

Integrated Business Plan 2016/17

Pharmacy

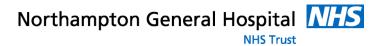
Version 1



Contents



- 1. Introduction
- 2. Current Position Baseline
- 3. Context now and the future
- 4. SWOT analysis
- 5. Vision of the service
- 6. Summary 5 year plan
- 7. Strategic plans for 2016/17
- 8. Delivery Planning for 2016/17
- 9. Activity and Capacity plans
- 10. Workforce plan
- 11. Finance Plans
- 12. Sustainability Plans



Trust Vision

'To provide the best possible care for all our patients'

Strategic Aims

The Strategic Aims for the Trust are:

Focus on Quality and Safety

• To be an organisation focussed on quality outcomes, effectiveness and safety

Exceed Patient Expectations

 Continuously improve our patient experience and satisfaction by delivering personalised care which is valued by patients

Strengthen our Local Clinical Services

Provide a sustainable range of services delivered locally

Enable Excellence through our people

Develop, support and value our staff

Ensure a Sustainable Future

 To provide effective and commercially viable services for our patients ensuring a sustainable future for NGH

The Pharmacy Ethos

This is what focusses staff in all they do & this is consistent with the Trust values which were introduced in 2014:

Patients First / Safety / Quality & Value / Support one another / Enjoy work

1. Introduction



NGH Strategic Priorities

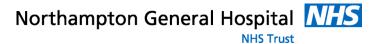
- Provide Resilient Core DGH Services at NGH
- Continuing to improve urgent care services
- Collaborating and integrate with other providers to provide care closer to home
- Developing partnerships with KGH in response to the challenged health economy work stream
- Strengthen our hyper acute services through collaboration and partnership working with our tertiary providers
- Repatriate market share lost to non NHS providers
- Delivering excellence in the care of the elective patient
- Establish a health and wellbeing campus in partnership with Public Health

2. Current Position – **Pharmacy** [2015/16 average]



Quality of Care (inc. patient experience)	Operational Performance Summary [at month 09]
 Pharmacist Contribution Rate: 4 in 10 prescription charts has pharmacy in-put [to correct or improve]. Ability to Supply Medicines: 99.93% [inability = 7 in 10,000]. Dispensing Accuracy: 99.991% [errors = 9/100,000 items]. Complaints: responded to 16 in last 12 months [discharge = 6; NGH Boots = 4]. Out-patients: NGH Boots Friends & Family Test = 99% [likely or greater to recommend]. Locum Pharmacist Survey: last 10; average score = 4.3 of 5. 	 Patients with a pharmacy reconcilation on admission: 79%; medical patients within 24 hours = 39% [NGH NHS 7 Day Standards target = 95%]. Pharmacist Time/100 beds: NHS Benchmarking 2014 puts NGH very low [43 of 48]. Discharge Prescription Turn around time: 114 mins [target 120].
Workforce Summary [at 2015/16 month 10]	Resource Summary [at 2015/16 month 10]
 Transfer of staff [TUPE]: -10.40 establishment FTE to NHfT/Lloyds from Apr-15. Developments: +5.95FTE establishment [EPMA, Avery, Chemocare, Specialised Medicines, Boots]. Vacancy Rate: 12.5% [average]. Worked FTE: 98.57/mo [2% more than 2014/15 after TUPE adj]. Pharmacy Hours on the Wards: 115/day; 48% increase. Appraisals, Mandatory Training, Sickness absence metrics: all better that Trust target. Turnover: 10.58% [worse than target]: promotion, relocation, retirement. 	 Pay Budget: £362k under due to vacancies. Overall Surplus/deficit: 730k favourable [50% pay, 50% medicines]. CIP – pharmacy: forecast £475k vs target £108k [Boots]. CIP – medicines [Fit For Purpose]: forecast £426k vs target 310k. Agency pharmacy staff are used to support service delivery, projects & manage ad hoc demands.

3. Pharmacy Context Now & Future



The need for **Financial Balance** & the national priority to get **earlier patient benefit from medicines** [Accelerating access to Medicines] are resulting in:

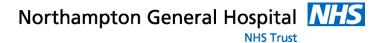
- Increased complexity of managed entry schemes for medicines: NICE, patient access schemes, Cancer Drug Fund, Early Access to Medicines Scheme etc;
- Commissioners prior approval for medicines [Blueteq]; reporting of patient level information on medicines; benefit share schemes.
- The plan to develop Regional Medicines Optimisation Committees for non-NICE medicine approvals.

