| **Reference Number:** | FOI202324/471 |
|---|---|
| **From:** | Private Individual |
| **Date:** | 18 January 2024 |
| **Subject:** | Pharmacy, Prescribing and medicines strategy |

Q1    Your organisations current "Pharmacy strategy" document - This may also be titled Medicines Management Strategy, Pharmacy, Prescribing and medicines strategy or similar and should identify your organisations strategic plans to develop and evolve your hospital pharmacy to ensure safe and effective use of medicines. In England this may be incorporated within an ICS wide strategy or in Scotland/Wales it may be incorporated into a wider Health Board strategy, and, if so, please can you identify that this is the case and either share this document or (in England) identify which organisation "owns' it to allow a request to be made to that organisation.

A1    Please see attached the document - Pharmacy and Medicines Optimisation Strategy 2021-24.

# Pharmacy and Medicines Optimisation Strategy 2021-24

## 1.0 Introduction

As the trust moves into a post Covid recovery phase, the next 3 years presents a challenging but exciting period for the LHCH pharmacy department. A number of key developments are required to build on the current strong service and to further enhance medicines optimisation for best patient outcomes.

Medicines optimisation is about ensuring that the right patients receive the right choice of medicine, at the right time. A patient centred approach is fundamental in ensuring its key principles are embedded within the Trust.

Medicines are central to the provision of quality health care. The effective use of medicines contributes significantly to achieving successful outcomes for patients and is usually the mainstay of treating patients with severe health problems. However, optimal outcomes of medicines use can be affected by adverse drug reactions, side effects, adherence (30-50% of medicines for long term conditions are not taken as intended) and medication incidents (6.5% of admissions to hospital have been attributed to medicines, 80% of which are judged to have been avoidable). The projected annual cost of such admissions to the NHS is £466 million.

The current spend on medicines within LHCH is 27.5M, 24.2M of which is high cost pass through drugs.

Our team vision is to provide a reactive, high quality pharmacy service that works collaboratively with patients and colleagues across the Trust and partners across the local healthcare system to continuously improve patient care. In realising our vision, we will remain true to the Trust core values;

- Inclusive
- Make a difference
- Person centred
- Accountable
- Continuous improvement
- Teamwork

Building on the previous strategy, this strategy will define pharmacy service development over the next 3 years, aligned to the Trust's strategic goals, with the development of medicines optimisation at it's heart.

Danny Forrest (Chief Pharmacist and Controlled Drugs Accountable Officer)

## 2.0 Background and strategic context

Our strategy has been developed with the whole pharmacy team, ensuring all staff feel ownership. Feedback from patients and other service users and local service audit continues to shape the department to ensure its service meets expectations.

The strategy has been informed by a number of key national documents and recommendations;

- Medicines Optimisation: Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England May 2013 https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf
- Royal Pharmaceutical Society Professional standards for Hospital pharmacy services 2017. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Hospital%20pharmacy/Hospital%20Standards-2017.pdf?ver=2017-12-21-132808-697
- Lord Carter of Coles (2016). Operational productivity and performance in English NHS acute hospitals: unwarranted variations. DHSC. https://www.gov.uk/government/publications/productivity-in-nhs-hospitals
- NHS England. (2017). Seven day Services Clinical Standards. NHS. https://www.england.nhs.uk/wp-content/uploads/2017/09/seven-day-service-clinical-standards-september-2017.pdf
- NHSE. (2019). Medicines Optimisation Dashboard. https://www.england.nhs.uk/medicines/medicines-optimisation/dashboard/
- NICE. (2009). Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence. NICE. https://www.nice.org.uk/Guidance/CG76
- NICE. (2015). Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE. https://www.nice.org.uk/guidance/ng5
- DHSC Guidance. Transforming NHS pharmacy aseptic services in England. 29 October 2020. https://www.gov.uk/government/publications/transforming-nhs-pharmacy-aseptic-services-in-england/transforming-nhs-pharmacy-aseptic-services-in-england
- Leading integrated pharmacy and medicines optimisation- Guidance for ICSs and STPs on transformation and improvement opportunities to benefit patients through integrated pharmacy and medicines optimisation. https://www.buckslpc.org/wp-content/uploads/2020/11/IPMO_Guidance_Final.pdf

This strategy aligns to the Trust's strategic objectives;
1. Delivering world class care
2. Advancing quality and outcomes
3. Increasing value
4. Developing people
5. Leading through collaboration
6. Improving population health

### 3.0 Current service

Personnel- The department employs approx. 50 staff comprising;

-Approx 20 pharmacists (ranging from junior rotational pharmacists to senior pharmacists with specialist roles and managerial responsibilities)
-Pharmacy technicians (ranging from junior technicians to seniors with specialist roles and managerial responsibilities)
-ATOs
-Clerical and reception staff
-Each year the department also employs a trainee pharmacist each year and now two trainee technicians (previously one).

The department is registered with the GPhC, enabling dispensing to any organisation legally able to obtain medicines. The department holds two MHRA issued licenses (a wholesale distribution authorisation and an aseptic manufacturing license) and a Home Office license for controlled drugs. These licenses enable the department to supply relevant medicines to our offsite hospices under SLAs.

The pharmacy provides/leads a number of key functions for the Trust;
- Medicines procurement
- Medicines storage and security
- Compliance with medicines legislation
- Medicines supply to inpatients and outpatients
- Medicines expenditure information
- Medicines audits (legal, clinical, national guidance and local quality contract)
- Medicines management training and education for clinical staff
- Aseptic preparation of products
- Medicines information
- Medical Gas procurement and governance
- Representation at key committees to provide pharmaceutical expertise and assurance
- Development of medicines policies and processes
- EPR medicines prescribing and administration support
- Clinical trials medicines
- Medicines safety (procurement, incident review, policies and processes)

The pharmacy provides clinical pharmacy services to all LHCH wards and outpatients, Marie Curie Hospice, Willowbrook Hospice and Woodlands Hospice. This includes daily pharmacist and technician patient reviews to provide a medicines supply and reconciliation service, medication counselling and advice, and clinical screening of patients to ensure drug therapy is optimised.

