7 Day Clinical Pharmacy Services

Ann Jacklin
Professional Lead
Hospital Pharmacy & Medicines Optimisation Project
NHS Productivity and Efficiency Programme

in collaboration with
Rahul Singal
Clinical Fellow
Chief Pharmaceutical Office

MUSN SPS, Leeds – 7th July 2016
Introduction

• Delivering the aims of a 7 day health service in hospitals as outlined in the 5YFV will not be addressed by one profession or specialism alone.

• **Clinical** pharmacy services

• NOT dispensary services or access to medicines

• Supporting hospitals and contributing to the delivery of the 10 seven day services clinical standards.
Clinical pharmacy teams to extend roles to ensure patients get the best experience and quality in access and advice on medicines 7 days a week, across all sectors to drive best value and outcomes for patients from the £15bn plus spend per annum on medicines.

The vision
Why do we need 7 day services in pharmacy?

• Enhance the **patient experience** - giving patients the opportunity to discuss medication related aspects of their care and enabling them to move along their care pathways across weekends.

• Drive and embed **medicines optimisation** - ensuring that the right patients get the right choice of medicine, at the right time, including high risk and unstable patients, whilst minimising **unwarranted variation** and maximising **value** from medicines.

• Provide a solution to the **clinical workforce** issues in hospitals, by working closely with patients, doctors and nursing staff to choose, prescribe and monitor clinical outcomes of medicines to meet clinical needs and to support their optimal use.

• Positively impact **flow** through hospitals and care systems - by **integration** with clinical teams and contributing to **care and discharge plans** as well as collaborating and **improving communication** with out of hospital pharmacy services.

• Improve **patient safety** - providing consistent access to **expertise on medicines** by pharmacy professionals to the multi-professional team, supporting appropriate prescribing and administration.
What Lord Carter said (February 2016)

- “The plans should ensure more clinical pharmacy staff are deployed on optimal use of medicines and delivering seven day health and care services”

- “Hospital pharmacy services and the optimisation of medicines are intrinsically interwoven and from a value perspective can’t be separated”

- Hospital Pharmacy Transformation Programme (HPTP) Plans - to demonstrate (inter alia) how 80% of clinical pharmacy staff will be deployed to direct patient facing roles.
Based on…

• 7,000 pharmacists working with clinical pharmacy technicians to deliver values and outcomes from £6.7 billion pa medicines working with;
  • >110,000 doctors
  • Of whom >73,000 junior doctors
  • >400,000 nurses
  • For >100,000 inpatients a day

• Evidence that;
  • Clinical Pharmacy (including medicines reconciliation) delivers a return on investment of £5 for every £1 invested from
    • Reduced dose omission
    • Reduced length of stay (2 days)
    • Reduced admissions (9 -16%)
    • Increased time to readmissions (20 days)
    • Reduced medicines costs
    • Reduced errors on discharge (25% - <1%)
Currently not the RIGHT pharmacy services

NHS BENCHMARKING NETWORK DATA 2013/14
INDICATION OF CLINICAL PHARMACY SERVICES

- **Weekdays:** 99% of organisations receive services between 2 to 24 hours, with a median of 8 hours for those who provide a service. (n=126)

- **Saturdays:** 50% of organisations receive services between 1 to 15 hours, with a median of 4 hours for those who provide a service. (n=123)

- **Sundays:** 42% of organisations receive services between 1 to 12 hours, with a median of 5 hours for those who provide a service. (n=122)

- This data does not give us an indication on clinical or patient outcome measures, however in conjunction with local intelligence, demonstrates the current variation in provision and emphasis of ward based clinical pharmacy services 7 days a week nationally.
What does success look like?

• Pharmacy services delivering **direct patient facing medicines optimisation** roles as a priority across a seven day week.

• **Rationalisation of non-clinical infrastructure services**, including collaborative new service models, enabling delivery of care in a more efficient and productive way through the week.

• **Optimal use of technology**, including electronic prescribing and administration systems - to improve efficiency and communication across sectors, organisations, professionals and patients irrespective of the day of the week.

• Identification of patients based on acuity and risk, to provide **targeted clinical pharmacy services** that will deliver greatest impact in improving patient outcomes.

• **Efficient use of skill-mix and competencies** across the entire pharmacy workforce, including **pharmacy prescribers** and **clinical pharmacy technicians** to optimise productivity throughout the week.