Other major drivers include:

- <u>Technology</u>: Electronic Prescribing & Medicines Administration [EPMA]: benefits & needs time.
- Automation of medicines activities: e-cabinets in clinical areas; bar coding [GS1 & Pepol].
- <u>Carter</u>: drive to increase pharmacy in-put to patient facing activities by efficiencies in other pharmacy activities; national Hospital Pharmacy Transformation programme.
- 7 Day Services & NHS Clinical Standards: pharmacy reconciliation on admission at weekends & ability to discharge patients.
- Homecare etc: & safe management of NGH patients & their medicines out of hospital.
- Antimicrobial Stewardship: pressure on prescribing quality & reducing resistance.
- <u>Increase in independent prescribers</u>: pharmacists, nurses & others.
- <u>Education & Training</u>: medical, nursing & new staff groups involved with medicines physician associates, associate nurses, advanced care practitioners etc.
- Community Pharmacy Reform: including 6% reduction in funding.

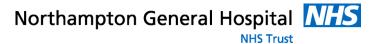
Adequate numbers of well-led pharmacy staff, integrated with clinical teams & collaborating with commissioners & providers is key to managing this agenda & getting safe & best use from the ~£27m NGH spends on medicines. There is a national shortage of registered pharmacy staff with CCG/GP federations competing in the same pool - so 'enjoy work' is crucial.

4. Pharmacy SWOT Analysis



Key Strengths (Internal)	Key Weaknesses (Internal)
 Strong ethos supporting staff to deliver their best & willingness to be flexible to meet NGH demands, often at short notice. Integration of technicians in clinical roles. Technician leadership of functions supporting the clinical agenda. GPhC & MHRA licensing for assurance. NGH Boots relationship & service. IT & robotic resources in pharmacy. Recent CIP performance & monitoring. Governance & use of risk register. 	 Pharmacy support for NGH at weekends. Ability to achieve NHS 7 day Clinical Standards for reconciliation on admission. Minimal oversight in maternity, A&E, theatres. Minimal in-put to non-admitted patients eg. outpatients, ambulatory care, ophthalmology, neurology, rheumatology, dermatology etc. Achievement of Homecare standards [especially validation of all prescriptions]. Engagement of clinical managers on medicines issues. Space.
Opportunities (External)	Threats (External)
 Increasing demand for pharmacy services. Carter – emphasis on contribution of clinical pharmacy. Technology – EPMA, bar-coding, robotics, e-storage etc. Integration of pharmacy into directorate teams to support quality & financial agenda. Regional Medicines Optimisation Committees plan. NGH Medicines Optimisation Strategy. Data management & Financial analysis expertise in NGH Information, IM&T, & Finance teams. 	 Application of pay CIP to pharmacy with increasing demand for pharmacy services. Carter – risk of destabilising technical pharmacy services. CCG/GP demand for clinical pharmacy staff affecting our ability to recruit & provide 7 day services. Lack of integration of pharmacy/medicines issues into clinical 'business as usual' & developments.

5. Vision of the Pharmacy Service



Strategic overview and strategic bridge - describe the future direction of the service to deliver our strategic aims.

From:

Working in a comparative silo with Pharmacy & Medicines being considered as an 'after-thought' rather than integrated into all aspects of NGH's work impacting on patient experience, quality, safety, flow & finance.

Fragmented Medicines Management.

Strategic Aims

Focus on Quality and Safety

Exceed Patient Expectations

Strengthen our local clinical services

Enable excellence through our people

Ensure a sustainable future

To:

Pharmacy & Medicines being inextricably linked together & integrated into clinical teams to ensure NGH uses contemporary, affordable medicines safely & focuses on patients & their experiences in collaboration with primary care & commissioners.

Integrated Medicines Optimisation.

