

Pharmacy Directorate
Hospital Pharmacy Transformation Plan

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1. Executive Summary

The Newcastle upon Tyne Hospitals NHS Foundation Trust Pharmacy Directorate began a process of strategic review in May 2015. At that time, prior to the publication of the Carter report, the priorities for the directorate were to improve the overall efficiency and quality of the medicine supply process and to review how the core clinical pharmacy service is delivered including the need to further extend the level of seven day services.

The publication of the Carter review and in particular the Hospital Pharmacy and Medicines Optimisation element has reinforced the directorate's plans, which are already underway. However the Carter review suggests transformation beyond this, in particular the need to include opportunities for increased collaboration with local Trusts to further improve productivity and efficiency. In the North East, there are already excellent examples of collaboration, including regional approaches to procurement, quality assurance, education and training and network chemotherapy prescribing systems. There are, however, additional opportunities that will be explored particularly with respect to NHS Manufacturing, stores and distribution and discharge prescription supply.

Two key elements however must be borne in mind. Firstly, the size of the services provide by the Trust Pharmacy Directorate in particular Newcastle Specials, mean that economies of scale already exist and rather than looking to outsource infrastructure services, local collaboration may result in service expansion. Secondly, the external market that could support off-site stores and distribution and prescription supply is immature and not currently ready to provide alternative models. These may be of greater interest in the long term.

Over the coming months work will continue on the Trusts Pharmacy Strategy Review and exploring additional collaborative opportunities with local providers within the local Sustainability and Transformation Plans (STP) area. Both of these have informed the development of the Trust's Hospital Pharmacy Transformation Plan. The Trust's Director of Pharmacy will be a key contributor to the development of Pharmacy/Medicines work packages within the Northumberland, Tyne and Wear Sustainability and Transformation Plan (NTW STP).

2. Carter Metrics and Model Hospital benchmarks

This section has been structured to mirror the metrics used within the NHS Improvement model hospital portal. See Appendix 1 for the NHS Improvement portal metrics and Trust scores. Since the submission of the draft plan, a number of metrics have improved and new metrics have been added. These will continue to be reviewed by the Hospital Pharmacy Transformation Board, and these changes are reflected below.

Money and Resources

Metrics

- Pharmacy Staff & Medicines Costs per WAU (Weighted adjusted unit)
- Medicines Costs per WAU
- High Costs Medicines per WAU
- Non High Costs Medicines per WAU
- % of available Pharmacist resource deployed in core clinical service (83%)
- Choice of Paracetamol
- Use of Generic Immunosuppressants
- Use of Inhalation Anaesthetics

Narrative

The range of costs per WAU are being actively reviewed in order to understand the significance for this Trust and to identify opportunities for any further budgetary control. However, given the broad range of high cost specialist services delivered in Newcastle it should be anticipated that averages cost per WAU will be higher than average. Of interest is our comparator group, the Shelford Trusts, with whom we are closely aligned in these metrics. The Shelford group Chief Pharmacists are now meeting regularly and are exploring these further.

The percentage of Pharmacist resource currently deployed to undertake core clinical services, is at 83%, excluding Pharmacists working within Newcastle Specials (an NHS Manufacturing unit).

Seventeen Pharmacists work within Newcastle Specials which provides medicines dispensed for individual patients under section 10, Specials manufactured under an MHRA licence and Investigational Medicinal Products (IMPs) again under MHRA licence. Specials and IMPs are supplied across the NHS. It is anticipated that pharmacist numbers within Newcastle Specials may increase as collaboration with local secondary care providers increases Newcastle Specials activity.

Newcastle Specials incorporates internal Trust supply services which either cannot be bought in or are more expensive when bought externally and external service provision to other NHS/non-NHS organisations. This infrastructure service is of key importance to the Trust in delivering highly cost-efficient supply of medicines and generating considerable external income but also to the wider NHS in the provision of manufactured specials at best value.

The Trust also operates a sizable team of Pharmacists, Technicians and Assistants who manage Pharmacy support to Clinical Trials, with the largest portfolio in the UK. This service cannot be provided externally either from a capacity or expertise point of view. Opportunities for economies of scale for others collaborating with NuTH have already been realised following a recent Clinical

Research Network (CRN) review. As a consequence of this review one of the Trust's Pharmacists is funded to provide advice and support across the CRN.

Safe

Metrics

- % ePrescribing IP
- % ePrescribing OP
- % ePrescribing Discharge
- % ePrescribing Chemotherapy
- Total Antibiotic Consumption in DDD*/1,000 Admissions
- % Diclofenac vs Ibuprofen & Naproxen (Monthly)

Narrative

Adult in-patient and discharge ePrescribing has been live since 2009 and has recently been expanded to include all paediatric in-patients. The Trust contributed to the development of the NHSE ePrescribing Digital Maturity Index and has a high score having continually developed this important safety tool. It is anticipated that in parallel with clinical documentation implementation, ePrescribing in out-patients will go live within the next 2 years; these developments are within the plan as a centre for Global Digital Excellence (GDE). Sharing and dissemination of expertise is an important aspect of GDE designation.

The implementation of Chemotherapy ePrescribing locally is 100% for oncology and about 80% for Haemato-oncology. The North East operates two collaborative hubs managing Chemotherapy ePrescribing, both using ChemoCare. One of these networks operates out of Newcastle run by the Pharmacy Informatics team; the system is now live at all collaborative sites with local implementation plans. As a single system is in use across the NE, opportunities for the collaborative procurement of dose banded chemotherapy will be actively pursued.

The Trust's antibiotic metric demonstrates that the Trust has a good level of control. However, Antimicrobial stewardship remains a key focus of attention in all specialities; supported by some specific work, led by the Anti-microbial Pharmacist, to ensure achievement of national CQUIN targets.

Diclofenac usage was higher than the Trusts peer group and therefore required some immediate attention in order to switch practice to alternative NSAIDs. This has been improved since the draft plan was submitted.

Effective

Metrics

- Number of days Stockholding
- % Pharmacists Actively Prescribing
- % Medicines Reconciliation within 24 hours of Admission
- % Use of Summary Care Record (or local system) per Month
- % Soluble Prednisolone of Total Prednisolone Uptake
- % Total Infliximab Usage in 2015/16 that was a Biosimilar Product NOT Originator

- % Biosimilar Infliximab Uptake (Monthly)
- % Total Etanercept Usage YTD 16-17 that was a Biosimilar Product NOT Originator
- Total spend on Etanercept in 15-16
- Dose-Banded Chemotherapy
- Number of Medication Incidents Reported to NRLS per 100,000 FCEs of Hospital Care
- % Medication Incidents Reported as Causing Harm or Death/All Medication Errors
- e-Commerce - Ordering (Alliance)
- e-Commerce - Ordering (AAH)

Narrative

Stockholding within the Trust was previously reviewed and actions taken to reduce unnecessary stockholding which explains the good position currently (17 days compared with national average of 19 days). However the Pharmacy Strategy review has identified options to further improve, without running risks of “out of stock” issues. In the short term it is likely that the Trusts strategy will be to consolidate stores facilities on a single site and introduce automation. However discussions are also underway locally to explore the options available for a collaborative stores and distribution hub for the North East; an initial scoping exercise has been completed.

