

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARYREPORT TO THE BOARD OF DIRECTORS MEETINGHELD MAY 2011

<b>Subject</b>	Pharmacy and medicines management update
<b>Supporting TEG Member</b>	Mike Richmond
<b>Author</b>	Damian Child, Chief Pharmacist
<b>Status<sup>1</sup></b>	Note

**PURPOSE OF THE REPORT**

To update the Board of Directors on the progress made against issues discussed during the Board visit to Pharmacy in November 2010

**KEY POINTS**

Pharmacy has been able to deliver some significant 'quick wins' in relation to medicines expenditure 2010/11, will build on this work during 2011/12 and is making steady progress on a number of projects that will ultimately improve operational efficiency and patient care.

**IMPLICATIONS<sup>2</sup>**

<b>Achieve Clinical Excellence</b>	✓
<b>Be Patient Focused</b>	✓
<b>Engaged Staff</b>	✓

**RECOMMENDATIONS**

The Board is asked to note the progress being made and to feedback any recommendations.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>

<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the three pillars (aims) of the STH Corporate Strategy 2008-2012

Sheffield Teaching Hospitals NHS Foundation Trust

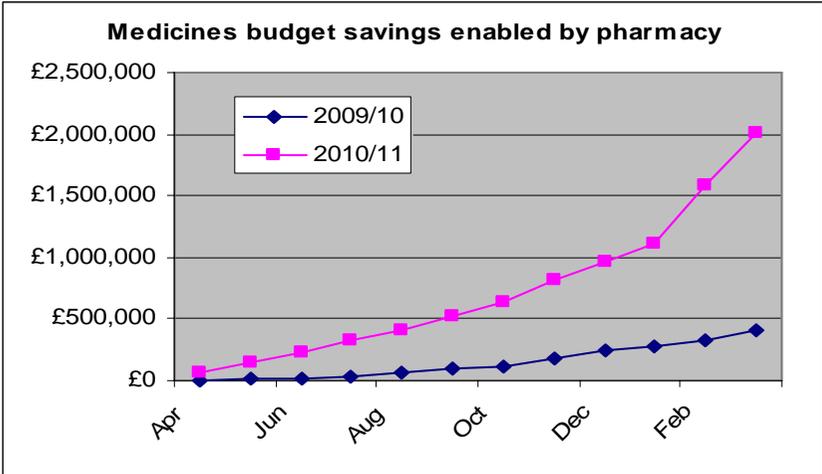
Pharmacy and Medicines Management issues discussed at Trust Board Visit to pharmacy Nov 2010