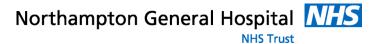
Northampton General Hospital NHS Trust

6. Summary 5 Year Pharmacy Plan

5 year action plan - list key high level developments to deliver your vision for the next 5 years-add a summary of the resources required including the impact on Estates, Capital and IM&T in order to shape these supporting strategies

Development	Year	Activity	Estate	Capital	IM&T	Workforce	Timescales
Discharge Suite	16/17	Pharmacy support				1.25 FTE, £34k	Proposal
NGH additional 60 beds	16/17	Pharmacy support				Yes	
7 Day Clinical Standards #3 & #9	16/17	Medical Admission Units & Discharge at weekends			Yes	8 FTE, £346k	Proposal
Specialised Commissioning	16/17	Staff to manage PbRe medicines				0.70 FTE, £42k [@Feb-15]	In year
Space	16/17	Additional space eg. Billing House	Yes		Yes		Link with OH proposal
Urgent Care support	17/18	Pharmacy support in ED/Admissions			Yes	2.25 FTE, £86k	In year
Critical Care & Theatres support	17/18	Pharmacy support in CC & theatres				1.00 FTE, £52k	In year
Robotics [in pharmacy]	17/18	Increased capacity	Possibly	£~200k			Linked to Carter. Sooner the better.

7. Strategic Plan for 2016-17



The main strategic priorities this year are:

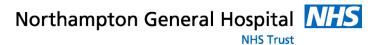
- **1. Pharmacy Leadership**: support the new Chief Pharmacist to manage the complex agenda.
- 2. Medicines Optimisation Strategy: seek clinical leadership & operationalise via MOC work plan.
- **3. Flow**: continue to support planned initiatives that improve safe discharge.
- **4. EPMA & e-cabinets**: support the roll-out to maximise safety & flow benefits.
- **5. Carter**: development of a plan for NGH by April 2017 via the Hospital Pharmacy Transformation Programme.
- **6. Financial savings:** meet increasing commissioner demands for information & efficiency via funded posts, gain share agreements, & internal collaboration with Finance, IM&T & Information; meet NGH need for savings on medicines.

8. Delivery Plan for 2016-17



- A. Support the implementation of the new Trust's **Medicines Optimisation Strategy**.
- B. Implement pharmacy support for the **Discharge Suite** [subject to funded development proposal].
- C. Improve pharmacy support for emergency care at the weekends & increase compliance with NHS 7 Day Clinical Standards #3 & #9 [subject to planned, funded proposal].
- D. Support the NGH *Sign-up to Safety Pledges*, in particular, reducing delayed & omitted medicines.
- E. Support Electronic Prescribing & Administration [**EPMA**] implementation to improve safety.
- F. Support the implementation & management of **emedicine cabinets** to improve practices & security.
- G. Electronic Chemotherapy Prescribing [Chemocare]: facilitate Systemic Anti-Cancer Treatment [SACT] data & collaborate with KGH on implementation when adequately covered by contractual arrangements.
- **H.** Carter: develop monitoring arrangements to report developments.
- I. Increase the number of **independent pharmacist prescribers** to support flow, safety & convenience.
- J. Continue to develop the case for increased pharmacy capacity within **Emergency & Urgent Care**.

- K. Continue to develop the case for increased pharmacy capacity in **Critical Care & Theatres**.
- L. Manage the growth, & increasing governance requirements, for **Homecare** which presently supports ~1,000 NGH patients [subject to commissioner support].
- M. Improve **Antimicrobial Stewardship** [subject to approval of the proposed local tariff to cover the management of NGH patients treated at home on i/v antibiotics].
- N. Implement a system for managing the supply of **specialist medicines via NGH-Boots** to support specialists, reduce waste & improve patient experience.
- O. To repatriate the management of Northamptonshire **renal transplant patients'** medicines from GPs & UHL to NGH [subject to commissioner support].
- P. Support directorates in their implementation of electronic prior approval for excluded medicines [**Blueteq**] in accordance with commissioner requirements.
- Q. Develop **gain share arrangements** with the CCG & with Specialised Commissioning to the satisfaction of both the Trust & commissioners.
- R. Support **patient-level reporting of excluded medicines** activity to fulfil commissioner requirements & ensure recovery of income.
- Collaborate with community pharmacists to seek improvements in NGH discharge patients' use of medicines.



Plans from the Divisions at 22-Jan-2016 Strategy meeting:

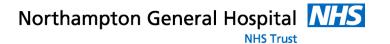
Medical & Emergency Care: forecasts growth [?]
Women's, Children's & Cancer: forecasts growth [?]
Surgery, Critical Care & Anaesthetics: forecasts growth [1.4%]

Pharmacy is NOT funded on the basis of any increase in Trust patient activity & Division's development proposals will affect our capacity. Most pharmacy resource is for medical & cancer services [~60%] therefore pharmacy is most affected by their activity.