The number of pharmacists actively prescribing has increased in recent years and will continue to do so, in line with the Directorate strategy.

Medicines reconciliation is an important process undertaken primarily but not exclusively by the Pharmacy team. High rates of reconciliation are seen in key clinical areas in the Trust, however a single Trust wide metric is not helpful or deliverable. The Pharmacy Strategy review has identified the need to target clinical pharmacy resource towards patients who have the greatest need and therefore the Directorate medicines reconciliation targets will reflect this focus. Two actions are designed to facilitate this change in practice. Firstly, efficiencies generated from an improved, automated supply chain which includes, ward based automation. Secondly, work is underway to develop a tool to triage patients in order to identify those who need the greatest input. This work is based upon our experience in using the ePrescribing system and other electronic patient parameters to create task lists; in operation since 2012. This innovative practice is being explored in only a handful of hospitals nationally, and it is our intention to share our learning with those centres in the first instance in order to create a community of expertise, that can guide wider implementation. It is expected that such a process will facilitate an efficient 7 day pharmacy service.

The Trust was an early implementer of the Summary Care Record (SCR). However limitations were identified early on and alternatives have been used to improve our patients’ safety. Direct access to SystmOne and EMIS (GP systems) has enabled more accurate up to date medicine information to be available to the Pharmacy team in medical admissions. Going forward the MIG (Medical Interoperability Gateway) will enable easier access via a single portal to live GP records, with a fuller range of information than available via the SCR.

The use of soluble prednisolone is primarily in The Great North Childrens Hospital, and opportunities to further reduce this usage will be explored.

Biosimilar products are coming into widespread use within the NHS. The Trust Pharmacy team has worked closely with the consultant team and NHSE pharmacy commissioners to ensure an appropriate transition. Biosimilar Infliximab usage is now increasing rapidly and it is approaching the optimum level. With respect to Etanercept there are currently no plans to use the existing biosimilar product. The national framework contract for the originator product is ensuring good value currently (approx. 25% saving), given the wide range of indications for which Etanercept is

used in this Trust. This position will be reviewed when any new biosimilar Etanercept is launched on the market with a full range of presentations and licensed indications.

The Trust committed to series of projects within the Sign up to Safety campaign, including a project in medicines safety, led by the Director of Pharmacy and the Medicines Safety Officer. This has been extremely successful in encouraging reporting, improving investigation processes and ensuring learning and dissemination. Furthermore, early results are showing a reduction in reports that have resulted in harm.

The Trust's e-Commerce figures are already good and therefore no specific action is required at present.

Dose banded chemotherapy (wave1) has been completed with all drugs as required built into the ChemoCare ePrescribing system; this excludes paediatrics and where appropriate clinical trials where dose banding is prohibited.

Effective

Metric

- Data Quality of NHS England Monthly Data

Narrative

Good, so not a priority action. Quarterly monitoring.

Caring

Metric

- National Inpatients Survey - Medicines Related Questions

Narrative

Good, so not a priority requiring action.

Responsive

Metrics

- Sunday ON WARD Clinical Pharmacy Hours of Service (Medical Admission Unit/Equivalent)

Narrative

The Pharmacy provides clinical input in medical admissions until 10pm, seven days a week. Further extension of pharmacy services 7 days a week is being developed as part of the Pharmacy Strategy review. A consultation to provide dispensing services 7 days a week began in November 2016, with the intention to free pharmacists working at weekends to focus on purely

clinical issues. It is anticipated that from June 2017, dispensing services will be open 7 days per week. In addition a business case will be developed to support 7 day clinical pharmacist cover for critical care.

People, Management & Culture: Well-led

Metrics

- % Sickness Absence Rate
- % Staff with Appraisals Completed
- % Staff with Statutory and Mandatory Training
- % Staff Turnover Rate
- %Staff Vacancy Rate

Narrative

The results of these metrics are good and therefore no specific actions are required other than continuing to maintain good practice.

3. HPTP Plan Summary

The Newcastle upon Tyne Hospitals NHS Foundation Trust Pharmacy Directorate began a process of strategic review in May 2015. At that time, prior to the publication of the Carter report, the priorities for the Directorate were to improve the overall efficiency and quality of the medicine supply process and to review how the core clinical pharmacy service is delivered including the need to further extend the level of seven day services.

Key activities in line with the Carter Recommendations

The Carter recommendations are as follows and include a description of the key activities required to meet these recommendations.

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 stock-holding 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. Delivered by:

a) developing HPTP plans at a local level with each trust board nominating a Director to work with their Chief Pharmacist to implement the changes identified, overseen by NHS Improvement and in collaboration with professional colleagues locally, regionally and nationally; with the Chief Pharmaceutical Officer for England signing off each region's HPTP plans (brigaded at a regional level) as submitted by NHS Improvement.

This plan is submitted in accordance with the guidance provided by the NHS Improvement Hospital Pharmacy & Medicines Optimisation Project team. The Trust Board has nominated the Medical Director to support the implementation of the changes identified in this plan.

The North East Senior Pharmacy Managers group, which includes all the Acute Chief Pharmacists has discussed Hospital Pharmacy transformation on a number of occasions, including firstly, agreement to explore the potential for a collaborative approach to stores and distribution. To date a scoping exercise has been undertaken and meetings as a group are planned with the leading wholesalers. Secondly, it has also been recognised that there is a need to review aseptic dispensing and NHS Specials Manufacturing to explore areas for closer collaboration and joint working. An initial Aseptic services review has been completed and opportunities for joint working are being explored. Thirdly, potential future opportunities for centralised dispensing will be explored, but in the longer term.

The Shelford Group of Chief Pharmacists met to discuss their collective response to Hospital Pharmacy Transformation including any opportunities for collaboration and joint working at the beginning of November 2016. A work programme is being devised and will include a number of Hospital Pharmacy Transformation themes, including appropriate metrics, procurement opportunities and a clinical pharmacy operating model.

Finally, a range of tools are available to support benchmarking and identification of unwarranted variation and best practice, namely the NHS Improvement model hospital portal, NHS Benchmarking, the Medicines Optimisation Dashboard and Right Care. All of these continue to be exploited to identify areas for improvement and locations of best practice.

b) ensuring that more than 80% of trusts' pharmacist resource is utilised for direct medicines optimisation activities, medicines governance and safety remits while at the same time reviewing the provision of all local infrastructure services, which could be delivered collaboratively with another trust or through a third party provider.

More than 80% (approximately 83%) of the Trust's Pharmacist resource is already utilised for direct Medicines optimisation activities. This does not include 17 Pharmacist posts which operate within Newcastle Specials as described in section 2 above.

However, irrespective of this, the Pharmacy directorate have identified and action is underway to review the way the clinical pharmacy service is delivered to ensure that the patients who are in most need receive the input that they require. The transformation will result in a formalised system of triage, again as described in section 2, a further extension of clinical services 7 days per week in key clinical areas, greater use of pharmacist prescribers and the widespread use of Clinical Handover to Community Pharmacy.