Update for the period to April 011

Issue	Progress to date	Further action																																							
Medicines reconciliation	<p>Improvements in the proportion of patients who have their medicines formally reconciled on admission have been maintained.</p> <div data-bbox="533 687 1384 1273" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>Figure 3: Medicines Reconciliation At STHFT</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Data for Figure 3: Medicines Reconciliation At STHFT</caption> <thead> <tr> <th>Month Of Audit</th> <th>Medicines Reconciliation Completed Within 24 hours (%)</th> <th>Medicines Reconciliation completed (%)</th> </tr> </thead> <tbody> <tr><td>Jan-09</td><td>38.0</td><td>68.0</td></tr> <tr><td>Mar-09</td><td>48.0</td><td>70.0</td></tr> <tr><td>May-09</td><td>52.0</td><td>72.0</td></tr> <tr><td>Jul-09</td><td>58.0</td><td>75.0</td></tr> <tr><td>Sep-09</td><td>62.0</td><td>78.0</td></tr> <tr><td>Nov-09</td><td>63.0</td><td>79.0</td></tr> <tr><td>Jan-10</td><td>62.0</td><td>82.0</td></tr> <tr><td>Mar-10</td><td>61.0</td><td>87.0</td></tr> <tr><td>May-10</td><td>62.0</td><td>85.0</td></tr> <tr><td>Jul-10</td><td>65.0</td><td>80.0</td></tr> <tr><td>Sep-10</td><td>64.0</td><td>80.0</td></tr> <tr><td>Nov-10</td><td>60.0</td><td>80.0</td></tr> </tbody> </table> </div> <p>Performance on the acute medical assessment units is almost 100%, reflecting the investment in Pharmacy Admissions and Discharge Team staffing.</p>	Month Of Audit	Medicines Reconciliation Completed Within 24 hours (%)	Medicines Reconciliation completed (%)	Jan-09	38.0	68.0	Mar-09	48.0	70.0	May-09	52.0	72.0	Jul-09	58.0	75.0	Sep-09	62.0	78.0	Nov-09	63.0	79.0	Jan-10	62.0	82.0	Mar-10	61.0	87.0	May-10	62.0	85.0	Jul-10	65.0	80.0	Sep-10	64.0	80.0	Nov-10	60.0	80.0	<p>At present the main risk areas are in the surgical specialties and the recent clinical reconfiguration has consolidated the pharmacy service gaps into a small number of areas. TAUs on both sites and SAC at NGH site do not have any clinical ward-based pharmacy service funded, which impacts on the number of patients seen within the desired first 24 hour period of admission.</p> <p>In addition, although pharmacy significantly extended its operating hours when it established full 7-day working in 2008, the lower staffing levels during evening and weekend duty periods inevitably impacts on performance against this target.</p> <p>The difficult economic climate makes significant investment in additional staffing unlikely, so plans are focused on trying to release staff from the existing pharmacy workforce by using operational efficiency gains. In line with the agreed review cycle an updated audit of progress is scheduled for June 2011.</p>
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<p>Ward-based medicines management technicians</p>	<p>Pharmacy implemented a pilot Dispensing for Discharge across Brearley and Hadfield wards within Medicine, starting October 2010. Four MMTs at AfC band 5 were employed to reduce waste and speed discharge amongst other efficiencies.</p> <p><b>Projected Savings per annum</b></p> <table border="1" data-bbox="524 411 1397 799"> <thead> <tr> <th data-bbox="524 411 797 480">Wards</th> <th data-bbox="804 411 987 480">Brearley 2</th> <th data-bbox="994 411 1178 480">Brearley 4</th> <th data-bbox="1184 411 1397 480">Hadfield 2</th> </tr> </thead> <tbody> <tr> <td data-bbox="524 485 797 528">Waste reduction</td> <td data-bbox="804 485 987 528">£19,392</td> <td data-bbox="994 485 1178 528">£10,643</td> <td data-bbox="1184 485 1397 528">£44,018</td> </tr> <tr> <td data-bbox="524 533 797 624">Savings by increasing use of POD'S</td> <td data-bbox="804 533 987 624">£15,113</td> <td data-bbox="994 533 1178 624">£6,084</td> <td data-bbox="1184 533 1397 624">£7,201</td> </tr> <tr> <td data-bbox="524 628 797 719">Average reduction in TTO costs <u>per patient</u></td> <td data-bbox="804 628 987 719">£44.90</td> <td data-bbox="994 628 1178 719">£32.32</td> <td data-bbox="1184 628 1397 719">£62</td> </tr> <tr> <td data-bbox="524 724 797 799">Average reduction in TTO costs per year</td> <td data-bbox="804 724 987 799">£32,328</td> <td data-bbox="994 724 1178 799">£23,270</td> <td data-bbox="1184 724 1397 799">£33,356</td> </tr> </tbody> </table>	Wards	Brearley 2	Brearley 4	Hadfield 2	Waste reduction	£19,392	£10,643	£44,018	Savings by increasing use of POD'S	£15,113	£6,084	£7,201	Average reduction in TTO costs <u>per patient</u>	£44.90	£32.32	£62	Average reduction in TTO costs per year	£32,328	£23,270	£33,356	<p>Issues re agreed methodology of calculating baseline expenditure, currency (i.e FCE versus patient spell), the impact of Vickers 4 etc remained unresolved at year end. Consequently no savings were transferred to the pharmacy budget and the project is currently at risk because the MMTs remain unfunded.</p>
Wards	Brearley 2	Brearley 4	Hadfield 2																			
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<p>Management of returned medicines</p>	<p>Fiona Davis (MAU Staff Nurse) was temporarily seconded to pharmacy, with the support of Diane Wilson (Matron), to act as a valuable link between ward and pharmacy staff to assist with improvements in how stock returned to pharmacy is managed and (where appropriate) recycled. The pilot project ran for just over a month and took approximately 0.2 WTE staff time to support. The project demonstrated operational efficiency improvements (particularly in relation to ward stock top-ups), only modest financial savings (£16 per ward per top-up, equating to £512 for 3 wards over 1 month), but most importantly drastically reduced the amount of unused medicines being sent for incineration (down from 9-10 boxes of waste per week to just 4-5 boxes per week).</p>	<p>Fiona has now been redeployed to MAU but pharmacy staff are continuing to evaluate the project with a view to putting together a business case for dedicated staff to extend the project to cover additional wards.</p>																				

