multidisciplinary approach and involve patients; seven day services will not be delivered by a uni-professional approach.

3. TARGETING WHERE TO DELIVER SEVEN DAY SERVICES

Many hospitals in Great Britain have either outsourced their outpatient dispensing to a community pharmacy business or setup their own 'community pharmacy' on site. In some cases this has resulted in the outpatient dispensary pharmacy staff being retained but redirected to inpatient services with the increased capacity used to extend the pharmacy department's opening hours across seven days.

For consideration: determine what services to deliver in-house, depending on the local context and priorities of the Trust in which they are based, starting with acute care/emergency admissions.

Directing pharmacy services to the more complex patients (particularly at admission and discharge), and at the interfaces of hospital care, can help harness resources and manage risk. It is important to decide which clinical areas to target with pharmacy services for extended hours. This could mean delivering a clinical pharmacy service 'at the front door', i.e. the emergency department and/or admissions unit that focuses on medicines optimisation activities, such as medicines reconciliation and use of patient's own medicines. This will afford quality pharmacy provision for all patients, irrespective of the day of admission. Further outreach beyond acute medicine can be considered according to the complexity of the patient, e.g. high dependency unit/intensive therapy unit. Identifying where to target services will require 'walking the floor' to assess need and thinking about the value/benefits of clinical pharmacy services, as well as patient outcomes and patient experience. Some departments have found it useful to undertake a gap analysis for medicines reconciliation and multidisciplinary team participation. Other useful metrics for supporting decision making include new admissions data, NICE (and others) alerts and error reports.

For consideration: target extended pharmacy services to more complex patients during admission and discharge, thereby ensuring their smooth transfer through care settings.

Sharing and learning about good practice at other hospitals can also identify how to effectively target the service within the context in which the pharmacy department operates. Mapping service provision against the organisation's strategic aims will support the development of services. Pharmacy teams should make preparations for stopping services that do not add value/benefits/good outcomes for patients, though this will need to be managed safely. Seven day working needs to be appropriate for scale, context and benefits and, as many pharmacy departments are starting from different points, it may be necessary to identify goals/targets that can be achieved and that are based on outcomes. One size will not fit all.

For consideration: network and learn from other hospitals' approaches and your hospital's strategic direction.

4. AFFORDABILITY AND BUILDING A CASE AT AN ORGANISATIONAL LEVEL

Successful business cases for seven day services have resulted from being clear about who the pharmacy departments' customers are, what they need from the service and what they are prepared to pay. By communicating the benefits of extended services (not just the activities involved) and the potential/actual outcomes, pharmacy teams can engage management and other clinical colleagues (such as consultant medical staff) with building a case to the organisation. The infrastructure required to support service development must not be overlooked, including IT, portering etc.

The current pressure on NHS resources mean that achieving support for business cases for new funding will be extremely challenging. Experience has shown that most successful cases come from being part of a system-wide solution requiring investment that ultimately delivers an improved patient experience, helps with patient flow, drives safety, as well providing cost benefits. Funding may be redirected from other areas within the hospital. As alluded to under Theme 3, business cases should be mapped to the organisation's strategic aims. Presenting a strong vision and a plan for seven day services to the appropriate boards within the hospital can create forward momentum for the extended service. A clear vision should be underpinned by a plan that carefully prepares for changes to services. The need for communication with, and involvement of all, stakeholders cannot be overstated, nor the need to listen and take feedback. It is also advisable to build the case for additional staff and possibly other resource early and stick to your vision. Focusing business cases on positive patient outcomes and patient experience helps with buy-in.

Patients should be involved – their engagement is another factor to consider when building a case, therefore it is important that they know what pharmacy does and the benefits to them and this could be linked to a patient charter. Buy-in should also be sought from commissioners in meeting expectations of patients as commissioners will want to see good outcomes. Commissioners may want to use the RPS's hospital pharmacy standards when commissioning services and pharmacy departments could produce fact sheets for commissioners about their services.

For consideration: communicate a clear vision of proposals for extended/seven day services to all stakeholders.