The Trust is responsible for a unique model of GP Clinical Pharmacist deployment within the national pilot. Five clinical pharmacist employed by the Trust are deployed in 5 general practices across the city. These Pharmacists are part of the Trust's clinical pharmacy community team allowing integrated work across traditional boundaries. The Trust's lead Pharmacist for community services has created a primary care "community of practice", allowing Pharmacists over a wide geographical area to collaborate on medicines optimisation issues.

c) each trust's Chief Clinical Information Officer moving prescribing and administration from traditional paper charts to Electronic Prescribing and Medicines Administration systems (EPMA).

Adult in-patient and discharge ePrescribing has been live since 2009 and has recently been expanded to include all paediatric in-patients. The Director of Pharmacy with two other NHS expert colleagues developed the NHSE ePrescribing Digital Maturity Index; the Trust's ePrescribing system is mature and scores highly. It is anticipated that in parallel with clinical documentation implementation, ePrescribing will go live in out-patients within the next 2 years, as part of the plan to support GDE.

d) each trust's Finance Director, working with their Chief Pharmacist, ensuring that coding of medicines, particularly high cost drugs, are accurately recorded within NHS Reference Costs.

Close collaboration between Pharmacy and Finance has been in existence in Newcastle for many years, with regular discussions taking place between Assistant Directors of Finance and Pharmacy who both have responsibility for medicines expenditure issues. There is an annual meeting to discuss reference costs for any new high cost drugs which have been approved for use in the NHS. The Directors of Finance and Pharmacy meet on a monthly basis at the Trust's Medicines Strategy Group, where medicines expenditure is discussed.

e) NHS Improvement publishing a list of the top 10 medicines with savings opportunities monthly for trusts to pursue.

Pending a published list from NHS Improvement, a review of expenditure is undertaken on an annual basis as a minimum, with the delivery of an annual corporate medicines cost improvement plan.

f) the Commercial Medicines Unit (CMU) in the Department of Health undertaking regular benchmarking with the rest of the UK and on a wider international scale to ensure NHS

prices continue to be competitive, and updating its processes in line with the Department of Health's NHS Procurement Transformation Programme as well as giving consideration as to whether the capacity and capability of the CMU is best located in the Department of Health or in the NHS, working alongside NHS England's Specialist Pharmacy Services and Specialised Commissioning functions.

In addition to this national recommendation, it has been agreed that the Shelford Chief Pharmacists Group will regularly benchmark prices, to ensure that best value is being delivered for all. Opportunities for collaborative procurement will be explored.

g) consolidating medicines stock-holding and modernising the supply chain to aggregate and rationalise deliveries to reduce stock-holding days from 20 to 15, deliveries to less than 5 per day and ensuring 90% of orders and invoices are sent and processed electronically.

It is anticipated that by centralising and automating the Trust Pharmacy stores that further reductions in stock-holding and a reduction in the number of deliveries per day can be safely achieved. However it is felt that receiving less than 5 deliveries per day will compromise medicine availability and therefore we do not intend to actively pursue this target. It is hoped to increase both electronic ordering and invoicing, however this will require suppliers to engage in this change. This can be achieved by working with local and national secondary care colleagues to influence suppliers. Discussions with wholesalers within the Trust have already taken place, but these discussions are to be widened to include STP colleagues.

h) NHS improvement, building on and working with NHS England commissioned Specialist Pharmacy Services, should identify the true value and scale of the opportunity for rationalisation and integration of hospital pharmacy procurement and production, developing an NHS Manufactured Medicines product catalogue and possibly moving towards a four region model for these services.

In addition to a national review, the North East Senior Pharmacy managers have identified the need to review provision across the North East to maximise the opportunities that exist for joint working and collaboration.

Additional Key activities

Throughout this plan there is a strong message about transformation already achieved or already underway that directly relates to Hospital Pharmacy Transformation. However there are additional innovations that are highlighted below that are transforming Hospital Pharmacy locally and nationally:

Ward based automated medicines storage linked to ePrescribing

As part of the Pharmacy Strategy, a pilot evaluation has been completed to validate the benefits of ward based automated medicines storage cabinets. The results were reported back to the Trust Executive Team in January and approval was given for the first phase of a Trust wide implementation. This will include full integration with ePrescribing, providing closed loop medicine management; a process that closes the inpatient medicines supply and administration loop. Further a research project has begun to explore the use of a novel technology that is able to verify drugs about to be administered.

Community Pharmacy Partnership and the Local Pharmaceutical Committee (LPC)

The Trust began a contractual relationship with Lloyds Pharmacy at the beginning of 2014. This delivered not only an out-patient dispensing service, but also a community pharmacy partner with a desire to innovate. The partnership's first success along with the LPC was opening up discussions across community pharmacy regarding clinical handover. More recently new integrated models for Community Pharmacy to support acute/emergency care have been discussed.

Clinical Handover to Community Pharmacy

Newcastle Hospitals Pharmacy was the first service in the UK to implement a system to send electronic referrals (clinical handover) to Community Pharmacies. This service was implemented in July 2014 and allows hospital staff, if required, to refer patients to their community pharmacy for on-going care including support with their medicines. In October 2016, the ground breaking results of an evaluation of this new service were published, demonstrating a statistically significant reduction in readmission rates and length of hospital stays.

Newcastle Therapeutics

The expertise within Pharmacy to manage quality systems particularly in relation to Good Manufacturing Practice has resulted in an agreement in principle at the Joint Research Executive between the Trust and Newcastle University to create Newcastle Therapeutics. This collaboration will give Pharmacy operational responsibility for all MHRA licenced activity including, specials, Investigational Medicinal Products (IMPs), radiopharmacy and advanced medicinal products including cellular and gene therapies. Modern Pharmacy practice needs to embrace these newer medicines.

Newcastle University School of Pharmacy

The Director of Pharmacy, who holds an honorary position within the Medical Faculty of Newcastle University, is supporting the transition of the School of Pharmacy at Durham University to Newcastle University. The new school will be based on the university campus which is co-located with the Royal Victoria Infirmary. This brings excellent opportunities to further extend existing research interests with the academic pharmacists currently at the Durham School and to rethink pharmacy student teaching and placements. The potential to integrate the pre-registration year in to the Pharmacy undergraduate programme will be explored.

4. Risks/Issues and Mitigations

To date the key risks to transformation are external challenges. The current NHS structure with Trusts operating as separate legal entities, makes collaboration more complex but not impossible, where there is a will to do so. This requires good clinical and system leadership from Chief Pharmacists. Good examples of collaboration exist locally and these will be built upon.

Additionally, another key barrier to transformation is the relative immaturity of the market to be able to provide outsourced support. eg stores and distribution, dispensing for discharge.

