National Developments and their impact on CHS

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- The review is continuing
- There will be a national service that will include:
  - Medicines Use and Safety
  - Medicines Information
  - Quality Assurance
  - Procurement
  - Production
- There will be one national website
HoPMOp

- Hospital Pharmacy & Medicines Optimisation
- Operational productivity and performance in English NHS acute hospitals: Unwarranted variations
- Lord Carter of Coles
- Ann Jacklin leading. Now working with NHS Improvement and Richard Seal
HoPMOp

• Key points:
  ➢ Reduce variation
  ➢ Metrics
  ➢ “Model Hospital”
  ➢ Increase clinical pharmacy – redesign hospital pharmacy infrastructure services
  ➢ Hospital Pharmacy Transformation Programme (HPTP)

• SPS supporting this work
HoPMOp relevance to CHS

- Starting to look at metrics for MO in CHS (and also Mental Health)
- We have suggested that may need different metrics for organisations with inpatient beds
- Opportunity to influence
- “If you don’t like the metric suggest another more suitable one”
- Any suggestions?
HoPMOp relevance to CHS

- Current (acute) metrics which may apply to CHS
  - % Pharmacists engaged in clinical pharmacy activity
  - % Pharmacists actively prescribing
  - Sickness absence rate; % staff with appraisals completed; Statutory and Mandatory training
  - % medicines reconciliation within 24 hours of admission
  - Use of Summary Care Record (or local system) per month

cont
HoPMOp relevance to CHS

- Current (acute) metrics which may apply to CHS (cont)
  - Dose omissions
  - % of harmful medication incidents
  - Digital Maturity Index for e-Prescribing
  - National inpatients' survey experience scores for the medicines related questions
  - Total antibiotic consumption in DDD*/1,000 admissions
  - Diclofenac and Cox II inhibitors usage as a percentage of overall NSAID use
RMOC

- Regional Medicines Optimisation Committees
- Reducing unnecessary barriers to patients receiving the medicines they need
- One committee, 4 regional work streams chaired by regional Medical Directors
- Workshop held on 20 April to begin agreeing principles
- SPS are supporting the committees
- Not clear how this will affect CHS, will ultimately depend on TOR
PGDs

- SPS website is expected to be launched soon. PGD resources will be within this website.
- Watch out for a new tool to complement "To PGD" - a step-wise approach for those who are looking to develop PGDs (July).
- PGDs for emergency administration of oxygen.
PGDs for emergency administration of oxygen

- Some organisations are using PGDs to provide a framework for the administration of oxygen
- The quality the PGDs varies considerably
- PGDs are not legally necessary
- **BTS Audit** 42.5% of patients receiving supplemental oxygen had no valid prescription, despite 70% of hospitals having a policy of setting a target saturation range for all patients at the time of admission
- BTS Emergency Oxygen Guidelines are currently being updated
- Exemplar PGD to go on website in due course