## Hospital Pharmacy Transformation Plan

<table>
<thead>
<tr>
<th>Trust Board</th>
<th>Item: 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 29th March 2017</td>
<td>Enclosure: G</td>
</tr>
</tbody>
</table>

### Purpose of the Report:

The Hospital Pharmacy Transformation Plan (HPTP) will underpin the Trust’s Pharmacy and Medicines Optimisation strategy. The transformation will ensure that more than 80% of pharmacist resource is utilised for more clinically focused patient facing medicines optimisation services by April 2020. It seeks to ensure quality and efficiency against the standards set out in Lord Carter’s 2016 Report on Productivity in NHS Hospitals. Implementation is being monitored by NHS Improvement. Final HPTP to be submitted by 31.03.17.

The Chief Pharmacists within the four acute Trusts in SWL are committed to working collaboratively with partners to scope the potential for shared services in collaborative procurement and supply chain, outsourcing of ward delivery, collaborative homecare, joint training for prescribing etc. Collaborative procurement and supply chain is also being scoped with NWL acute Trusts.

The key areas of focus highlighted for the Trust are:

- To review skill mix and work towards higher levels of active prescribing pharmacists, introduce pharmacist TTO transcribing and increase ward based technicians.
- From the Model Hospital benchmark data, the pharmacy staff and medicines costs per WAU is 19% below the national median due to under-investment in ward-based staff namely pharmacist prescribers and ward medicines management technicians. In order to achieve the national median and realise the potential benefits investment is required.
- To extend and enhance IT services to complete the roll out of electronic prescribing and administration and to support the delivery of a range of digital medicines initiatives including Scan for Safety, NHS Dictionary of Medicine + Devices and the EU Falsified Medicines Directive.

### For: Information ☐ Assurance ☐ Discussion and input ☐ Decision/approval ✗

<table>
<thead>
<tr>
<th>Sponsor (Executive Lead):</th>
<th>Miss Jane Wilson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Gill Eyers, Senior Principal Pharmacist</td>
</tr>
<tr>
<td>Author Contact Details:</td>
<td>Ext 2903</td>
</tr>
<tr>
<td>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</td>
<td>None</td>
</tr>
<tr>
<td>Legal / Regulatory / Reputation Implications:</td>
<td>Medicines remain the most common healthcare intervention and the consequences of poor medicines use can be summarised to include: clinical risk/harm; sub-optimal clinical outcomes; poor patient experience; whole system inefficiency; unnecessary waste;</td>
</tr>
</tbody>
</table>
financial risk; failure to meet national targets and potential for significant reputational damage.

<table>
<thead>
<tr>
<th>Link to Relevant CQC Domain:</th>
<th>Safe ☒</th>
<th>Effective ☒</th>
<th>Caring ☒</th>
<th>Responsive ☒</th>
<th>Well Led ☒</th>
</tr>
</thead>
</table>

| Link to Relevant Corporate Objective: | OBJECTIVE 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience
OBJECTIVE 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
OBJECTIVE 3 – To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future
OBJECTIVE 4 – To deliver sustainable, well managed, value for money services |

| Document Previously Considered By: | N/A |

| Recommendations: | To **approve** the content of the report and the key areas of focus for the Trust. |
Hospital Pharmacy Transformation Plan Final
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>2 Carter Metrics and Model Hospital Benchmarks</td>
<td>6</td>
</tr>
<tr>
<td>3 HPTP Plan Summary</td>
<td>10</td>
</tr>
<tr>
<td>4 Risks and Mitigations</td>
<td>10</td>
</tr>
<tr>
<td>5 Issues and Mitigations</td>
<td>10</td>
</tr>
<tr>
<td>Appendix 1 - Timescales</td>
<td>11</td>
</tr>
<tr>
<td>Appendix 2 - Self Assessment Tool (AAPT)</td>
<td>12</td>
</tr>
<tr>
<td>Appendix 3 - HPTP Workstream Map</td>
<td>13</td>
</tr>
</tbody>
</table>
1. EXECUTIVE SUMMARY

WORKING IN PARTNERSHIP

As part of the wider SWL STP programme Kingston Hospital will be working in partnership with the acute Trusts in SWL and pharmacy colleagues in the clinical commissioning groups (CCGs) to deliver the South West London Five Year Forward Plan (Draft published October 2016) and the supporting medicines optimisation programme. Engagement with secondary care is planned for the interfacing workstreams which include biologic drug pathway redesign; de-prescribing; tackling waste (pharmaceutical and reduced health benefits); new models of supply for oral nutritional supplements, wound management products, stoma & incontinence appliances. Other transformation approaches under consideration include reviewing and strengthening interface prescribing arrangements with a view to sharing of resource to developing a SWL interface prescribing committee to review the entry of new drugs alongside NICE guidance and develop a joint formulary. As Regional Medicines Optimisation Committees evolve the role of local groups will become clearer.