Appendix 1

Newcastle Upon Tyne Hospitals NHS Foundation Trust (RTD)

Pharmacy & Medicines, Trust Level

Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Pharmacy Staff & Medicines Cost per WAU	2015/16	£542	£434	£350			No trendline available
Medicines Cost per WAU	2015/16	£508	£401	£312			No trendline available
High Cost Medicines per WAU	2015/16	£173	£159	£112			No trendline available
Non High Cost Medicines per WAU	2015/16	£335	£219	£196			No trendline available
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend]	2015/16	33%	58%	56%			No trendline available
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)]	-	NOT AVAILABLE	-	-			
Use of Inhalation Anaesthetics - % Spend on Sevoflurane	2015/16	36%	64%	66%			No trendline available

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions	2015/16	5,056	4,581	4,512			
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	Jun 2016	24.60%	9.40%	8.85%			
% ePrescribing Chemotherapy	2015/16	80%	100%	50%			No trendline available
% ePrescribing IP	2015/16	100%	60%	50%			No trendline available
% ePrescribing OP	2015/16	0%	20%	50%			No trendline available
% ePrescribing Discharge	2015/16	100%	100%	60%			No trendline available

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activities]	-	NOT AVAILABLE	-	-			
% Pharmacists Actively Prescribing	2014/15	18%	13%	14%			No trendline available
% Medicines Reconciliation Within 24 Hours of Admission	-	NOT AVAILABLE	-	-			
% Use of Summary Care Record (or Local System) per Month	Aug 2016	50.3%	59.4%	52.1%			
% Soluble Prednisolone of Total Prednisolone Uptake	Sep 2016	9.9%	2.9%	3.4%			
% Biosimilar Infliximab Uptake (Monthly)	Sep 2016	69.3%	72.9%	68.3%			
% Biosimilar Etanercept Uptake (Monthly)	Aug 2016	0.0%	1.7%	17.0%			
Total Spend on Etanercept in 2015/16	2015/16	£4.14m	£1.69m	£1.14m			No trendline available
Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands]	-	NOT AVAILABLE	-	-			
Number of Medication Incidents Reported to NRLS per 100,000 FCEs of Hospital Care	Mar 2016	216.1	297.4	285.6			
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors	Mar 2016	9.3%	8.3%	9.7%			No trendline available
Number of Days Stockholding	-	NOT AVAILABLE	-	-			
Pharmacy Deliveries per Day [Average Number of Deliveries]	-	NOT AVAILABLE	-	-			
e-Commerce - Ordering (Alliance)	2015/16	93.0%	87.2%	90.4%			No trendline available
e-Commerce - Ordering (AAH)	2015/16	84.0%	74.5%	82.0%			No trendline available

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Data Quality of NHS England Monthly Data Set Submissions From Providers	Nov 2016	24	21	20			

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
National Inpatients Survey - Medicines Related Questions	2015/16	79.0%	74.0%	73.1%			

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2014/15	8.5	5.0	5.5			No trendline available

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% Sickness Absence Rate	2014/15	3.6%	2.9%	3.3%			No trendline available
% Staff with Appraisals Completed	2014/15	85%	95%	88%			No trendline available

% Staff with Statutory and Mandatory Training	2014/15	95%	86%	86%			No trendline available
% Staff Turnover Rate	2014/15	10%	13%	12%			No trendline available
% Staff Vacancy Rate	-	NOT AVAILABLE	-	-			

Appendix 2 –Collaborative regional pharmacy groups operating in the North East and North Cumbria

The following groups exist within the North East and North Cumbria area to facilitate collaboration, share good practice, improve decision making and reduce duplication.

1. North East and North Cumbria Senior Pharmacy Manager’s Network

The North East and North Cumbria Senior Pharmacy Manager’s Network (NESPM) provides a strategic, collaborative and cross sector forum for senior Pharmacy managers working within geographical areas of North Cumbria, Northumberland, Tyne and Wear, Durham, Darlington and Teeside. All sectors of the profession (hospital, community, primary care, academia) are represented in this group, and in subgroups as appropriate.

The Group:

- Works together for the benefit of patients, staff, services, organisations, and the Pharmacy profession
- Considers and proposes strategic solutions to medicines related problems, particularly where a cross sector approach is necessary
- Identifies, develops and shares good practice
- Shares information e.g. DH policy, local workforce projections
- Collaborates on project work where there is benefit in doing so
- Co-ordinates the work of specialist sub-groups and other task and finish groups
- Provides professional leadership
- Influences policy-making locally and nationally e.g. making recommendations to HEE NE
- Cultivates, innovates and improves safety and quality within the profession and across all member organisations
- Works with other regional/national Pharmacy groups, particularly on issues relating to specialised services
- Currently focused on collaboration to effect change relating to the organisation of services as a result of the Hospital Pharmacy Transformation Programme.

This community of professionals operates collaboratively at every level; strategically e.g. co-creation of a regional vision for services, to operationally e.g. one representative from the Group will often attend national conferences on behalf of the Group and feedback to minimise costs and reduce staff time lost.

Subgroups, and related regional groups, all operate with similar principles. Those that exist and collaborate across the North East and North Cumbria area are listed and described below:

2. North East Workforce Training & Development Group

Constitution:

- A member of Pharmacy staff from each of the Trusts that make up the North East Hospitals Senior Pharmacy Managers’ Group (NESPM).

- Chairs of the Operational Group, Quality Assurance, Production and Preparation Group, and the Clinical Network
- Regional Specialist Pharmacist, Education & Training (North East & North Cumbria)
- Regional Principal Pharmacy Technician (North East & North Cumbria) and NHS NVQ Assessment Centre Manager (Pharmacy)

Members (and their representatives) have sufficient management standing and influence to be able to represent their NHS Trust.

Representatives of Higher Education Institutions and CPPE are invited for specific agenda items, and to provide updates, as required.

Main Purpose:

To deliver a collaborative approach across the Health Education England North East (HEE NE) geographical area to inform, influence and implement local and national strategies and policies for the education, training and development of the hospital Pharmacy workforce. The Group promotes and supports education, training and workforce development for all members of hospital pharmacy staff in order to ensure the delivery of quality pharmaceutical care to the NHS.

Main Functions:

- Provides direction to the education and training of pharmacy staff at preregistration and post-registration levels across the North East and North Cumbria to support the development of the knowledge, skills, abilities and behaviours necessary for excellent healthcare and health improvement.
- Supports Trusts in preparing for, and responding to, changes in health and healthcare education and training, especially outcomes from Modernising Pharmacy Careers
- Contributes to national and regional consultations on issues relating to workforce planning, training and development, and professional standards affecting the pharmacy workforce.
- Helps to develop an education and development programme taking in to account, individual training and development needs, service developments and future professional requirements.
- Shares good practice in the management of training, education and development of the workforce between participant organisations.
- Undertakes joint research/project work, as appropriate.
- Supports, advises and approves the frameworks for regional course.
- Develops and maintains links between regional academic providers and others delivering educational opportunities to NHS staff within the region
- Promotes pharmacy careers in schools by developing and maintaining links with organisations within the region engaging with young people e.g. Skills for Health.
- Through the Pharmacy and Education Training Office representative develops and maintains effective communication and consultation with regional and national E&T groups e.g. NESPM, HEE NE Pharmacy Sub-group, HEE Pharmacy Leads, and NHS Pharmacy Education & Development Committee and associated Specialist Groups.

Output examples:

- Development and annual review of regional Frameworks to develop pharmacy technicians post-basic qualification e.g. medicines management, Technician Checking of Dispensed items, Technician Checking in Aseptic Services.
- Review of regional recruitment of preregistration trainee pharmacy technicians and introduction of values-based recruitment.
- Identification of alternative ways of providing evidence for the NVQ in order to provide a wider experience for the preregistration trainee pharmacy technicians.