**4.0 Review of previous 3 year strategy**

Implementation of the 2018-2021 strategy led to the following;
- Promotion of pharmacy services- several presentations at Team Brief/Your chance to shine (medication incidents work, aseptic service) culminating in winning Trust team of the year 2019 and Trust IMPACT award 2021
- Development of better medicines information given to patients- Booklets for cardiac surgery and cardiology patients developed covering main drugs, TTO process and sign posting patients to pharmacy staff for medicines advice.
- Development of more pharmacist prescribers.
- Deployment of ward based technicians to Birch and Cedar wards.
- Enhancements to Safe Medicines Practice Committee. Formation of MDT and medication dashboard.
- MSO engagement with region. Incorporation of learning through SPMC.
- Digital systems and automation- TCAM fully deployed. EPR/Ascribe DM&D compliant. FMD compliant (subsequently not required at the moment)
- OPD third party- deemed not cost viable following discussions with RLUHT
- Formulary review
- Succession planning- some achieved e.g. shadowing at governance and D&T
- Installation of define/refine software
- New SLA with Willowbrook hospice
- Department KPIs developed around carter report
- Benchmarking with Papworth and Brompton
- IT hardware replacement

The last 18months presented huge challenges to the department both internally and as a support service to clinical areas within the Trust (particularly critical care) and the regional vaccination programme. Some proposals were not taken forward and as such will extend into this new strategy, including;
- Introduction of pharmacist NMP to cardiology ward round
- Introduction of ascribe:allscipts interface (as part of CLM)
- Aseptic service review

## Strategic direction

The following objectives link to the Trust's strategy and identify how medicines optimisation will support the delivery of the trust strategy.

See A*ppendix 1* for further details on specific actions, mapping to key drivers and timescales.

**5.0 Medicines Optimisation**

**5.1 Medicines Safety**

All patients at LHCH should expect to receive harm free care. This includes medicines.

Medication errors can happen at any stage during the medicines process from prescribing, ordering, administration, monitoring to disposing of the medicines. Particular error prone points in the patient's journey are on admission and discharge.

There are an estimated 237 million medication errors in England each year (prescribing 21%, dispensing 16%, administration 55%). In secondary care this translates into 37million administration, 4 million prescribing and 1million dispensing errors. The economic burden of this to the NHS is substantial.

In recent years, the pharmacy department has led on key initiatives to improve medicines safety for patients at the Trust including;

- Enhancements to the functioning of the Safe Medication Practice Committee
- Enhanced reporting and learning from medication incidents (safety bulletin, teaching, divisional governance reports etc)
- Creation of a live medication incident dashboard to enable rapid focus on location, error type, high risk drugs and level of actual and potential harm)
- Creation of a weekly MDT to assess incidents and ensure robust, timely and accurate completion of datix reports
- Enhancements to EPMA functionality
- Encouragement to report incidents
- Creation of a comprehensive nurse medicines management training package
- Active Medication Safety Officer (MSO) role, engaging at regional level to ensure best practice and learning is brought into the Trust
- Better engagement with patients to involve them in shared decision making about their medicines, ensuring they receive adequate information about their medicines (how to take, side effects etc)
- Introduction of TCAM for communication with community pharmacies.
- Introduction of summary care records to aide medicines reconciliation.

### *Our Aim*

To improve medicines safety for all patients. The following has been incorporated into the Trusts quality and safety strategy.

### *How*

- To increase reporting of medication incidents (including near misses)
- To better engage patients in shared decision making and improve experience by ensuring patients receive adequate information about their medicines and that any concerns are addressed.
- To better focus on reducing incident trends (harm and potential harm), with particular focus on high risk medicines e.g. insulin, anticoagulants etc
- To reduce dispensing and administration incidents/near misses
- To ensure medicines management training is undertaken for all nursing staff and new prescribers to the Trust.

- To improve reporting of delayed and omitted high risk medicines and seek to reduce incidence.
- To review and seek to improve the cascade and learning from incidents throughout the Trust and from other Trusts via MSO network.
- To ensure relevant key areas identified within the National Medicines Safety Improvement Programme are reviewed and implemented across the Trust as appropriate.
- Better utilisation of ward based technicians to enhance medicines safety.
- Reduce harm to patients by better information flow to community pharmacies.

## 5.2 Patient Experience

The Trust has maintained a central focus on patient (and family) experience for a number of years and has made great advances in this area. A patient centred approach is fundamental to achieving best outcomes from medicines. Understanding patient experience around medicines forms part of this.

In recent years, the pharmacy department has made advances to improve patients experience with their medicines, including;
- OPD pharmacy service experience (recently in relation to home courier service as part of COVID response)
- Signposting to pharmacy team for help and support with their medicines
- Responding to the national inpatient survey by introducing a standard discharge teach back process
- Responding to the national inpatient survey by enhancing written information given to patients about their medicines
- Greater use of technicians to provide counselling
- Expanding the self-medication scheme to enable patients with Parkinsons disease and taking insulin can self-administer.

### *Our Aim*

For patients to get the best possible outcomes from their medicines by ensuring that they understand more about their medicines to enable them (and/or their carers) to be involved in shared decisions about treatment and know how to take their medicines as intended, and feel empowered to discuss any problems that may affect adherence.

### *How*

- Increase pharmacy staff presence on ward and ward rounds (refer to 6.0 clinical service)
- Reiterate concept of patient experience in medicines optimisation to nursing and medical staff.
- To better engage patients in shared decision making and improve experience by ensuring patients receive adequate information about their medicines and that any concerns are addressed.