The Chief Pharmacists within the four acute Trusts (Kingston, Epsom and St Helier, St George’s, Croydon) within the South West London Sustainability and Transformation Plan (STP) footprint and as part of the SWL Acute Providers Collaborative, are committed to working collaboratively with partners to scope the potential for shared services in collaborative procurement and supply chain, outsourcing of ward delivery, collaborative homecare, joint training for prescribing etc. Collaborative procurement and supply chain is also being scoped with NWL acute Trusts.

Good practice, ideas and support, and to strive for shared-approaches to issues of policy and delivery wherever practical and desirable will be explored.

HPTP

The Kingston Hospital Pharmacy Transformation Plan (HPTP) will take into consideration local issues. Kingston and Richmond have one of the highest life expectancies in England and, as a result, nearly half of patients over 75 have dementia. Improving discharge is key for the Trust.

The overarching aim of the HPTP is to improve the safety and outcomes achieved from the investment in and use of medicines by ensuring their utilisation in the most effective way. The HPTP will underpin the Trust’s Pharmacy and Medicines Optimisation strategy. The transformation will ensure that more than 80% of pharmacist resource is utilised for more clinically focused patient facing medicines optimisation services by April 2020. It seeks to ensure quality and efficiency against the standards set out in Lord Carter’s 2016 Report on Productivity in NHS Hospitals.

Under the HPTP, the Trust is seeking to:
- Develop a service which meets the needs of our hospital now and in the future
- Ensure suitable equipment and IT systems are in place to support an effective service
- Maximise the use of our resources
- Increase productivity and review processes within the department
- Review outsourced services
- Reduce waste
- Rationalise stockholding and ordering
- Introduce e-invoicing
- Increase the use of biosimilars, generics and therapeutic switches based on our existing work
- Reduce errors and unnecessary delays

The key areas of focus highlighted for the Trust are:
- To review skill mix and work towards higher levels of active prescribing pharmacists, introduce pharmacist TTO transcribing and increase ward based technicians
- To extend and enhance IT services to complete the roll out of electronic prescribing and administration and to support the delivery of a range of digital medicines initiatives including Scan for Safety, NHS Dictionary of Medicine + Devices and the EU Falsified Medicines Directive.
This plan will be shared with partners in order to support collaboration and economies of scale. It will be reviewed and developed as new benchmarking data is made available forming part of service transformation and driving the cycle of continuous improvement. The plan will be overseen by the Medical Director.

Projects will be derived from the recommendations made within the Kingston Hospital Cost Improvement Programme (CIP) and any other efficiency or quality improvement based project which the pharmacy service can influence. We will amalgamate these projects into the pharmacy transformation plan to reduce duplication and create one vision for the future of pharmacy at KHFT and within the local healthcare economy.

**WORKFORCE**

Pharmacy Staff and medicines costs per WAU.

This is 19% below national median due to under-investment in ward-based staff namely pharmacist prescribers and ward medicines management technicians. In order to achieve the national median and realise the potential benefits investment is required.

From the 2016 NHS benchmarking data the % of skill mix is:

<table>
<thead>
<tr>
<th></th>
<th>Pharmacists</th>
<th>Pharmacy Technicians</th>
<th>Pharmacy Assistants</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>KHFT</td>
<td>54%</td>
<td>29%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>40%</td>
<td>35%</td>
<td>21%</td>
<td>6% (the benchmark exceeds 100%)</td>
</tr>
</tbody>
</table>

This confirms that clinical pharmacy services are the Trust's core activity undertaken mainly by pharmacists and we need to take this to the next level. Our plans for clinical pharmacy services include the introduction of pharmacists prescribing TTOs and an increase in the number of prescribing pharmacists. We have band 7 pharmacist vacancies which we cannot fill. We have turned some of these into band 6 and some into 8a posts.

In addition, pharmacists will require support from Clinical Pharmacy Technicians. Historically, we have not received funding for Clinical Pharmacy Technicians despite several business cases submitted to Trust executives. Internally, we created 1 AAU Medicines Management Technician post last year which has successfully released pharmacists’ time. We will seek to extend this to other areas and will undertake a business case to achieve this.