3. North East and North Cumbria Pharmacy Education & Training Office (PETO)

PETO was set up in 1996 to provide a collaborative approach to the education, training, and development of staff working in hospital pharmacy within the region.

Staffing:

Regional Specialist Pharmacist, Education and Training (North East and North Cumbria)
Regional Specialist Pharmacy Technician, Education and Training (North East and North Cumbria)

Main Purpose:

Co-ordination, management and quality assurance of the education and training of hospital pharmacy staff delivered, at a regional level, within the North East and North Cumbria. This includes preregistration pharmacists and preregistration pharmacy technicians commissioned by Health Education England North East (HEE NE), and other non-commissioned training.

Working collaboratively with key stakeholders (e.g. HEE NE Pharmacy Subgroup, HEE Pharmacy Leads, NESPM, Workforce Development Group), PETO:

- Informs, influences and implements local and national education, training and development strategies and policies for the hospital Pharmacy workforce; co-ordinating and managing at a regional level.
- Informs and influences regional trainee commissions based on trust workforce needs, and their ability to deliver training

Main schemes managed on a regional basis:

- a. As an NVQ approved Centre PETO manages and quality assures the NVQ training in Pharmacy Service Skills:
 - Level 2 – pharmacy assistants and
 - Level 3 – pre-registration trainee pharmacy technician training programme (including the delivery of the Pharmacy Advanced Apprenticeship)
- b. Pre-registration pharmacist training
- c. Post qualification education and training
 - Development and maintenance of regional frameworks to develop pharmacy technicians post-qualification e.g. Medicines Management, Technician Checking of Dispensed items / Aseptic Services.
 - Organisation and administration of regional courses and ad-hoc study days for pharmacy staff.

Key areas of work

- To support the delivery of high quality learning environments for hospital pharmacy trainees, and manage placement quality, capability and capacity.
- Work closely with HEE NE quality team and pharmacy departments to continually improve the quality of the training for Pharmacy Advanced Apprenticeship/trainee pharmacy technicians and preregistration pharmacists.
- To ensure the education and training provided and the trainee support meets the requirements of regulatory bodies e.g. GPhC, Awarding organisations, Ofsted, Skills Funding Agency.
- To work collaboratively, on behalf on the North East and North Cumbria, in the development and maintenance of regional, national, regulatory and professional networks to ensure effective two-way communications and feedback relating to workforce planning, education, training and development of the pharmacy profession.
- Regional recruitment and employment of preregistration trainee pharmacy technicians.
- Supporting the local implementation of outcomes from Modernising Pharmacy Careers e.g. national recruitment of preregistration pharmacists; educational supervisor training pilot.
- Quality assurance of the qualification provided by the local college for preregistration trainee pharmacy technicians.
- Preparation of underpinning knowledge training packages to support pharmacy assistant and preregistration pharmacist training.
- To provide advice and guidance to trainees and Trust staff on any aspect of education & training.
- To lead on a regional approach to:
 - Development of post-qualification training and development for pharmacy staff.
 - Pharmacy workforce issues/planning (surveys (national and local), reports, consultations etc.).

4. Northern NHS Pharmaceutical QA/QC Network Operational Group

Constitution

All Quality Assurance leads and QC laboratory managers in the North (NE, NW, Yorkshire).
Chaired by a Regional QA Specialist

Main Purpose:

- Making and implementing policy on quality assurance or quality control issues locally.
- Contributing, via the Regional QA Specialists, to relevant national policies and standards, e.g. NHS Pharmaceutical QA Committee documents, Microbiology Protocols Expert Group.
- Advising Chief Pharmacists in the North on all aspects of pharmaceutical Quality Assurance and pharmaceutical quality systems.
- Regular communication across the network via meetings and e-mail.
- Sharing of regulatory updates and current best practice.
- Initiating and co-ordinating research work, in association with the national Research and Development Group where applicable.
- Liaison with technical services groups, e.g. Quality Assurance Production and Preparation Group (North East), Yorkshire Pharmaceutical Technical Services Group (YPTS), North West Aseptic Services Group, North West Classical Manufacturing Group and other relevant groups to spread best practice.

- Involvement in training of all grades of staff in quality assurance issues.

Output examples:

- Sharing of best practice to reduce unwarranted variation over the wide geographical area of the North, such as in environmental monitoring practices.
- Contribution to research, nationally (via national R&D Group) and regionally. A specific example is the recent publication of a paper on the microbiological medium in use in NE & North Cumbria in a European peer-reviewed journal.
- Providing expert input to national and international quality standards e.g. ISO, British Pharmacopoeia, EU GMP, QAAPS5.
- Assisting NHS pharmacies to implement policy in practical terms to increase co-ordination and to reduce unwarranted variation e.g. by training, advice etc. For example, many of the members of the group contribute to the Joint (all North) Technical Services annual meeting, and also to the NHS National Technical Services Symposium as either speakers or poster presenters.
- Working with SPS procurement to get best value for consumables by tendering over a wider geographical area.
- Acting as a central horizon-scanning system for regulatory updates to reduce duplication of effort and thereby conserve NHS resources.
- Providing specialist input to national committees and working parties e.g. Pharmaceutical QA, National Clinical Trials, Advanced Therapy Medical Products, Medical Gases Working Party etc.
- Co-ordinating medical gases testing to reduce unwarranted variation and protect patient safety. For example, a standard testing record sheet is under development.
- Monitoring of standards in QC Laboratories via participation in the national inter-laboratory testing scheme (Pharmassure) and discussion of feedback to promote uniformity.
- Producing a database of laboratory capabilities to assist with contingency planning.

5. Quality Assurance/Production & Preparation Group (QAPP)

Constitution:

Production, preparation & quality assurance representations from all licensed manufacturing units and any units with aseptic activity in North East and North Cumbria. Chaired by the Regional QA Specialist.

Main Purpose:

The main aim of the Group is sharing information and good practice on any issue affecting preparation and production of medicines in hospital Trusts in the North East and North Cumbria. In practice this involves:

- Regular communication on local, regional and national issues via meetings and e-mail. Regular reports are received from the specialist national committees: Pharmaceutical Quality Assurance, Pharmacy Production, Pharmacy Aseptic Services Group.
- Making and implementing policy on technical issues locally and contributing, usually via the Regional QA Specialist, to relevant national policies and standards.
- Initiating and co-ordinating research work, in association with other groups where applicable.

- Liaison with the Northern NHS Pharmaceutical QA/QC Network Operational Group, Yorkshire Pharmaceutical Technical Services Group, North East Senior Pharmacy Managers, and other relevant groups, e.g. the short life working group producing the NHS Manufactured Medicines catalogue.
- Involvement in training of all grades of staff in technical issues.