- Ensure all suitable patients who can self-medicate (according to Trust policy) are offered the opportunity
- To ensure we respond to inpatients needs for medicines information and assistance
- Ensure patient decision aides are available (where possible) to help inform shared decision making about treatment
- Ensure more pharmacists trained as NMPs
- Ensure TTO teach back is being consistently done and to a high standard
- Ensure patients community pharmacist, where appropriate, receives medicines-related communications when patients are discharged

## 5.3 Evidence based medicines

The Trust has a well defined process to ensure evidence based medicines are available for use. The Drugs and Therapeutics Committee meets monthly and reviews and implements relevant NICE guidance/TAs. The clinical audit and effectiveness group ensures the DTC is sighted on any necessary reviews. Formulary updates are made as required.

Close links are maintained with the Pan Mersey Area Prescribing Committee (APC) & local CCG. All new drug applications affecting primary care align with Pan Mersey recommendations. Regular LHCH Pharmacy representation is made on the APC and its sub-committees. CCG representation is made on the monthly DTC.

### *Our Aim*

We want to ensure the most appropriate choice of clinically and cost effective medicines are made that can best meet the needs of the patient.

### *How*

- Ensuring regular attendance at Pan Mersey APC
- Ensuring visibility of the formulary at the point of prescribing
- Ensuring Trust formulary aligns to Pan Mersey and incorporates relevant NICE guidance
- Enhanced pharmacist presence on wards (including ward rounds and weekend service)
- Continued involvement of pharmacists with authorship of therapeutic policies
- Ensure prescribing practice aligns with Trust and Pan Mersey formulary

**6.0 <u>Clinical Service</u>**

The LHCH Pharmacy service has adapted and expanded over recent years to react to changes within the Trust and beyond and to incorporate more palliative care services. For the last 18months the service has provided essential support to the Trust and local healthcare system in the management of the pandemic and vaccination programme.

We took the opportunity during periods of reduced activity to improve and standardise the training of clinical pharmacists through the development of a comprehensive training programme.  This brings us one step closer to ensuring all patients receive high quality care irrespective of which member of the team cares for them.

The department has taken on a more outward looking role with involvement at STP/HCP level and adoption of initiatives to enhance safe transfer of care (e.g. use of summary care records and transfer of care around medicines software).

The main KPIs for the department are monitored on a monthly basis and focus on patient experience and national standards.

*<u>Our Aim</u>*

We want to provide excellent pharmaceutical care to all LHCH patients seven days a week. We want to enhance our service to all users within the Trust and work collaboratively with the wider health care system to improve medicines optimisation.

*<u>How</u>*

- Review of current KPIs to ensure fit for purpose and that they reflect future service improvements.
- Continue to expand band 7 pharmacists and above with NMP capability
- Expand pharmacy workforce to enable enhanced Sunday service, cardiology ward round presence, enhanced critical care pharmacist cover and further ward based technicians.
- Improve medicines reconciliation KPI and other dept KPIs
- Support the ongoing Trust patient flow work
- Augment EPMA system benefits by introduction of full closed loop medicine process.
- Continue to react to Trust/System requirements for pharmacy services (COVID, vaccination, mutual aide etc)
- Improve pharmaceutical care for patients with mental health comorbidity
- Review of pharmacy service to hospices
- Work in partnership with primary and secondary care as part of STP/ICS transformation through integrated pharmacy and medicines optimisation agenda.
- Ensure all patients receive the same high quality pharmaceutical care.

**7.0 Aseptic Service**

The pharmacy houses an aseptic unit with two isolators (only one is used at any one time). It is a licensed unit and therefore can either batch manufacture or prepare as per an individual prescription. Current products include (TPN, paravertebrals, insulin syringes, intrathecals, IV iron).

Pre Covid, a business case was being developed in response to the cessation of supply of IV antibiotics for CF patients by a commercial supplier. This was to involve compounding and supply of "home IVs" to fill the void left by the previous supplier but also utilising residual capacity to supply some ward areas in the Trust.
In the last 18 months there has been a change in landscape with the widespread uptake of CF gene modulator therapies and a national transformation review of aseptic services. As such, the demand for CF IV antibiotics at trust appears to have declined.

It is currently unclear whether expansion of the unit is still required, both in the context of LHCH patient/ward requirements and future regional discussions on transformation plans and what role LHCH may play.

*Our Aim*

We want to provide a reactive and quality aseptic service to meet the needs of our patients and work collaboratively with the local system in realising aseptic transformation plans.

*How*

- Ensure the unit continues to meet operational requirements from regional QC and the MHRA
- Ensure the dept is sighted on, and involved in, regional aseptic transformation plans.
- Review current needs of our CF patient population (and overall patient population) and the role we may play in enhancing their care, in the context of regional transformation.

**8.0 Procurement and medicines value**

The current spend on medicines within LHCH is 27.5M, 24.2M of which is high cost pass through drugs.

According to recent data from NHS Digital, in 2019/20 the overall drug spend in the NHS was around £20.9 billion. It is therefore essential that medicines value maintains a priority in the department's activities.

The department purchases most drugs on a regional contract with the CMU. This ensures best possible price whilst ensuring product quality and patient safety. The procurement technician ensures contract changes are enacted as they are awarded. Any contract

variance is investigated for rationale. In the last 12-18months, the advent of new gene modulators for CF patients has increased the trust drug spend by a significant amount. This new therapy, together with several other CF drugs, are pass through NHSE drugs. The pharmacy has routed all such drugs via homecare third parties to ensure a VAT efficient route for the wider NHS.

Minimising wastage is also paramount to ensuring the NHS achieves value for money on medicines. The trust encourages patients to bring their own medicines with them to avoid unnecessary duplication of supply. This also ensures patient safety in avoiding omitted/delayed doses and aides accurate medicines reconciliation.
The pharmacy also recycles appropriate unused medicines (original packs and high cost medicines). This work alone saves the trust approx. £30-50K per annum in cost avoidance.