Options that could be considered within a business case might be comparing the benefits/risks of an on-call service versus residency versus a seven day service. Reducing funding in one area, e.g. on-call, could be reinvested in a new service, e.g. residency or extended hours. Undertaking a gap analysis against NHS England's clinical standards for seven day working can support developing a new model of service to present to trust senior managers. Thinking holistically – that pharmacy is part of a wider team – can also identify benefits for a business case. Other cited benefits include patient safety/improved quality relating to medicines, which can reduce the clinical risk and alleviate pressure on clinicians undertaking medicines-related activities that can be carried out by pharmacy, e.g. medicines reconciliation or prescribing. However, it should be acknowledged that patient safety is a given, an absolute requirement of any service.

In addition to highlighting benefits, challenges, such as changing the way staff work, accepting that some services will need letting go of and others will need prioritising, must be acknowledged. Business cases/proposals should describe plans for staff engagement and creating the right culture to deliver seven day services. Organisational challenges include dealing with management and government targets (in England, Scotland and Wales). There may also be tension between financial and clinical targets. Collaborative working across professions will help manage the challenge of different expectations between medical, nursing and managerial staff about what seven day services should be delivered. Assertive leadership is required to promote the vision, as is being confident about the added value of any proposed seven day service. Understanding the supply of pharmacy staff to meet demand and assessing productivity measures for balancing the two are also useful inclusions in any proposals. Evidence from linking length of stay and the benefits of medicines reconciliation delivered with the outcome of savings on medicines expenditure is one example of this. Being opportunistic and getting to the right meetings have also helped build momentum and support across an organisation – 'be on the front foot.'

For consideration: build a business case and proposals that clearly describe the benefits and challenges that are linked to the organisation's context and strategic goals.

10. THE FINAL WORD

Progressing seven day services in pharmacy requires context driven service change, i.e. it is dependent on local needs. Sharing experiences, tools and tactics will help pharmacy teams manage the change. Engaging with pharmacy networks and seeing the strong leadership that has brought about transformation in many localities will inspire pharmacy teams to make changes. However, models of service cannot just be lifted and shifted. Local discussions and engagement within the local organisation(s) are essential.

Pharmacy is the golden thread in seven day services. In many hospitals physicians are saying: "I need a pharmacist on my ward round". With current pressures related to patient flow in and out of hospital, pharmacy services can play a significant role in improving this. Extending seven day services will give other professions increasing confidence in pharmacy as a seven day clinical service rather than an office-hours clinical service. This is important for the credibility and recognition of the profession as the need for pharmaceutical care for patients is not confined to certain hours or days of the week. Collaborative working between hospital and community pharmacists (who are working in a seven day environment) will also move services forward.

Effective collaborative leadership is core to these developments. The NHS Leadership Academy's Healthcare Leadership Model and the RPS Leadership Development Framework will support pharmacy teams' development and thus deliver change. The balance within the hospital pharmacy workforce must also shift more to advanced generalists rather than advanced specialists. In community pharmacy this shift needs to work the other way, with community pharmacy teams taking on new skills in some circumstances.

As always, patients must be put first and pharmacy must deliver an exemplary patient experience that is inspired by a shared vision. The RPS is promoting what pharmacy can do for patients and supporting the development of pharmacists through its work on hospital pharmacy standards. The RPS also works closely with other professions including the RCP and the Royal College of Nursing on key issues that affect patient care.

Please use this report to further your case for seven day services at your organisation.

AUTHORS

Christopher John
Catherine Picton

RPS TEAM

Miriam Gichuhi
Ruth Wakeman
Catherine Duggan

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ATTENDANCE LIST

Chris Acomb

Clinical Pharmacy Manager
(Professional Development)
The Leeds Teaching Hospitals

Christine Adams

Principal Pharmacy Technician Supply Services
Southampton General Hospital

Busola Ade-Ojo

Chief Pharmacist
Princess Alexandra Hospital

Jayne Agnew

Clinical Pharmacy Services Manager
Southern Health and Social Care Trust
Northern Ireland

Jayne Ballinger

Chief Pharmacist
Buckinghamshire Healthcare NHS Trust

Carole Blackshaw

Principal Pharmacist Clinical Services
University Hospital of North Staffordshire
NHS Trust