Output examples:

- Support from peers from licensed units prior to, and following, MHRA inspection (All units in North East & North Cumbria have performed well at recent inspections).
- Contribution to NHS PQA Committee advisory documents e.g. Ambient Temperature Storage of Medicines in Clinical Areas. (This national “yellow covered” document includes a case study from Newcastle.)
- Working with SPS Procurement to get best value for outsourced products (e.g. PN framework agreement, North Chemotherapy tender) and aseptic consumables.
- Provided practical advice on implementation of MHRA policy in all aseptic units e.g. introduction of sporicides.
- Influenced development of innovative products e.g. needle-free i/v bags.
- Set up & running of the joint (all North) technical services annual meeting to co-ordinate and to provide sharing of best practice across a wider geographical area and to reduce unwarranted variation.
- Implements, co-ordinates and monitors the regional cleanroom clothing laundering contract to ensure optimum pricing and to maintain quality.
- Co-ordinated work on capacity planning in aseptic units to reduce duplication of effort.
- Input to the national technical services symposium and feedback to improve in future.
- Co-ordination with SPS Procurement & QA with respect to implementation of procurement contract changes (to ensure best value for money).
- A member of the Group is leading nationally on the innovative area of advanced therapies and increasing awareness of this topic within the group.
- Regular input to, and influence over, national specialist committees: Pharmaceutical QA, Pharmacy Production, Pharmacy Aseptic Services Group.
- Provided advice on electronic documentation in use in aseptic units to maximise safety for patients (in response to the Toft report).

6. Network Chemotherapy Group (NCG)

Constitution:

- A sub group of the North of England Cancer Network (NECN) which is one of the four networks within the Northern England Strategic Clinical Networks (SCN).
- The SCN is part of NHS England, the Network provides administrative support and governance oversight of the activities of the Network Chemotherapy Group.
- The Network Chemotherapy Group is a requirement of Cancer Standards, which are monitored by the Quality Surveillance Team (QST), formerly National Peer Review Programme(part of NHS England).
- Representative from each Acute Trust in North East and North Cumbria Local Chemotherapy Group, plus oncology, haematology, chemotherapy nursing and oncology/haematology pharmacy.

- Reports to Clinical Network Cancer Board

Main Purpose:

The purpose of the Network Chemotherapy Group is to ensure best practice in the use of cancer chemotherapy and systemic therapies in the NECN.

Terms of Reference:

<http://www.nescn.nhs.uk/wp-content/uploads/2015/02/NECN-Chemo-group-Terms-of-Reference-June-15-v2.0.pdf>

Output examples:

Manage the following:

- Network formulary/ list of approved regimens
- Network of Chemotherapy Policies
- Network Chemotherapy Regimen protocols
- Chemotherapy Education Study Days
- Chair is co-signatory to all Network tumour site specific group clinical guidelines

Website

<http://www.nescn.nhs.uk/networks/cancer-network/cancer-network-groups/nccg-chemotherapy-group/>

7. North East Antimicrobial Pharmacy Group

Constitution:

Representation from each acute trust in the North East as well as primary care representation from NECS

Main Purpose:

- Initially developed as a support network as most of the antibiotic pharmacists working within the North East were relatively new to post and rates of *Clostridium difficile* and MRSA were increasing.
- Share ideas and provide advice and support.
- Develops guidelines for local adoption where possible.
- Network for sharing ideas on how to achieve the national AMR CQUIN as well as raising knowledge of primary care QP.

Output examples:

- Development of vancomycin guidelines which were adopted by a selection of providers
- Agreement of local holding centres for uncommon antimicrobials
- Provide support for NECS primary care guideline by reviewing clinical content and distributing to regional Microbiologists

8. North East and North Cumbria Informatics Group

Constitution:

North East and North Cumbria Operational and Pharmacy IT leads

Main Purpose:

There are 3 separate pharmacy IT systems in use across the region – Emis [Ascribe], JAC and Meditech. The majority of Trusts in the region are currently using Emis
The main purpose of the Group is to work collaboratively across the region, sharing IT information, problem solving (IT systems permitting).

Output examples:

- Trusts sharing expense of training day [in progress] – several trusts using Emis as a provider are upgrading to a new version. In order to reduce the cost of on-site training, Trusts are collaborating to arrange one training day attended by several Trusts
- Meeting organised with IT provider to discuss IT issues – meeting arranged with Emis to discuss customer service issues. This meeting was attended by Emis Ascribe lead and customer care team. The Group identified areas of service they felt needed improving. After the meeting there was an initial improvement in customer service reported.
- Development of robot tender document – several Trusts are looking to purchase / renew robots. The tender document currently being worked on by one Trust will be available for other Trusts to base their tender on if required.
- Collaborative working on Powergate – one Trust in the region is using Powergate for the majority of their purchasing. They have hosted training sessions for other Trusts and offered implementation support.
- Sharing good practice/problem solving for IT related systems (Omnicell, e-prescribing etc.).
- GS1/Scan4Safety updates from the region's chosen demonstrator site.

9. North East Pharmacy Procurement Group (NEPPG)

Constitution:

The NEPPG is chaired by a Chief Pharmacist and membership comprises representatives of provider and commissioning organisations across the North East of England and North Cumbria as well as expert QA and procurement specialist support.

Main Purpose:

- To coordinate the collaborative procurement of medicines across the region and provide a source of expert advice to Chief Pharmacists on the safe and cost effective purchasing and distribution of pharmaceutical products.
- To lead the tendering and contracting for medicines and pharmaceuticals (in conjunction with the Commercial Medicines Unit (CMU)).
- To act as a focal point for medicines procurement issues for local healthcare organisations and the pharmaceutical industry.
- To keep apprised of developments in pharmaceutical procurement both nationally and internationally and identify procurement opportunities for pharmaceuticals and associated services (e.g. homecare) for the member organisations.

Output examples:

- The Group has consistently delivered a favourable return on investment and 2015/16 saw total savings of £7,577,359.
- These savings were achieved from a variety of framework contracts which were tendered regionally; by the NE Pharmacy Procurement Service (NEPPS), and nationally; by the Commercial Medicines Unit (CMU).

NEPPS, which is funded by, and works on behalf of the group, delivered framework contracts including:

- Wholesaler service
- Contrast media
- Parenteral Nutrition
- Human Albumin
- Medical gas cylinders
- Homecare – dispense and deliver

CMU delivered framework contracts including:

- National generic and transition products
- North of England branded medicines (Tranches A and B)
- North of England Dose Banded Chemotherapy

Recently the Group has been looking at the measurement of efficiencies in procurement processes and the supply chain within the region as part of the 'Carter' work stream. This includes looking at options for regional stores.

10. Regional Clinical Trials Pharmacy Group

Constitution:

Chaired by Pharmacy Lead North East and North Cumbria Clinical Research Network (NENC CRN). Consists of designated lead pharmacy personnel in clinical trials from all partner organisations of the NENC CRN.

Main Purpose:

- Purpose is to provide a forum for exchange of ideas, resolving common issues across the regional pharmacy trials and sharing of good practice.
- Provide interpretation of national and local research network policies for pharmacies across the NENC.
- Support pharmacy clinical trials staff in the region with changes to national approval processes specifically those pertaining to pharmacy technical reviews.
- Set and evaluate timelines and metrics for pharmacy clinical trial activities within the NENC region allowing evaluation of practice to improve and streamline services. Using these metrics and data to review our practice nationally.
- Identify training needs of all levels of pharmacy clinical trials staff. Provide support to pharmacy clinical trials staff throughout the region.
- Develop strategies for increasing capacity to support research activity both in terms of scale and scope.