### *Our Aim*

We want to ensure the Trust, and wider NHS, gets value for money with medicines, with no compromise on quality and safety. We want to ensure our procurement processes are efficient and resilient in order meet patients' requirements.

### *How*

- Ensure a systematic process for any drug cost savings/avoidance within the Trust.
- Ensure all PBRex drugs are recharged as appropriate
- Ensure those patients receiving repeat PBRex drugs do so via homecare
- Ensure POD and recycling schemes continue to good effect
- Ensure drug stock holding is kept to nationally recommended levels, drug expiry is minimised and a majority of ordering occurs electronically.

## 9.0 Digital and automation

The pharmacy has housed a dispensing robot for many years (recently upgraded). This ensures accurate dispensing and stock control. Following EU directive, the department ensured it was FMD compliant (although post Brexit the DHSC has paused this requirement). The department routinely uses Summary Care Records during medicines reconciliation and installed pharm outcomes capability as part of Transfer of Care Around Medicines (TCAM) initiative to ensure safe interface working with primary care.

The trust introduced EPMA many years ago. The pharmacy team have led on many improvements in its functionality to enhance medicines processes and safety. The department is DM&D compliant and uses an electronic procurement process.

Recently the trust was successful in a bid for digital aspiration funds. As part of this, a large project is currently underway to attain a full closed loop medicine system with HIMMS level 6 assessment scheduled for December 2021.

*Our Aim*

We want to ensure we have mature digital systems to enhance patient care, provide efficient work flow and which enable medicines optimisation across the care system.

*How*

- Ensure the department reacts to any change in requirements for FMD scanning
- Ensure EPMA leads continue to provide leadership in optimising functionality of EPMA
- Ensure patients' community pharmacists, where appropriate, receive medicines-related communications when patients are discharged
- Explore potential to provide patients with information about their medicines in a suitable electronic format.
- Ensure resilience in electronic ordering (as per 9.0)
- Implementation of CLM system.

## 10.0     Antimicrobial Resistance

Within pharmacy there is one antimicrobial pharmacist (0.71WTE) to help promote antimicrobial stewardship within the trust. The position has developed, and the role expanded to respond to national/regional targets and the expanding service within the trust. This role is integrated into the relevant trust committees including infection prevention team, sepsis team and antimicrobial stewardship team.

*Our Aim*

We want to help establish a culture and capability around which antimicrobial stewardship can be delivered to a high standard within the trust and that it meets national recommendations.

*How*

- Review of the pharmacy support offered to the AMR programme and aim to expand this due to the expansion of the demands of the role.
- Complete necessary audits including quarterly prescribing audits. Complete reactive audits as required when concerns are raised. Improve data collection tools for audit purposes.
- Regular attendance on ward rounds and utilise the electronic prescribing systems to enhance ward round review
- Facilitate training when necessary and help develop a suitable training programme with differing staff grades and specialities.
- Review relevant guidelines and recommendations from external bodies when necessary

- Facilitate data collection for national surveillance including prescribing and usage data and provide to the relevant bodies as requested e.g. (PHE, CCG and CQUINN).
- To review and maintain the trust antimicrobial formulary.
- To engage with groups that produce policies that make recommendations on antimicrobial therapy.

## 11.0 Governance

The pharmacy department leads on key medicines governance for the Trust;
Medicines procurement and supply
Medicines prescribing and administration
Compliance with medicines legislation
Safe storage and handling of medicines
Medicines safety
Medicines audits
Controlled Drug safe management
Management of medical gases
Attendance at key trust committees

### *Our Aim*

We want to ensure medicines processes, policies and procedures are clear to all staff, comply with current legislation and best practice, are subject to regular scrutiny and updated as required and are being adhered to.

### *How*

- Ensure core medicines policies are up to date and reflect current legislation and best practice
- Continue to audit adherence to policy and drive improvements as necessary
- Regularly review and update SOPs and PGDs as required
- Ensure safe storage of medicines at ward level.
- To lead Trust on medicines safety initiatives
- Ensure Trust has safe systems in the ordering, supply, prescribing, administration and storage of controlled drugs.
- Ensure Trust has safe systems for use of piped and cylinder medical gases
- Providing medicines input at relevant committees

## 12.0 Workforce

With approx. 60 members of staff the department is relatively small compared to a DGH. The department has a higher proportion of senior staff versus junior staff, and this is consistent with other specialist trusts in the uk with smaller bed bases, as many requirements in hospital pharmacy need similar management/specialist clinical knowledge oversight, regardless of size.

Generally, the department maintains a low vacancy and sickness absence rate, however periodically this presents a challenge (some bands are routinely difficult to recruit to and retian) in addition to annual leave/study leave/maternity leave as senior staff are required to back fill.

## *Our Aim*

We want to develop a pharmacy team that is well led, forward thinking and dynamic. A team that is inclusive and diverse, where teamworking and civility are second nature. We want staff to feel happy and challenged in their roles and be equipped with the knowledge and skills required to undertake their roles to a high standard. We want to ensure our workforce is able to respond to Trust and system service developments.