• An **adaptable and flexible workforce** to deliver clinical services - working as part of a multi-professional team, with greater autonomy and accountability.
Priorities

Outcomes

- Patient experience
- Improve flow
- Unwarranted variation
- Reduce errors
- Support healthcare professionals
- Improve safety
- Efficiency gains
- Enhanced professional relationships

Targeted Acute Clinical Pharmacy Services

Urgent and Emergency Admission
- Review within 14 hours to support initial consultant review
- MDT discharge planning
- Risk-stratification and prioritisation

Inpatient review
- Targeted clinical services
- High risk and unstable patients as well as high dependency units
- Skill mix
- Support junior clinical staff

Transfer of care
- Timely & effective discharge
- Continuation of supply
- Information transfer between sectors
- Give patients advice

Enablers

Clinical pharmacy workforce driving medicines optimisation

Digital

- Electronic prescribing
- Uptake of SCR
- Clinical decision support
- Live risk dashboard

Outcomes

- Improve flow
- Reduce errors
- Improve safety
- Enhanced professional relationships

Enablers

- Clinical pharmacy workforce driving medicines optimisation

Digital

- Electronic prescribing
- Uptake of SCR
- Clinical decision support
- Live risk dashboard

Outcomes

- Improve flow
- Reduce errors
- Improve safety
- Enhanced professional relationships

Enablers

- Clinical pharmacy workforce driving medicines optimisation

Digital

- Electronic prescribing
- Uptake of SCR
- Clinical decision support
- Live risk dashboard
What is halting progress?

• A lack of clarity to hospitals of the expectations and vision of 7 day clinical pharmacy services.

• Unfavourable balance of clinical pharmacy workforce focus between clinical and infrastructure activities.

• Contractual and cultural legacy - as they move towards seven day services in supporting wider clinical services opposed to historically dispensary services.

• Limited adaptability of knowledge, skills and behaviours across specialist areas of clinical practice - reducing workforce flexibility.

• Limited progress in digital technology and interoperability, including electronic prescribing.

• Historical challenge in managing the provision to access of medicines and supply across weekends.
There is **not** a “one size fits all” and hospitals will use a combination of different approaches to improve the quality of care patients receive seven days a week.

- **HPTP** - will be the primary lever to deliver 7 day hospital clinical pharmacy services
- **Incremental approach** - focus on high admission and discharge areas / high risk and unstable patients
- **Targeted clinical services** - high risk and unstable patients
- **Professional and systems leadership** - collaborate and transform services
- **Workforce development** - improve flexibility and adaptability
- **Digital maturity and innovation** - adoption and spread for efficiency and productivity gains.
Target services: e-prescribing data

With thanks to Neil Watson (Newcastle)

www.england.nhs.uk
Prescribing errors identified at dispensing had reduced from 22% to 0.7%
Accuracy of communication about medications at discharge increased from 46% to 99%
Total time to discharge reduced by 3 hours and 17 minutes
Medication ready and on the ward after 2 hours and 50 minutes (reduction of 4 hours 12 minutes)
Morale and professional rewards within pharmacy team, improved ability to meet targets and positive comments from clinical teams.
Contact

**Rahul Singal**
Clinical Fellow to the Chief Pharmaceutical Officer

rahul.singal@nhs.net

Twitter:@RahulSingal1

QUESTIONS
7 Day Clinical Pharmacy Services Workshop

Engagement work

In support with

NHSE and RPS - February 2016
Rahul Singal
Workshop ONE
How will we measure the “extent of 7 day clinical pharmacy services”? 

• Metrics  
  • Medicines Reconciliation 90% (95%?) within 24 hours  
  • No unintentional omitted critical medicines  
  • No discharges without professional pharmacy check  
  • Percentage of discharges medicines available for when the patient wants to go home  
  • Accuracy of transfer of information at handovers and different care settings

Workshop TWO  
Workforce and training implications in context of 7 day clinical pharmacy services

• Challenge of rostering staff  
• Recruitment and retention challenge  
• Specialist vs generalist considerations  
• Use ALL pharmacy staff to ensure appropriate skill mix  
• Education and training considerations for pre-regs and juniors  
• Trust vision – MDT approach to 7DS  
• Workforce planning
Workshop THREE
Where will 7 day clinical pharmacy services have the biggest impact on outcomes?

- Risk stratification based on local circumstances
- Those who are acutely unwell who change during stay
- Admission focused service
- Role of NMPs
- Do we know where we are having the biggest impact during Mon-Fri?

Workshop FOUR
Transfer of Care

- Medicines reconciliation on admission and discharge
- Supported discharge for vulnerable patients
- Clinical pharmacy across the interface
- Infrastructures efficiencies – potential to outsource discharge dispensing provision.
- Read and write access of SCR