Output examples:

- Pharmacy metrics covering review of clinical trials and set up timelines have started to be collected by each partner organisation. The analysis of this has shown our timelines as positive in comparison to the national data collected so far.
- Multisite costing of commercially sponsored clinical trials being set up at multiple sites in the region has been started and are being reviewed on an ongoing basis. This should help to streamline processes with commercially sponsored studies and improve our reputation as a network with industry.

11. Cumbria and NE LWAB Pharmacy Workforce Subgroup

Constitution:

- The chief pharmacists from the nine separate NHS acute and two mental health trusts in the North East and North Cumbria;
- Higher Education Institutions with which HEENE and NHS commissioned health providers in the North East has / could have a contractual relationship;
- The North East Pharmacy Education & Training Office;
- Representatives of community pharmacy, primary care providers, commissioners and non-NHS providers;
- Representative from CPPE
- The Health Education England North East (HEE NE) business lead

Main Purpose:

Act in a formal advisory capacity to HEE North for workforce, education and training decisions supporting the LWAB in relation to the pharmacy workforce across three NE and Cumbria STP footprints. The sub-group relates to key programme and national advisory boards, and also ensures broad links to the relevant outcomes frameworks for the NHS, public health and social care.

Key responsibilities:

- To help shape the content of the Workforce Development strategy
- Consider and advise on the implications of regulatory changes, innovation, societal and demographic changes on workforce plans
- Consider and advise on the education and training commissioning plans
- Identify skills gaps in the local labour market and advise on how they can be met
- Advise on how the quality of education and training can be further enhanced within the resources available

Output examples:

- Regional Pharmacy Workforce Education, Training and Development Strategy (2014-29) developed, which has influenced the commissioning numbers of preregistration pharmacy trainees and post graduate education.
- Closer working with other professions, and cross sector working ensuring commonality of training and development with a health economy approach to workforce

- Work with local HEI providers to amend the Clinical Diploma Programme to integrate into a standard pharmacist foundation development programme suitable for all sectors delivering advanced clinical/diagnostic skills
- Work with HEENE Clinical Quality Business Lead to adopt a common approach to regular Deanery meetings on the quality of provider training.
- Regional approach via Oriel for pre-registration recruitment including building on existing regional resources e.g. NE recruitment websites used for medical recruitment
- Joint working on developing apprenticeship programmes for bands 1-4, pharmacy technicians and going forward foundation pharmacists
- Collaborative exploration of new roles e.g. pharmacy associate, consultant pharmacists and increased pharmacist prescribers with associated multi-sectorial business cases where appropriate
- Continuation of vacancy survey on a NE regional basis to provide workforce intelligence across the managed sector.
- Professional input into the three HEENE task and finish groups address workforce shortages in Emergency Care, General Practice and Mental Health highlighting and sharing extended pharmacy roles in these areas.
- Shared approach along with HEI colleagues addressing national developments in educational supervision and prescribing assessments in pre-registration pharmacists,

12. Regional Medicines Information Group

Constitution:

Pharmacists from Trusts across North East and Cumbria, Bradford Teaching Hospitals NHS FT, Mid Yorkshire Hospitals NHS Trust and Regional Drug and Therapeutics Centre; noting that some members engage virtually and/or receive important information as part of a professional network. Centrally generated and offered resources, training and information is shared with all members.

Main Purpose:

- Keep abreast of developments in therapeutics, professional practice, technology and information sources to support continuing professional development within the specialty and to ensure that the service provided is as up to date as possible..
- Network with others to share information and experience
- Provide a forum for the sharing of information, ideas and examples of good practice.

The above are delivered whilst operating within the overarching aims of UKMI, which includes:

- Support the safe, effective and efficient use of medicines by the provision of evidence-based information and advice on their therapeutic use.
- Support medicines management within NHS organisations
- Support healthcare professionals optimise use of medicines for individual patients

Output examples:

Resource Management:

- Access to group purchasing deals on key recommended MI resources and enquiry recording database (MiDatabank).

- Group kept aware of updates to essential resource list and any limitations, errors and version problems associated with certain commonly used MI resources.
- UKMI MiDatabank User Group and update on developments.

Clinical Governance:

- UKMI Clinical Governance Working Group update and discussion of key topics as they impact on practice.
- Peer Review of enquiries (particularly useful for lone workers / MI 'leaders' to evaluate their practice against set standards and avail of external feedback.
- IRMIS Reports promoted and circulated and key themes (time, support for junior staff, calculation errors, drugs with similar sounding names) highlighted with appropriate actions agreed.
- UKMI Audit tool promoted as means of self-audit where external audit is not undertaken.
- Yellow Card Centre presentation on key issues, MiD electronic YC reporting data, YC reporting performance of regional trusts and MHRA Yellow Card updates.

UKMI National Work and Executive Committee Update

- UKMI Practice Development Seminar Feedback: Members of the group that attended fed back on the UKMI PDS and presented summaries of the different plenary sessions and workshops attended, highlighting the key messages for MI services and pharmacists and posters of particular interest.
- Detailed feedback on recent UKMI Executive Meetings and activities; generating useful Q&A sessions.

UKMI Support

- Telephone Skills Evaluation Tool can be used as a training tool or for periodic review of calls.
- MI Training (Pharmacists and Pharmacy Technicians), MiCAL and UKMI Workbook: sharing of training packages, points of interest, feedback on what has gone well/not so well etc.

Service Performance:

- UKMI Core Performance Indicators highlighted and use encouraged. Additional, optional KPIs can be selected in accordance with Trust priorities.
- UKMI User Survey circulated and discussion about how the information could be, or is currently, used by members of the group.

Injectable Medicines Guide

- Member of the MI Group who is also a member of IMG reports back on any developments at each meeting.

Mental Health update

- Members from mental health trusts highlight key issues that may be relevant to the Group as a whole.

Other

- Formal round table contribution on specific work or projects being undertaken or on conferences attended, by each member of the group. This is to facilitate the sharing of ideas and examples of good practice e.g. discussions on Patient Help Lines and how each Centre that offered them, marketed the service and the impact of flyers in bags etc.

13. North East and North Cumbria Hospital Clinical Pharmacy Network

Constitution:

Representation from all 9 acute hospital trusts and the 2 mental health hospital trusts based in the North East and North Cumbria. Each trust nominates a Lead Clinical Pharmacist to represent.

Main Purpose:

To collaborate on development of clinical pharmacy services across the North East and North Cumbria. By working together we can pool resources to achieve a greater impact. The focus of the network's work is looking at how we can share and standardise good practice across the region, develop the clinical workforce and improve the services we provide.