The staff group which is significantly lower than the benchmark are pharmacy assistants. Additional funding is required for pharmacy assistants to allow release of pharmacy technicians to support pharmacists spending additional clinical time and to undertake medicines reconciliation.

The HPTP gives us an opportunity to invest to save and to forecast where additional resources are required to develop direct to patient services and seek to release capacity where required to achieve the goals set out within our HPTP.

2. **CARTER METRICS AND MODEL HOSPITAL BENCHMARKS**

The Trust performance has been reviewed against the Model Hospital benchmarks (data last accessed on 15th February 2017) and recommendations in the Carter Report and highlights areas for consideration within the transformation plan to achieve the desired level of performance. The self-assessment tool has also been completed (Appendix 2).
The data in the Model Hospital Dashboard is extracted from a number of sources:
- NHS Benchmarking Network 2016/17 Work Programme
- Define® (unvalidated data extract submitted) - as KHFT does not submit data to Define, several of the metrics are blank on the model hospital dashboard.
- Wholesalers (electronic ordering & invoicing data)

The 36 metrics are aligned with the Care Quality Commission (CQC) domains of safe, effective, caring, responsive, well-led and money & resources.

A summary of the Trust position is provided in the table below and a detailed description of the individual metrics and the current Trust position.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current performance</th>
<th>Period measured</th>
<th>Planned performance by 2020</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONEY AND RESOURCES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Staff and medicines costs per WAU</td>
<td>£270</td>
<td>2015/16</td>
<td>Increase to national median</td>
<td>This is 19% below national median due to under-investment in ward-based staff namely pharmacist prescribers and ward medicines management technicians. In order to achieve the national median and realise the potential benefits the Trust would need to redeploy funding from other resources.</td>
</tr>
<tr>
<td>Medicines costs per WAU</td>
<td>£238</td>
<td>2015/16</td>
<td>Maintain costs below national median and monitor use of high cost drugs.</td>
<td>Overall our medicines costs are 21% below the national median. This total does mask a high cost drug spend which is 14% higher than the national median. The remaining medicine cost borne by the Trust is 34% below median. We will monitor our use of high cost drugs to support whole healthcare economy savings. Initial indications from our analysis into this high cost drug spend indicate that this is due to the high activity specialties, rheumatology and the Royal Eye Unit. For example, the Royal Eye Unit provides treatment for macular degeneration which has high cost treatments.</td>
</tr>
</tbody>
</table>