## *How*

- Encourage all staff to feel inclusive so that they feel empowered to influence the direction of travel of the department. As such we will listen to, and act on feedback from staff (via staff survey, suggestions box etc)
- Acknowledge and reward staff achievements
- Ensure all staff subscribe to the Trust's civility charter
- Ensure staff wellbeing maintains a prominent place within the department
- Ensure all staff embrace a culture of lifelong learning/CPD and that staff have access to qualifications and courses they need to develop within their roles
- Ensure that all staff with line management responsibilities have appropriate and up to date leadership training
- Ensure, as part of progression planning, more junior staff gain experience with key skills e.g. interviewing, attendance at committees
- Engage with STP/ICS and other system medicines optimisation requirements e.g. mental health
- Continue to participate in the trainee pharmacy technician and pharmacist programmes to support the national workforce.
- Ensure 1 to 1s between staff members and their line managers on a regular basis and PDRs are completed on time.
- Introduce 360 feedback for all staff with line manager responsibilities.
- Expand pharmacy workforce to enable enhanced Sunday service, cardiology ward round presence, enhanced critical care pharmacist cover and further ward based technicians.

| Proposal | Action and measures | Drivers | When | | |
|---|---|---|---|---|---|
| | | | Yr1 | Yr2 | Yr3 |
| **Medicines Safety** | | | | | |
| To increase reporting of medication incidents (including near misses) | Relaunch campaign to increase incident reporting. Engage ward managers and champions to drive. Quantify and monitor medication incidents, adjusted for bed days, to enable ward to ward comparison. Benchmark Trust incidents nationally. Pharmacy dept to increase near miss dispensing reporting (monitored via weekly stats) | Trust safety strategy Trust strategy- Advancing quality and outcomes | X | | |
| To ensure patients receive adequate information about their medicines and that any concerns are addressed. | Engage ward managers and champions to ensure medicines information booklets and leaflets are deployed earlier in patient stay to; -Inform patient of TTO process -Signpost to pharmacy for help -Give information on key common drugs This will enable patients to better absorb information and empower them to ask questions. Ward technicians to assist. | Trust safety strategy M.O. guidance Trust strategy -Advancing quality and outcomes - Improving population health | X | | |
| To focus on reducing incident trends (harm and potential harm), with particular focus on high risk medicines e.g. insulin, anticoagulants etc | Continue to focus on high risk medicines e.g. insulin. Quantify and monitor incident trends for high risk medicines (actual and potential harm). Discuss common themes and required action at Safe Meds Practice Committee. Ensure data captured on QSEC quality slide. | Trust safety strategy M.O. guidance Trust strategy - Delivering world class care -Advancing quality and outcomes - Improving population health | X | X | X |

| | | | | | |
|---|---|---|---|---|---|
| To reduce dispensing and administration incidents/near misses | Implementation of CLM system throughout the Trust to reduce dispensing and administration errors | Trust safety strategy<br>M.O. guidance<br>Trust strategy<br>- Delivering world class care<br>-Advancing quality and outcomes<br>- Improving population health | X | | |
| To ensure medicines management training is undertaken for all nursing staff and new prescribers to the Trust. | Ensure nurse medicines management training compliance included in QSEC quality slide. Senior nurses and L&D to drive any improvement required. | Mandatory training<br>Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | X | X |
| To improve reporting of delayed and omitted high risk medicines and seek to reduce incidence. | Develop automated EPR ward reports for omitted/delayed critical medicines to enable regular analysis and action. Monitor numbers of delayed/omitted doses with focus on any ward area as required. | Trust safety strategy<br>National MedSIP<br>NPSA- delayed/omitted meds<br>M.O. guidance | X | X | X |
| To review and seek to improve the cascade and learning from incidents throughout the Trust and from other Trusts via MSO network | Review how wards and prescribers receive/cascade medicines safety information. Review likely effectiveness with a view to implementing a standard process if required. Review intelligence from MSO network and action as appropriate. | Trust safety strategy<br>M.O. guidance<br>Trust strategy<br>-Advancing quality and outcomes<br>- Leading through collaboration | X | | |
| To ensure key areas identified within the National Medicines Safety Improvement Programme are | Periodic review of MedSIP to ensure action taken by Trust. | MedSIP<br>M.O. guidance | X | X | X |

| | Action and measures | Drivers | Yr1 | Yr2 | Yr3 |
|---|---|---|---|---|---|
| reviewed and implemented across the Trust as appropriate. | | | | | |
| Better utilisation of ward based technicians to enhance medicines safety | Tech to assist certain nurse medicines processes e.g. second check CDs, compiling TTO drugs at ward level. | Carter<br>Trust safety strategy<br>Trust strategy<br>-Advancing quality and outcomes<br>- Increasing value | X | X | |
| Reduce harm to patients by better information flow to community pharmacies | Review Discharge Medicines Service requirements Include as part of dept KPI | Hospital standard 3- Transfer of care<br>Trust strategy<br>- Advancing quality and outcomes<br>-Leading through collaboration | X | | |
| **Patient Experience** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Increase pharmacy staff presence on ward and ward rounds (refer to 6.0 clinical service) | As per clinical service action | As per clinical service section | | | |
| Reiterate concept of patient experience in medicines optimisation to nursing and medical staff. | Develop education materials and deploy via various means (Dr teaching session, nurse preceptorship) | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people<br>MO guidance | X | X | X |
| To better engage patients in shared decision making and improve experience by ensuring patients | Deployment of medicines information and pharmacy signposting on admission for cardiology patients and post crit care for surgical patients | Trust strategy<br>- Advancing quality and outcomes<br>-Improving population health<br>MO guidance | X | X | |

