Integrated Business Plan 2016/17

Pharmacy

Version 1

Contents

1. Introduction

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]

Northampton General Hospital NHS Trust

Quality of Care (inc. patient experience)

- 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.

Operational Performance Summary [at month 09]

- 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]

- 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.

Resource Summary [at 2015/16 month 10]

- 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:

- Technology: Electronic Prescribing & Medicines Administration [EPMA]: benefits & needs time.
- Automation of medicines activities: e-cabinets in clinical areas; bar coding [GS1 & Pepol].
- Carter: 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.
- Increase in independent prescribers: pharmacists, nurses & others.
- Education & Training: 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. out-patients, 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.

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 **e-medicine 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.

S. Collaborate with **community pharmacists** to seek improvements in NGH discharge patients' use of medicines.

9. Activity and Capacity plans

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 equivale
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%
34%	Pre-reg Pharmacists	3.00	3.00	0.00	
	Trainee Technicians	1.00	2.00	-1.00	
	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

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Workforce Plan 2016/17

Directorate	Pharmacy	**Date**	30-Dec-15
Service Lead	Paul Rowbotham		

Staff Group		Actual FTE (31 Oct 2015)	Mar 2016 Budgeted FTE (Establishment)	Year Ending March 2017		Year Ending March 2018	
				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						
	Medical Staff - Drs in Training						
	Medical Staff - Other						
Nursing & Midwifery (Bands 5-9)	Nursing						
	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 *[B5-8a]*	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						
	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	Forecast 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.