| **SAFE** | | | | |
| Total antibiotic consumption in DDD*/1000 admissions | 5282 | 2015/16 | Below peer group median | The Trust is undertaking the Antimicrobial Resistance and Antimicrobial Stewardship CQUINs 4a and 4b 2016/17. The total antibiotic consumption has reduced by 10% from 14/15. It is 17% above the national median but 19% below the peer group median (2nd lowest against London Peers). This suggests a London effect and that peer groups are not matched for demographics. The use of 3 antibiotics, piperacillin / tazobactam and the carbapenems, meropenem and ertapenem has been audited with Trust policy (Kingston Hospital NHS Foundation Trust (2016). Empirical antibiotic guideline for the management of common infections in adults inpatients) and the target of 75% for quarter 3 has been exceeded (98%) Compliance with 72 hour reviews has been audited and the target of 75% for quarter 3 has been exceeded (86%). |
| % eprescribing Chemotherapy | 80% | 2014/15 | 100% | Iqemo roll-out to paediatric chemotherapy by June 2017 will achieve 100% |
| % eprescribing Inpatient | 80% | 2015/16 | 100% | The Trust rolled out Cerner e-prescribing and medicines administration system to all adult inpatient wards and departments 2014/15. We launched iqemo in 2015, for EPrescribing for adult chemotherapy. EPrescribing for paediatrics is planned for 2017/18. |
| % eprescribing Outpatient 0% | 0% | 2014/15 | 100% | Plan to undertake a pilot of e-prescribing for adult outpatients in 2016/17 and roll out is planned for all adult outpatients in 2017/18. |
| % eprescribing Discharge | 100% | 2014/15 | 100% | Target met. |
| Clinical Pharmacy Activity (Pharmacist Time Spent on Clinical Pharmacy Activities) | 76% | Oct 2016 | 80% | We used the pharmacists’ mapping time tool to measure clinical pharmacy time from 8-15th October 2016. We are close to the target of 80%. Our core activity is clinical pharmacy services and we need to take this to the next level with the introduction of pharmacists prescribing TTOs and an increase in prescribing pharmacists supported by clinical pharmacy technicians. |
| % Pharmacists Actively Prescribing | 4% | 2015/6 | Minimum 30% and review | The number of prescribing pharmacists in the Trust is low. We need to develop a business plan for additional pharmacists and clinical technicians in order to increase numbers of prescribing pharmacists. We have identified two specialist pharmacists, working in Haematology-oncology and acute admissions as a potential new pharmacist prescribers. They will begin training in September 2017. Looking the future we will seek to recruit those who are prescribing pharmacists. We will identify areas who will benefit from pharmacist prescribers in collaboration with clinicians. |
| % Medicines Reconciliation within 24 hours of Admission | 74% | Sept- Dec 2016 | 80% | This data has been taken from Quarter 3 2016-17 NHS Medicines Safety Thermometer. An increase to 80% will require more Medicines Management Technicians and increased clinical services at weekends. |
| % Use of Summary Care Record (or local system) per Month | 55.4% | August 2016 | 75% | We are working with the Medical Director to promote the use of the Summary Care Record by medical staff. |
| % Soluble Prednisolone of Total Prednisolone Uptake | 0% | December 2016 | 0% | Data from JAC system, numerator = number of doses of soluble prednisolone, denominator = total number of doses of all oral prednisolone preparations. The Trust stopped using soluble prednisolone in July 2016. This change to our formulary and prescribing policies has delivered cost savings for the Trust. |
| % Biosimilar Infliximab Uptake (Monthly) | 100% | | 100% | Data from JAC system to SWL Trusts QIP Indicates that 100% of patients are on biosimilar infliximab by September 2016 which was supported by a SWL gainshare. |
| % Biosimilar Etanercept Uptake (Monthly) | 74% | November 2016 | Data from JAC system to SWL Trusts QIP Target 75% of patients are on biosimilar etanercept by 31st March 2017 All new patients started biosimilar etanercept from April 2016. The pharmacy team has been working with rheumatology clinicians and homecare suppliers to switch patients to biosimilar etanercept from June 2016. This has been gradual due to appointment and homecare difficulties. Gainshare is supported by SWL. |
| Total spend on Etanercept in 15-16 | £2.75M | April 2015 to March 2016 | Data from JAC system |
| Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands] | 0% | 2015/6 | 90% | The Trust has a CQUIN for 16-17 to reach 90% by 31.3.17. The quarter 3 target was 35%, achievement 51%. |
| Number of Medication Incidents Reported to NRLS per 100,000 FCEs of Hospital Care | 294.5 | March 2016 | The Trust is above both the peer and national median. We are planning to increase reporting by 10%. |
To provide a more complete picture in this plan for some metrics we have used local data where there are gaps on the model hospital dashboard. We have highlighted where this data comes from and the period measured to provide maximum transparency.
The current pharmacist resource for core clinical services is 76%, 16% for Infrastructure and 8% for dispensary duties. The dispensary is a Registered Pharmacy so requires a Responsible Pharmacist’s presence.

The planned change is to increase core clinical services to above 80%, reduce Infrastructure to below 14% and decrease dispensary duties to 6%.

3. HPTP PLAN SUMMARY

The Trust has already achieved several of the pharmacy benchmarks set out in the metrics in the Lord Carter Report on Productivity in NHS Hospitals, 2016. The pharmacy team is working with Trust executives and local partners to develop a comprehensive Hospital Pharmacy Transformation Plan to address the outstanding recommendations and benchmarks set out in the report.

We have developed a detailed action plan which covers each recommendation. It is reviewed and updated at monthly HPTP working groups and the bi-monthly HPTP Steering Group. Please see Appendix 3 for the workstream map for the HPTP project.

4. RISKS AND MITIGATIONS

<table>
<thead>
<tr>
<th>Risk</th>
<th>Contingencies / Mitigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of investment</td>
<td>• Develop robust business cases</td>
</tr>
<tr>
<td>Unable to find increased funding from other parts of the Trust to achieve investment for savings e.g. additional staff resources identified from workforce planning</td>
<td>• Work closely with executive team to ensure a good understanding of requirements</td>
</tr>
<tr>
<td></td>
<td>• Robust financial planning and horizon-scanning</td>
</tr>
<tr>
<td>Senior staff not available to lead workstreams</td>
<td>• Need to stop doing non-core work to prioritise</td>
</tr>
<tr>
<td>Capacity of prescribing courses</td>
<td>• Review of SWL strategy for joint training</td>
</tr>
<tr>
<td>Inability to recruit</td>
<td>• Review skill mix and education and training provided</td>
</tr>
<tr>
<td>Dependency on other acute provider or third party supplier for collaborate working.</td>
<td>• Options appraisal by the SWL collaborative to minimise risk</td>
</tr>
<tr>
<td>Lack of resources to extend e-prescribing</td>
<td>• Needs scoping and benefits analysis.</td>
</tr>
</tbody>
</table>