	<b>Progress to date</b>	<b>Further action</b>
Discharge prescription processing	Data from the dispensary prescription tracking system shows that discharge prescriptions continue to be processed in approximately 90 minutes mean (latest data NGH 95 mins, RHH 87 mins). Where ward-based pharmacy staff have been able to screen and resolve clinical problems or prescribing errors before the prescription arrives in pharmacy the turnaround time falls to 74 minutes.	As the Trust develops the bed management capabilities of Patient Centre to more clearly identify patient status with respect to discharge planning it is anticipated that this will improve pharmacy's ability to pull discharge prescriptions through the system. Plans are developing to partially outsource outpatient dispensing at RHH and install an automated robotic dispensing system at NGH, both projects anticipated to release staff time that can be reinvested in making further improvement to patient services.
Electronic prescribing	Funding for a fixed term pharmacy technician to support the discharge prescription elements of e-discharge communications project (Anglia ICE) – have been secured and recruitment is underway.	Trust-wide electronic prescribing – Alan Abbott has been appointed as project manager to assist with development of the business case which is scheduled to be presented to CIT and/or BPT Autumn 2011 with an anticipated rollout starting 2013
Re-engineering of NGH pharmacy including automation	The additional MMTs implemented in medicine as described above have had the added benefit of getting the Hadfield satellite dispensary operational (speeding TTO turnaround and reducing pressures on the main dispensary) and this will shortly include getting the robot system in the dispensary operational for the first time. Mapping of the workflows in the NGH main dispensary in preparation for automation identified that significant improvements could be made well in advance and at relatively little cost, so changes are underway and will be completed this Summer.	Once the combined NGH stores & dispensary robot system has been installed this will conclude the main phase of the automation project itself. Work is ongoing to maximise efficiency gains by developing the ward-based medicines management capabilities of the pharmacy JAC system, interfacing systems (especially JAC with finance Integra, but also JAC with ward-based intelligent drug storage systems) and prepare for the advent of full electronic prescribing.

Issue	Progress to date	Further action
Aseptic service business continuity	The two major risks identified for aseptic services were the lack of generator essential power supply to the cytotoxic chemotherapy unit at WPH and the total reliance on a single air-handling plant for the aseptic dispensing unit at RHH. An estates survey has established that connecting the cytotoxic unit to the essential power supply can be undertaken for less than £5K and this work is underway.	Installation of back-up systems for the air handling plant at RHH is significantly more challenging. Work is underway to develop a business case for the investment required to be presented to CIT.
Financial - pharmacy P&E plan	<p>Pharmacy delivered significantly increased medicines budget savings during 2010/11 (cf 2009/10):</p>  <p>The full-year medicines expenditure reported for 2010/11 was £74.85M, a significant reduction on the total spend of £76.50M for 2009/10. The Pharmacy directorate also overperformed against its income target and underspent on staff. Although the directorate successfully delivered £485k of P&amp;E savings against a target of £474k, the £278k unmet P&amp;E carried forward from 2009/10, difficulties in securing reimbursement from clinical directorates, and a medical gases overspend of £104K left pharmacy with a total £345K overspend.</p>	In return for a reduced directorate P&E target, pharmacy has agreed a stretch target for directorate medicines budget savings of £2.5M for 2011/12. Over 50 separate P&E schemes are now being implemented or developed. £2.1M of potential savings have already been identified, but delivery will be reliant on achieving appropriate co-operation from clinical directorate and commissioning PCTs (the latter particularly in relation to high cost medicines excluded from PbR core tariff).