| | | | | | |
|---|---|---|---|---|---|
| receive adequate information about their medicines and that any concerns are addressed. | Ward based techs to lead on their wards, nursing staff on others<br><br>Measure- on meds rec data field | | | | |
| Ensure all suitable patients who can self-medicate (according to Trust policy) are offered the opportunity | Review nurse mandatory meds management e learning<br>Conduct audit to gauge uptake and compliance to policy. Particular focus on insulin and parkinsons.<br>Measure- e learning figures and audit results | Trust medicines Policy<br>RPS Hospital standard 1- putting patients first<br>MO guidance | **X** | **X** | |
| To ensure we respond to inpatients needs for medicines information and assistance | Conduct inpatient audit. Review and implement improvements as required. | RPS Hospital standard 1- putting patients first<br>RPS Hospital standard 2 – Episode of care<br>MO guidance<br>Trust strategy<br>- Advancing quality and outcomes | **X** | **X** | |
| Ensure patient decision aides are available (where possible) to help inform shared decision making about treatment | Review current availability and location.<br>Ensure prescribers fully aware | RPS Hospital standard 1- putting patients first<br>MO guidance<br>Trust strategy<br>- Advancing quality and outcomes | **X** | **X** | |
| Ensure more pharmacists trained as NMPs | Identify through staff PDRs<br>Measure- inclusion on dept KPIs | Carter/Model hospital<br>Trust strategy<br>- Advancing quality and outcome<br>-Developing people | **X** | **X** | **X** |
| Ensure TTO teach back is being consistently done and to a high standard | Review nurse mandatory meds management e learning figures<br>Audit teach back | RPS Hospital standard 1- putting patients first | **X** | **X** | |

| | | Trust strategy- Improving population health | | | |
|---|---|---|---|---|---|
| Ensure patients community pharmacist, where appropriate, receives medicines-related communications when patients are discharged | Review Discharge Medicines Service requirements Measure- Include as part of dept KPI | RPS Hospital standard 3 – Integrated transfer of care  Trust strategy- -Advancing quality and outcomes -Leading through collaboration -Improving population health | X | | |
| **Evidence based medicines** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Ensuring regular attendance at Pan Mersey APC | Chief Pharmacist to attend. Measure- Attendance as per meeting minutes. | Audit adherence to NICE/panmersey  Trust strategy- Leading through collaboration | X | X | X |
| Ensuring visibility of the formulary at the point of prescribing | Ensure all prescribers aware of availability on intranet. All prescribers to be informed of any formulary changes. Measure- induction programme, safety bulletin | Trust strategy -Advancing quality and outcomes -Increasing value | X | | |
| Ensuring Trust formulary aligns to Pan Mersey and incorporates relevant NICE guidance | Formulary reviews. Measure- annual D&T report, new drug process for D&T | Quality Schedule | X | X | X |
| Enhanced pharmacist presence on wards (including ward rounds and weekend service) | As per 6.0 Clinical Service | As per clinical service | | | |

| Ensure prescribing practice aligns with Trust and Pan Mersey formulary | Formulary audits (internal and for quality schedule)<br><br>NMP P formularies scrutinised for alignment to Trust formulary | Quality Schedule<br>Medicines Policy | X | X | X |
|---|---|---|---|---|---|
| **Clinical Service** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Review of current KPIs to ensure fit for purpose and that they reflect future service improvements. | Discuss with senior pharmacy team. Measures- monthly review and regular presentation to division | Carter Report/Model hospital<br>RPS Hospital Pharmacy standards<br>NHS England. (2017). Seven day Services Clinical Standards<br>NICE guideline 5: Medicines Optimisation | X | | |
| Continue to expand pharmacists with NMP capability | Identify through staff PDRs<br>Measure- inclusion on dept KPIs | Carter/Model hospital<br>Trust strategy- developing people | X | X | X |
| Provide enhanced Sunday service, cardiology ward round presence, enhanced critical care pharmacist cover and further ward based technicians. | Expand pharmacy workforce-<br>Engage relevant divisions and finance. Business cases as appropriate;<br>Crit care band 8A pharmacist to meet GIRFT staffing requirements.<br>Cardiology WR Pharmacist<br>ACU/CCU ward based technician<br>Dept staffing to enable Sunday opening (dependent on divisional requirements) | GIRFT report-critical care<br>Carter/Model Hospital<br>NHSE-seven day services<br>Trust strategy- Advancing quality and outcomes<br>RPS standard 8 workforce | X | X | |
| Improve medicines reconciliation KPI | Review of drivers for MR figures. Implementation of key initiatives e.g. pre op MR, move away from dispensary based pharmacist system | MO guidance<br>Carter<br>NHSE- 7 days working<br>RPS standard 2 – episode of care | X | | |

| | | | | | |
|---|---|---|---|---|---|
| Support the ongoing Trust patient flow work | Active engagement with Trust working group. Review and improvement of medicines processes that affect patient flow e.g. TTOs, Meds Rec | MO guidance Trust strategy- Advancing quality and outcomes | X | X | |
| Augment EPMA system benefits by introduction of full closed loop medicine process. | Pharmacy team to lead on implementation of Ascribe/Allscripts interface and assist implementation of KBMA (mapping of drugs, development of medicines processes) | HIMMS level 6 Trust safety strategy | X | X | |
| Continue to react to Trust/System requirements for pharmacy services (COVID, vaccination, mutual aide etc) | Senior team to lead as appropriate | STP/ICS- Collaborative working | X | X | X |
| Work in partnership with primary and secondary care as part of STP/ICS transformation through integrated pharmacy and medicines optimisation agenda | Attend MO steering group for HCP and chief pharmacist MO group. Contribute to MO priorities for the system as identified (CIP, Meds Safety, AMR, clinical priority groups, DMS), providing leadership and direction as appropriate e.g. CV | MO Guidance Trust strategy -Advancing quality and outcomes -Increasing value -Leading through collaboration -Improving population health | X | X | X |
| Review of pharmacy service to hospices | Hospice pharmacists to lead review of MO priorities and future requirements of hospice services | Trust strategy -Advancing quality and outcomes -Leading through collaboration | X | X | |