5. ISSUES AND MITIGATIONS

<table>
<thead>
<tr>
<th>Issues</th>
<th>Contingencies / Mitigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of suitably qualified staff</td>
<td>• Invest in Education and Training programmes both in house and collaboratively in SWL</td>
</tr>
<tr>
<td>Management of change</td>
<td>• Ensure staff are engaged in the plan</td>
</tr>
</tbody>
</table>
### APPENDIX 1: INTERIM TIMELINES

<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2017</td>
<td>Negotiation for 17/18 pharmacy budget for additional pharmacy assistants to allow release of pharmacy technicians to support pharmacists spending additional clinical time and to undertake medicines reconciliation.</td>
</tr>
<tr>
<td>April 2017</td>
<td>Trust to evaluate the outpatient EPrescribing pilot with the intention to roll out to all adult outpatients in 17-18</td>
</tr>
<tr>
<td>April 2017</td>
<td>Introduce e-invoicing</td>
</tr>
<tr>
<td>April 2017</td>
<td>Work with SWL acute provider collaborative to develop shared methodologies and approaches eg for collaborative procurement and supply chain, homecare, joint training for prescribing etc. Good practice, ideas and support, and to strive for shared-approaches to issues of policy and delivery wherever practical and desirable will be explored.</td>
</tr>
</tbody>
</table>
| April 2017 | Adopt GE3 17-19 CQUIN  
- Faster adoption of generic and biosimilar medicines  
- dm&d compliant for SLAM report after JAC upgrade  
- cost effective dispensing routes  
- improving data quality with outcome databases (SACT and IVIG) |
| May 2017   | Trust to make decision about Define                                                                                                               |
| June 2017  | Introduce iqemo for paediatric chemotherapy                                                                                                       |
| June 2017  | Review TTO prescribing by pharmacists                                                                                                               |
| July 2017  | Start workforce optimisation review to plan pharmacist prescribing and Medicines Management technicians                                             |
| September 2017 | Two specialist pharmacists start prescribing course                                            |
| September 2017 | Train existing band 5 technicians in Medicines Management                                      |
| September 2017 | Review 7 day clinical pharmacy services                                                        |
| 2018-2019 | Trust to review e-prescribing and medicines administration roll-out to paediatrics           |
APPENDIX 3: HPTP WORKSTREAM MAP

SET UP HPTP STEERING GROUP

SET UP HPTP WORKING GROUP

HPTP WORK STREAMS

CLINICAL PHARMACY SERVICES
Led by Senior Principal Pharmacist Clinical Services / Education & Training

OUTSOURCED SERVICES
Led by Senior Principal Pharmacist Patient Services

ELECTRONIC PRESCRIBING
Led by Chief Pharmacist

MEDICINES COST REPORTING & RECHARGING
Led by Chief Pharmacist

STOCKHOLDING & ORDERING
Led by Pharmacy Operational Manager

OPTIMISE USE OF BIOSIMILARS, GENERICS & THERAPEUTIC SWITCHES
Led by Senior Principal

KPI REPORTING
Led by Senior Principal Pharmacist Patient

HPTP PROJECTS

Review Pharmacists time on medicines optimisation

Review of Homecare & potential for repatriation

Extend EPrescribing to Outpatients

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics

Prioritisation of ward service to enable 7 day service

On-going review of Boots OPD services

Introduction of EPrescribing to Paediatrics

Review drug expenditure reporting to service lines

Increase the percentage of e-orders

Introduce e-invoicing

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Introducing Pharmacist Prescribers

Introduction of chemo dose-banding

Roll-out IQemo to Paediatric Chemistry

Reduce High Cost Drug challenges

Work with the SWL Acute Provider Collaborative to review opportunities for increased collaboration

Increasing the number of Clinical Pharmacy Technicians

Introduction of standard parenteral nutrition

Review Commissioner reporting including dm+d

Review stock holding in pharmacy and on wards

Engage Clinicians and Commissioners (incentivise using gain share where appropriate)

To start providing data to the NHS Pharmacy benchmarking project to enable comparison and identifying opportunities for improvement

Review stock holding in pharmacy and on wards

Increase the percentage of e-orders

Introduce e-invoicing

To review pharmacy and medicines model hospital metrics