Current pharmacy plans to manage demand include:

Out-patient supply activity:	Increased volume via NGH Boots planned for in the finance model to be mainly funded via commissioners.
Homecare & excluded medicines activity:	Increased funding requested via specialised commissioning for renal & management of growth in high cost medicines excluded from the tariff.
Day-case & In-patient activity:	Clinical: If patient activity exceeds pharmacy capacity, then ward activity will be prioritised - discharge, admission [reconciliation] with remaining resource for patient review during ward stay; this prioritisation will impact on other activity such as audit, guidance, directorate support etc. Technical: Despite demand management initiatives, we expect supply activity will continue to increase. If this exceeds our capacity then MM technician resource will be diverted to maintain procurement, distribution & dispensing performance.

The demand for extended hours has been addressed via a development proposal.



10.1 National picture:

Long term:

The long term view [to 2040] is that the demand for hospital pharmacists will increase due to an increasingly ageing population with an increasing prevalence of long-term conditions resulting in an increase in demand for hospital services & more complex treatments.

Despite the increasing demand, the supply of pharmacists is expected to exceed demand which will be addressed via student numbers.

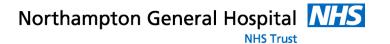
http://www.cfwi.org.uk/publications/a-strategic-review-of-the-future-pharmacist-workforce

Shorter term:

Nationally the NHS demand for pharmacy staff continues to exceed supply & the latest survey [2013/14] shows a continued increase in NHS posts with an increasing vacancy rate in providers [8%/7% pharmacists/technicians] & a decrease in commissioning organisations. http://www.nhspedc.nhs.uk/AnnualReports.htm

~21% of registered pharmacists currently work in hospitals.

2015/16 saw a national plan to recruit 400 pharmacists for GP's surgeries; the majority of these will come from hospitals. Terms & conditions in hospitals with on-call & the prospect of increased weekend commitment will make competing for staff difficult.



10.2 The Local picture.

In 2015/16 pharmacy had the following funded workforce changes:

TUPE: - 10.40 Berrywood & SH; 0.20 B8a retained for senior sup

funds, not FTE retained for Saturdays [0.13 FTE equivaler

Avery: + 1.00 B6 [original plan B7&B5]

Chemocare: + 0.80 B7 pharm; -0.40 B6 tech [+0.2FTE in Aug-15]

Mi: + 0.70 B7; + 1.00 B3 PBRe specialist medicines

Boots management + 0.50 B5 FTE [to be 1.00FTE in 16/17]

Clinical: + 0.40 B6 to make f/t post [Aug-15]

EPMA business as usua. + 0.75 B8a; + 1.00 B6 technician [Jul-15]

EPMA project: + 1.00 B7 pharmacist to Jan-17 [Jul-15]

At 2015/16 month 12 the NGH pharmacy establishment & vacancy rate was:

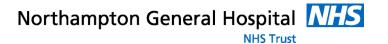
Estab		In post	Estab	+/-	Vacancy
30%	Registered Pharmacists	32.67	34.48	-1.81	-5%
36%	Registered Technicians	38.35	41.40	-3.05	-7%
	Pre-reg Pharmacists	3.00	3.00	0.00	
	Trainee Technicians	1.00	2.00	-1.00	
34%	Assistant Technical Officers	22.68	26.62	-3.94	-15%
	Administrative [A&C]	4.49	4.73	-0.24	
	Ancilary/Apprentices	0.56	2.67	-2.11	-79%
100%		102.75	114.90	-12.15	-10.6%
	Temp incl. bank/locums	3.16		3.16	
	Absence eg. m/l, sick	-1.40		-1.40	
		104.51	114.90	-10.39	-9.0%



10.3 Current position & medium term strategic plans

\\srv-phar-001\PharmacyShared\Chief Pharmacist\Planning\Workforce\Workforce Plan Pharmacy 2016-17v1.xlsx