| | | | Yr1 | Yr2 | Yr3 |
|---|---|---|---|---|---|
| Improve pharmaceutical care for patients with mental health comorbidity | MH pharmacist champions to improve knowledge and skills via engagement with MH Trust specialist pharmacists.<br>MH pharmacists to lead CPD for the dept. | STP/ICS IPMO- mental health Trust strategy<br>-Leading through collaboration | X | X | |
| Ensure all patients receive the same high quality pharmaceutical care. | Improve current documentation of pharmacy care plans to incorporate condition and medicine-specific evidence based pharmaceutical care standards.<br>Provide enhanced senior specialist support for junior grade pharmacists through team based working.<br>Develop systems and provide training and assessment to ensure all staff meet their legal and professional requirements. | RPS Hospital Pharmacy Standards | X | X | |
| **Aseptic Service** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Ensure the unit continues to meet national operational standards from the NHS Pharmaceutical Quality Assurance Committee and the MHRA | Continue with requirements as stipulated by regional QC at audits and MHRA at inspections<br>Action as required following audit/inspection | Regional QC and MHRA operational and audit requirements | X | X | X |
| Ensure the dept is sighted on, and involved in, regional aseptic transformation plans | Participation in regional MO meetings<br>Review current capacity as appropriate and subsequent business case if required | STP/ICS IPMO<br>DHSC Guidance. Transforming NHS pharmacy aseptic services in England.<br>RPS standard 8 workforce | X | X | X |
| Review current needs of our CF patient population (and overall | Discuss with divisions, particularly medicine.<br>Participation in regional MO meetings | STP/ICS IPMO<br>DHSC Guidance. Transforming NHS pharmacy aseptic services in England | X | X | X |

| | Review current capacity as appropriate and subsequent business case if required | | | | |
|---|---|---|---|---|---|
| patient population) and the role we may play in enhancing their care, in the context of regional transformation. | | | | | |

| Procurement and medicines value | Action and measures | Drivers | Yr1 | Yr2 | Yr3 |
|---|---|---|---|---|---|
| Ensure a systematic process for any drug cost savings/avoidance within the Trust. | Update medicines CIP strategy. Provide quarterly update to divisions. Measure- contribution to Trust CIP plan. Off contract purchases with no rationale. Homecare- yearly review on PBRex drugs/flagged to ensure appropriate recharge. Routed via VAT efficient. Minimise stock expiry, Stock holding, No of deliveries, e ordering (powergate) | RPS standard 5- Efficient supply of medicines Trust strategy - Increasing value ICS/STP IPMO | X | X | X |
| Ensure all PBRex drugs are recharged as appropriate | Update Ascribe as high cost drug tariff issued to ensure automated monthly finance PBRex is accurate | As above | X | X | X |
| Ensure those patients receiving repeat PBRex drugs do so via homecare | CF team to ensure actioned. Measure- numbers of patients not on homecare | Carter Trust strategy - Increasing value | X | | |
| Ensure POD and recycling schemes continue to good effect | Audit POD use within trust. Actions as appropriate. Monitor returns values (as part of above CIP strategy) | MO guidance Trust strategy - Increasing value | X | X | X |
| Ensure drug stock holding is kept to nationally | Procurement tech to lead. Utilisation of pharmacy WDA to minimise drug expiry. Powergate system | Carter Trust strategy - Increasing value | X | X | X |

| recommended levels, drug expiry is minimised and a majority of ordering occurs electronically. | to be made more resilient. Measure- pharmacy KPIs | | | | |
|---|---|---|---|---|---|
| **Digital and automation** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Ensure the department reacts to any change in requirements for FMD scanning | As advised by DHSC. May need to recruit ATO into post as previous or BC to integrate new software into robot. Measure- % of items able to be scanned | DHSC directive (not active yet) | ? | ? | ? |
| Ensure EPMA leads continue to provide leadership in optimising functionality of EPMA | Pharmacy EPR team to implement as required e.g. following medicines incidents. Measure- EPR summary report on RFCs | RPS Standard 4 Medicines governance Trust strategy- Advancing quality and outcomes | X | X | X |
| Ensure patients' community pharmacists, where appropriate, receive medicines-related communications when patients are discharged | Review Discharge Medicines Service requirements Measure- Include as part of dept KPI | RPS Standard 3 – Integrated transfer of care MO guidance Trust strategy - Leading through collaboration | X | | |
| Explore potential to provide patients with information about their medicines in a suitable electronic format. | Senior pharmacy team to lead | RPS Standard 4 Medicines governance | X | X | |
| Ensure resilience in electronic ordering (as per 9.0) | Powergate system to be housed on different server to ensure resilience | Carter Trust strategy - Increasing value | X | | |

| Implementation of CLM system | Pharmacy to lead Ascribe: Allscripts interface work<br>Pharmacy to support implementation of KBMA component<br>Measures- KPIs around system use to be developed for both components | Trust digital strategy<br>Trust strategy<br>- Delivering world class care<br>-Advancing quality and outcomes | X | X | |
|---|---|---|---|---|---|
| **Antimicrobial Resistance** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Review of the pharmacy support offered to the AMR programme | Discuss with DIPC and senior pharmacy team how this can be facilitated.<br>Consider band 6 rotation through antimicrobials.<br>Consider band 7 support on permanent basis.<br>Ring fenced time. | The NHS 10-year long term plan (2019)<br>Trust strategy<br>-Advancing quality and outcomes<br>RPS standard 8 workforce | X | X | |
| Complete necessary audits including quarterly prescribing audits. Complete reactive audits as required when concerns are raised. Improve data collection tools for audit purposes. | Review current audit process and encourage clinical pharmacists to take part.<br>Liaise with audit department to improve data collection. | CQUINN<br>Quality schedule<br>Trust strategy<br>-Advancing quality and outcomes | X | X | X |
| Regular attendance on ward rounds and utilise the electronic prescribing systems to enhance ward round review | Engage with infection nurse and microbiologist on ward rounds.<br>Cover for ward rounds to provide continuous service.<br>To lead on any Allscripts developments to enhance ward round note. | Trust stewardship programme<br>Trust strategy<br>-Advancing quality and outcomes | X | X | X |