Output examples:

- A Pharmacist Independent Prescribers toolkit for practice

The Network identified that pharmacist prescribing was being implemented with significant variation across the region. We initially determined the causation behind the inconsistency in uptake. We discovered that the main barrier to developing pharmacist prescribing was a lack of confidence and insufficient support. The Network identified that Clinical Supervision was the mechanism that we could use to support pharmacists to implement prescribing. We developed a Clinical Supervision Framework as part of a toolkit to support prescribers. This has now been implemented across the region. This work has led to 3 publications in peer reviewed journals, awards from national clinical pharmacy associations, presentation at national conferences and application for RPS endorsement. This work has also been fed back to the GPhC as part of their consultation on supervision of PIP in training. The pharmacists who have had supervision are reporting that they feel supported and confident to implement prescribing into their practice.

- Clinical Pharmacy Triage and Prioritisation

The NHS is under significant pressure to deliver increased services with fewer resources. Pharmacy needs to play a key role in delivering this efficiency. All the trusts in the region are looking at ways to extend services and how to optimise the efficiency and effectiveness of the pharmacy workforce. The Network identified that each clinical team was working in a different way with different priorities and were using different methods for prioritisation. We have looked at how pharmacists view prioritisation and how they prioritise patients in practice. The Network are now using this data to develop principles about how clinical pharmacy workload can be prioritised with the aim of ensuring efficiency of clinical services whilst also improving the quality of clinical pharmacy intervention.

14. North East and North Cumbria Academic Health Sciences Network Medicines Optimisation Programme Steering Group

Constitution:

Membership of the steering group reflects the collaborative nature of the projects undertaken and includes representatives from across the health professions and health sectors, academia, and the pharmaceutical industry, all with a role in driving medicines optimisation. Programme lead is responsible to the AHSN CEO.

Main Purpose:

The Academic Health Science Network for the North East and North Cumbria (AHSN NENC) is dedicated to improving healthcare, driving wealth creation and promoting research participation across the region. Through collaborative working with a wide range of other stakeholders, including companies, charities and Local Authorities the role of the AHSN is to ensure that areas of best practice and innovation are identified and disseminated at pace and scale regionally.

The AHSN Medicines Optimisation (MO) Programme is committed to working across sectors and disciplines as a means of producing innovative workable solutions to medicine related issues, including aspects of safety. It cuts across other AHSN clinical programmes in addition to initiating specific MO and patient safety work. There is also a strong national AHSN MO network with good communication links ensuring good practice is shared and disseminated beyond regional boundaries.

Output examples:

Transfer of Care Project

- This project has delivered the ability for all acute Trusts within NENC to make electronic referrals to Community Pharmacy. Collaboration with Community Pharmacy has been a significant output. Early evaluation demonstrates a statistically significant reduction in re-admission rates for those patients who received a follow up with their community pharmacist following a referral (<http://bmjopen.bmj.com/content/6/10/e012532.full>). Collaboration now extends across England with roll out of “clinical handover” being undertaken by all AHSNs.

Supporting Vulnerable Adults with their Medicines

- This project has provided information about the current activity in the NENC with regards to medication reviews being conducted in care homes. The report (http://new.ahsn-nenc.org.uk/wp-content/uploads/2015/01/AHSN_Report_Medications_Review_Jan_16_updated.pdf) highlighted inconsistencies in commissioning and the outcome measures used. Potential for further cost savings was also identified. The intention is to present the report to CCGs and social care providers.

15. Regional Pharmacy Research Group (RPRG)

Constitution:

The RPRG is co-chaired by two lead clinical pharmacists and membership comprises representatives of all acute and mental health trusts in the North East of England and North Cumbria as well as local university representatives.

Main Purpose:

1. Develop a strategy to guide research priorities and direction within the region.
2. Provide the region with a nationally recognised research brand that promotes the great work being done within pharmacy.
3. Encourage collaboration between trusts within the region to increase pharmacy based research.
4. Provide a research network within the region to support those undertaking research.
5. Provide a platform to showcase regional research.

Output examples:

This is a newly formed group with work underway to set a firm foundation for going forward which will include branding, group structure and scoping current research activities within the region. A vision statement has been agreed: *“For the North East and North Cumbria to be a recognised leader in pharmacy and medicines optimisation research for patient benefit across all care settings”*.

16. North East & North Cumbria Operational Pharmacy Managers Network

Constitution:

This includes all Hospital Trust Operational Pharmacy Managers (Pharmacist or Pharmacy Technician) from the North East and North Cumbria, nominated by their Chief Pharmacist or NESPM member. This includes acute and mental health Trusts and the regional procurement pharmacist.

Main Purpose:

Identify, discuss and recommend action in a collaborative forum on any issue affecting the operational pharmaceutical services in hospital Trusts in the North East and North Cumbria, and also electronically outside of meetings. This is to be achieved by:

- Sharing good practice
- Sharing information
- Collaborative working
- Providing professional leadership for the operational pharmacy services
- Working to an annual work plan developed in conjunction with the NESPM

Output examples:

Waste Management

- How medicines waste is managed in Trusts, including destruction and returns processing. Including security issues raised by CQC comments on return medication for pharmacy not being a secure process.

Key Performance Indicators/Benchmarking

- Optimising medicines related processes e.g. reduction in expired stock value and returns transactions; improved stock turnover etc.

Skill Mix

- Shared good practice to aid adoption of better ways of utilising skill mix to deliver services more cost effectively. Included sharing of business cases, job descriptions etc.

Management of Controlled Drugs

- Primarily to improve governance around the supply and monitoring processes. Shared Intelligence.

Transfer of Medicines

- Review of how Trusts transfer patients in ways to avoid missed doses, out of hours call outs, wastage and costs. Also looking improving ways in which internal transfer of medicines is managed when patients move within Trusts.

Error Recording

- Recording and learning from errors / near misses in the dispensing process.

Management of Antidote and Emergency Medicines

- Sharing information on management of these medicines as recommendations change. Working together to manage medicines most efficiently.

Sharing Good Practice and Standard Operating Procedures (SOPs)

- Sharing SOPs to minimise management time in production. Helping each other to understand gaps in services and how to resolve issues

17. Medicine Safety Officers Network – North East and North Cumbria

Constitution:

The MSO network is chaired by a Senior Pharmacist and membership comprises representatives of provider and commissioning organisations across the North East of England and North Cumbria as well as representatives from Specialist Pharmacy Services, North East Ambulance Service and Schools of Pharmacy. There is also a link to the CQC Specialist Pharmacist covering the North.

Main Purpose:

- Share learning from medicines safety incidents
- Collaborate on medicines safety initiatives
- Collaborate on the implementation of national medicines safety alerts
- Undertake audits and research on medicines safety
- Provide supportive network for MSOs locally – an opportunity to discuss challenges and solutions
- Share documents, tools and policies
- Early warning of medication risks through sharing of incidents locally
- Benchmarking of medication incidents with other Trusts
- Link to the national MSO network

Output examples:

- Review of all insulin incidents across all acute Trusts and Mental Health Trusts
- Discussion at the network following the recent NHS England alert on 'Open Systems' has identified regional challenges with implementation as a result of common practice across acute Trusts which will be shared with NHS England Patient Safety Team
- Each month MSOs bring examples of incidents and local learning for sharing
 - Never events
 - Near misses
 - Attendance at a coroner's court
- Documents and guidance that have been shared
 - IV phenytoin guidelines
 - Insulin discharge form
 - Safety bulletins