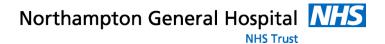
Workforce Plan 2016/17							
Directorate	Pharmacy	Date	30-Dec-15				
Service Lead	Paul Rowbotham						
					Year Ending March 2017		Year Ending March 2018
Staff Group		Actual FTE (31 Oct 2015)	Mar 2016 Budgeted FTE (Establishment)	Proposed Capacity Change (FTE) +/-	Reason: Business Case / CIP / Other (please specify)	Proposed Capacity Change (FTE) +/-	Reason: Business Case / CIP / Other (please specify)
Medical & Dental	Medical Staff - Consultants		,	0 () /		. , , ,	
	Medical Staff - Drs in Training						
	Medical Staff - Other						
Nursing & Midwifery (Bands 5-9)	Nursing						
Training & Wild Wilery (Ballass 5)	Midwifery						
Allied Health Professionals (Bands 5-9)	······································						
Scientific, Therapeutic & Technical (Bands 5-9)	Pharmacists [B6-8d]	29.67	34.48	4.00	7 Day services proposal [3.00] Renal transplant repatriation [1.00]	2.00	A&E [1.00] Critical Care [1.00
	Pre-Reg Pharmacist [B5]	3.00	3.00				
	Registered Pharmacy Technicians [85-8a]	28.37	30.94	3.75	Discharge suite proposal [2.00] Renal transplant repatriation [1.25] Boots contract [0.50]	1.25	A&E
				xx.xx	Homecare management [subject to commissioner tariff funding]		
Clinical Support Staff (Bands 1-4)	Health Care Assistant					1	
	Technician (Band 1-4)	33.45	41.08	3 00	7 Day services proposal		
	Registered Pharmacy Tech/Trainees [B4]		12.46	1.50	7 Day services proposal		
	Non-registered ATOs [B2&3]		26.62	1.50	7 Day services proposal		
	Apprentices [B1]		2.00		, , ,		
Admin & Clerical	Senior Manager						
	Manager						
	Other Admin & Clerical	4.49	4.73				
Estates & Ancillary	Estates						
	Domestic/Catering	0.56	0.67				
	Portering						
Students							
Pay Cost Improvement Programme			-1.97				
	Total	99.54	112.93	10.75		3.25	



10.4 Workforce priorities:

Pharmacy Management Boards discussions in Jan-16 identified the following:

- Review training capacity
- Model Mi / formulary / HCT service provision
- Review posts associated with MHRA licence technician development opportunity
- MMT roles ePMA & discharge
- Improve utilisation of Band 3 ATO
- Use electronic worksheets in ASU



Budget summary at Mar-16 [quote 2]

Pharmacy Trading Account	10+2 Forecast Outturn 2015/16 £'000	Annual Budget 2015/16 £'000	Annual Budget 2016/17 £'000	YOY Budget Move £'000	Vs 16/17 Budget £'000
SLA Clinical Income	524	531	699	168	175
Other Clinical Income		-		-	-
Other Income	2,283	884	1,053	169	(1,230)
Total Income	2,807	1,414	1,752	337	(1,055)
Pay Costs	(3,392)	(3,827)	(3,729)	97	(338)
Non-Pay Costs	(2,172)	(1,221)	(1,161)	60	1,011
Indirect Expenditure	(4)	(5)	(5)	(0)	(1)
Overheads	3,739	3,739	3,727	(12)	(12)
Total Costs	(1,828)	(1,313)	(1,169)	145	660
EBITDA	978	101	583	482	(395)
Depreciation	(299)	(299)	(327)	(28)	(28)
Net Interest					
Dividend		-			
Surplus / (Deficit)	679	(198)	256	454	(424)

12. Sustainability Plans



2015/16 Activity @ month 11:

Pharmacy 2.5% CIP:

Target: £108k

Actual forecast: £526k [most due to NGH Boots implementation; ~60% non-recurrent]

Medicines CIP:

Target: £310k

Actual forecast: £420k [most due to contract prices]

Overall £946k achievement, £528k above plan.

2016/17 Plan

Quote 2 budget setting indicates a reduction in the pay budget due to recurrent 4.2% CIP & a share of the £2.5m vacancy challenge.

The overall effect is a reduction in the pay budget of £97k [£3,827k to £3,729k].

It will not be possible to make these savings from pharmacy pay & deliver current services, meet project demands & meet Carter expectations.

- 12.1 **Changing Care @NGH programme**: medicines savings reported via Non- pay work stream [was *Fit-for-Purpose*] although there is consideration of reporting elsewhere due to the clinical nature of the activity & the need for clinical engagement & leadership.
- 12.2 **Carter Review**: £0.8b of the total £5b NHS savings are envisaged from better use of medicines via more focussed pharmacy support.