| | | | Yr1 | Yr2 | Yr3 |
|---|---|---|---|---|---|
| Facilitate training when necessary and help develop a suitable training programme with differing staff grades and specialities. | Active engagement with developing training programme. Review of current induction training and mandatory training. To lead CPD for pharmacy department | Trust strategy - Advancing quality and outcomes - Developing people Trust stewardship programme | X | X | X |
| Review relevant guidelines and recommendations from external bodies when necessary | Maintain links with microbiologist and antimicrobial team to review recommendations when required | NICE Trust strategy - Advancing quality and outcomes - Delivering world class care | X | X | X |
| Facilitate data collection for national surveillance including prescribing and usage data and provide to the relevant bodies as requested e.g. (PHE, CCG and CQUINN). | To implement the use of define/refine to aid in the reporting of usage and prescribing data. | PHE/Fingertips Trust strategy - Delivering world class care | X | | |
| To review and maintain the trust antimicrobial formulary. | To work with microbiologist and relevant teams to review recommendations when required | Drug and Therapeutics | X | X | X |
| **Governance** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Ensure core medicines policies are up to date and reflect current | Process in situ to identify policies approaching expiry. Pharmacist authors to ensure updated Revisit and review RPS homecare standards | Trust strategy - Advancing quality and outcomes | X | X | X |

| | | | | | |
|---|---|---|---|---|---|
| legislation and best practice | Measure- any out of date policies, home care compliance | | | | |
| Continue to audit adherence to policy and drive improvements as necessary | Department yearly audit plan in situ Present audits at relevant committee Update and review departments audit action log to ensure follow up. Measure- completed audits, audit action log. | Trust strategy - Advancing quality and outcomes | X | X | X |
| Regularly review and update SOPs and PGDs as required | Process in situ to identify SOPs/PGDs approaching expiry. Authors to ensure updated Measure- any out of date PGDs, new SOP expiry KPI to be added to dept | Trust strategy - Advancing quality and outcomes | X | X | X |
| Ensure safe storage of medicines at ward level. | To recommence pharmacy led storage audits post covid and follow up actions as required. Ensure fridge monitoring system fully operational, staff training completed and revise content of quarterly audits | RPS Standard 5- efficient supply of medicines | X | | |
| To lead Trust on medicines safety initiatives | As per 6.1 | As per 6.1 | | | |
| Ensure Trust has safe systems in the ordering, supply, prescribing, administration and storage of controlled drugs. | CDAO to ensure relevant policies updated, key audits completed, CDAO responsibilities undertaken and any required improvements implemented | Trust safe handling of CD policy | X | X | X |
| Ensure Trust has safe systems for use of piped and cylinder medical gases | Overseen by medical gas committee (Chair- chief pharmacist). Review DNOs for training compliance Develop new policy for safe handling and storage of cylinders | National recommendations (HTM 02-01, SPS) | X | | |

| Providing medicines input at relevant committees | Senior pharmacist to continue to attend | Trust strategy<br>- Advancing quality and outcomes | X | X | X |
| --- | --- | --- | --- | --- | --- |
| **Workforce** | **Action and measures** | **Drivers** | **Yr1** | **Yr2** | **Yr3** |
| Encourage all staff to feel inclusive so that they feel empowered to influence the direction of travel of the department. As such we will listen to, and act on feedback from staff (via staff survey, suggestions box etc) | Present strategy to dept for comment.<br>Staff to continue to attend dept meetings and encourage staff to voice concerns and make improvement comments.<br>Senior staff to respond to staff survey<br>Measure- staff surveys and suggestions reviewed at seniors meeting (visible in tearoom for feedback) | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | X | X |
| Acknowledge and reward staff achievements | Senior team to review current initiatives | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | X | X |
| Ensure all staff subscribe to the Trust's civility charter | Following launch, ensure all staff familiar with content<br>Ensure incorporated into PDRs and 1:1s | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | X | X |
| Ensure staff wellbeing maintains a prominent place within the department | Continue good work to date. Seek new initiatives. | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | X | X |
| Ensure all staff embrace a culture of lifelong learning/CPD and that staff have access to qualifications and | Identified as part of PDRs or ad hoc<br>Funded via Pharmacy Trust fund | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people<br>RPS standard 8 workforce | X | X | X |

| courses they need to develop within their roles | | | | | |
|---|---|---|---|---|---|
| Ensure that all staff with line management responsibilities have appropriate and up to date leadership training | Explore in house and external training opportunities<br>Senior team to lead. | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | X | |
| Ensure, as part of progression planning, more junior staff gain experience with key skills e.g. interviewing, attendance at committees | Explore at PDRs<br>Senior team to lead. | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people<br>RPS standard 8 workforce | X | | |
| Engage with STP/ICS and other system medicines optimisation requirements e.g. mental health | As directed by STP/ICS IPMO work<br>Pharmacy mental health champions to lead MH regional initiative | Trust strategy<br>-Advancing quality and outcomes<br>- Leading through collaboration<br>STP/ICS IPMO<br>RPS standard 8 workforce | X | X | X |
| Continue to participate in the trainee pharmacy technician and pharmacist programmes to support the national workforce. | Recruit yearly trainee pharmacist as normal<br>Recruit 2 yearly trainee techs | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people<br>RPS standard 8 workforce | X | X | X |
| Ensure 1 to 1s between staff members and their line managers on a | Ensure all line managers consistent<br>Measure- dept KPI on PDRs | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people<br>RPS standard 8 workforce | X | X | X |

| regular basis and PDRs are completed on time. | | | | | |
|---|---|---|---|---|---|
| Introduce 360 feedback for all staff with line manager responsibilities. | Senior team to lead | Trust strategy<br>-Advancing quality and outcomes<br>-Developing people | X | | |
| Expand pharmacy workforce to enable enhanced Sunday service, cardiology ward round presence, enhanced critical care pharmacist cover and further ward based technicians. | As per clinical service | As per clinical service | X | X | |