


Agenda Item 7

 Lincolnshire COUNTY COUNCIL <i>Working for a better future</i>		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 April 2016
Subject:	Pharmacy and Medicines Optimisation Services at United Lincolnshire Hospitals NHS Trust

Summary:

Robust processes are in place at United Lincolnshire Hospitals NHS Trust (ULHT) to ensure the delivery of the Hospital Pharmacy Transformation Programme (HPTP) as required by the Lord Carter Review. The HPTP includes a work programme to ensure patients have rapid access to optimised medication, reducing delays to treatment, both for in-patients and at discharge.

This is being achieved through the dispensing for discharge project, with redesigned roles and skill-mix, using clinical pharmacy technicians to administer medication and prescribing pharmacists to optimise evidence-based drug treatment.

There is also a commitment from the Trust to redesign infrastructure through the planned implementation of electronic prescribing systems by 2020 to give further efficiencies and reduced delays to treatment and discharge prescriptions.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is invited:

- (1) To comment on the information presented, in particular in relation to the implementation of United Lincolnshire Hospitals NHS Trust's Hospital Pharmacy Transformation Programme (HPTP) as recommended by the Lord Carter Review; the work programme for improving delays to discharge through the dispensing for discharge scheme, supported with redesigned roles and skill-mix for clinical pharmacy technicians and prescribing pharmacists; the processes for development and implementation of the

electronic prescribing and medicines administration system (ePMA); and

- (2) To determine whether the Committee is assured that the Trust is making every effort to avoid discharges being delayed as a result of the prescribing processes at discharge not facilitating a timely supply of medication.

1. Background

The Lord Carter Review now requires all acute Trusts to have in place by 2017 a Hospital Pharmacy Transformation Programme (HPTP) to improve productivity, procurement and efficiency of Hospital Pharmacy and Medicines Optimisation Services.

The Carter Review states:

Trusts should, through a Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stockholding by April 2020, in agreement with NHS Improvement and NHS England so that their pharmacists and clinical pharmacy technicians spend more time on patient facing medicines optimisation activities.

A project to deliver the Trust's Constitutional Standards was initiated in order to improve the way discharge prescriptions are managed and prevent delays. This involved moving the emphasis from supplying patients with prescriptions to take home at the point of discharge, to a supply process that ensures the prescription products are labelled as discharge prescriptions from the point of patient admission. These products are kept in the patients' bedside lockers, rather than on drug trolleys, and any new prescriptions are updated with new labelled products which are ready for discharge at the point of in-patient supply. Such a scheme is often referred to as 'dispensing for discharge'.

This dispensing for discharge process is now embedded in the HPTP and is being rolled out across all beds in the Trust, following a successful pilot on the wards on Level 6 at Pilgrim Hospital Boston.

Alongside this the Trust is investing in new roles for clinical pharmacy technicians to optimise patients' medication on the medical admissions wards. This includes actively managing the dispensing for discharge process to ensure patients get access to the correct medication as rapidly as possible and to reduce discharge delays. As part of this redesign of roles, clinical pharmacy technicians will be administering medication to patients on the wards and helping patients to self-administer as in-patients, giving control of medication back to patients during their stay in hospital.

The Trust is also investing in more pharmacist prescribers who will be able to apply expertise in therapeutics and prescribing, in order to optimise evidence-based therapeutic decisions, reduce prescribing errors and reduce delays with discharge prescriptions.

To support these changes and deliver further efficiencies in the prescribing process a business case has been submitted to the Trust for electronic prescribing and medicines administration (ePMA). The business case has been included in the Trust's digital strategy

and it is envisaged that the case will be funded and implemented in the 2017-18 round of funding in line with the requirements of the Carter Review to ensure implementation by April 2020.

A separate and bespoke ePMA system for cancer patients has been successfully implemented in 2015-16 by Pharmacy. This system enables improved scheduling of patients, more cost-efficient management of very high cost dose-banded cytotoxic chemotherapy and monoclonal antibodies for the treatment of cancers, and thereby leads to fewer delays for patients during their treatment and at discharge.

The Director of Pharmacy and Medicines Optimisation is the Trust lead for Hospital Pharmacy and Medicines Optimisation, reporting directly to the Medical Director, the Trust Executive and Trust Board to ensure delivery of the HPTP.

2. Conclusion

The Health Scrutiny Committee for Lincolnshire is invited to comment on the information presented, in particular in relation to the implementation of United Lincolnshire Hospitals NHS Trust's Hospital Pharmacy Transformation Programme (HPTP) as recommended by the Lord Carter Review; the work programme for improving delays to discharge through the dispensing for discharge scheme, supported with redesigned roles and skill-mix for clinical pharmacy technicians and prescribing pharmacists; the processes for development and implementation of the electronic prescribing and medicines administration system (ePMA); and to consider whether the Committee is assured that the Trust is making every effort to avoid discharges being delayed as a result of the prescribing processes at discharge not facilitating a timely supply of medication.

3. Consultation

This is not a consultation item for the Committee.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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