Elizabeth Bligh

Chief Pharmacist
Papworth Hospital NHS Foundation Trust

Helen Chadwick

Clinical Director for Pharmacy
Milton Keynes Hospital NHS Foundation Trust

Iain Davidson

Chief Pharmacist
Royal Cornwall Hospitals NHS Trust

Lis Dubourg

Pharmacy Hospital Operations Manager
Glan Clwyd Hospital

Catherine Duggan

Director of Professional Development and Support
Royal Pharmaceutical Society

Tracy Ewing

Deputy Chief Pharmacist
Nuffield Health

Miriam Gichuhi

Professional Support Pharmacist
Royal Pharmaceutical Society

Jane Giles

Chief Pharmacist
Mid Essex Hospital Services NHS

Harriet Gordon

Director, Medical Workforce Unit
Royal College of Physicians

Mike Gray

Chief Pharmacist
Royal Surrey County Hospital NHS Foundation Trust

Pat Hays

Deputy Director Clinical Senates
and Clinical Networks NHS England

Richard Hey

Director of Pharmacy
Central Manchester University Hospitals
NHS Foundation Trust

Helen Howe

Chief Pharmacist
Cambridge University Hospitals NHS Foundation Trust

June Hughes

Deputy Chief Pharmacist
West Suffolk Hospital

Anne Iveson

Group Chief Pharmacist
BMI Healthcare

Ann Jacklin

Independent Pharmacist Advisor
Independent

Christopher John

Workforce Development Support
Royal Pharmaceutical Society

Roisin Kavanagh

Associate Director of Pharmacy-Clinical Services
Buckinghamshire Healthcare NHS Trust

Vin Kumar

Deputy Chief Pharmacist
St George's Healthcare NHS Trust

Rachael Lemon

Interim Pharmacy Services Lead
Poole Hospital NHS Trust

Sue Lord

Pharmacy Hospital Operations Manager (East)
Wrexham Maelor Hospital

Steve May

Chief Pharmacist & Clinical Director
for Medicines Management
Sherwood Forest Hospitals NHS Foundation Trust

Chisha McDonald

Dispensing Services Manager
Epsom and St. Helier University Hospitals NHS Trust

Sandra Melville

Clinical Pharmacy Manager
Lorn & Islands Hospital

Ruth Murdoch

Associate Director of Pharmacy
University Hospital of South Manchester

Scott Nicol

Lead Pharmacist Preparative Services
NHS Greater Glasgow & Clyde

Paul O'Brien

Deputy Chief Pharmacist
Hull and East Yorkshire NHS Trust

Karen Patterson

Head of Pharmacy
NHS Lanarkshire Hairmyres Hospital

Mark Pepperrell

Deputy Chief Pharmacist Operations and Supply
Southampton General Hospital

Catherine Picton

Project Lead
Royal Pharmaceutical Society

Gareth Price

Chief Pharmacist
Royal Preston Hospital

Gail Richardson

Head of Pharmacy
NHS Lanarkshire Hairmyres Hospital

Stuart Richardson

Chief Pharmacist, Acute & Community Services
Ealing Hospital NHS Trust

Sue Schechter

Operational Manager
West Hertfordshire Hospitals NHS Trust

Richard Seal

Chief Pharmacist and Clinical Lead for Medicines
Optimisation NHS Trust Development Authority
(Birmingham Office)

Tony Sivner

Chief Pharmacist
Tameside Hospital NHS Foundation Trust

Mark Staniland

Royal College of Physicians

David Terry

Director – Academic Practice Unit, Aston University/
Deputy Chief Pharmacist, Birmingham Children's Hospital
NHS Foundation Trust

Claire Thomas

Deputy Chief Pharmacist in Clinical Services
Northumberland, Tyne & Wear NHS Foundation Trust

Sandy Thompson

Lead Pharmacist
Moray CHSCP NHSG Acute Hospitals

Dave Thornton

Principal Pharmacist, Clinical Services
University Hospital Aintree

Nicola Torrens

Pharmacy Team Leader, Trauma, Emergency
and Medicine (TEaM) Division
King's College Hospital

Katie Vander Tuijn

Sheffield Teaching Hospitals NHS Foundation Trust

Ruth Wakeman

Head of Professional Support
Royal Pharmaceutical Society

Christopher Williams

Deputy Chief Pharmacist
County Durham and Darlington NHS Foundation Trust

Will Willson

Director of Pharmacy
Walsall Healthcare NHS Trust

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