NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 25 November 2015

Title and Author of Paper: Medicines Management Annual Report 2014/15

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The purpose of this report is to update the Board of Directors regarding pharmacy services and medicines management during 2014/15

- Trust pharmacy services were delivered on an 'in-house' basis to five of the six localities across the organisation, by 65 pharmacy staff, including 23 pharmacists. Notice was served on a Service Level Agreement (SLA) with Gateshead NHS Foundation Trust to deliver better quality services and reduce costs. Pharmacy staff sickness rates remained amongst the lowest within the organisation. The Pharmacy service/staff were in receipt of 6 awards during the year

- Senior Pharmacist support to Serious Untowards Incident panels was continued; new improvement actions to reduce harm to patients were developed. Key medicines-related policies and guidelines were reviewed and updated. Strengthened policy monitoring systems were implemented to provide enhanced levels of assurance; no CQC compliance actions were received during the year

- Senior Pharmacist strategic support was provided to the Medicines Management Committee, Transforming Services, CQC, Physical Health, Non-Medical Prescribing, Patient Safety, Flu Vaccination and Innovative Treatments groups

- Around 9600 patient safety interventions were delivered by clinical pharmacy teams, predominantly to in-patient services; annual prescribing and medicines management reviews were conducted within community teams; the clinical pharmacy service to the Sunderland community physical health and medicines management clinic was selected as a finalist in the Royal Pharmaceutical Society Pharmaceutical Care Awards 2014; a new Pharmacist Prescriber post was established within the Specialist Community EUPD Hub Team; Pharmacy was actively involved in Recovery Colleges in Newcastle and Sunderland

- o The pharmacy medicines information service answered 459 clinical questions from healthcare professionals. All customer satisfaction respondents rated the service as either excellent or very good (average satisfaction rating = 4.75/5); the service provided professional pharmacy support for eleven clinical trials within the organisation, a 30% increase over the previous year.

- o A total of 245,403 items were supplied from NTW pharmacy dispensaries; the pharmacy medicines procurement team purchased £3.2 million of medicines during the year. Benchmarking KPIs demonstrated that the organisation is ranked amongst the highest performing Trusts within the region, optimising medicines efficiencies gained on behalf of the Groups; NTW became the first UK mental health services provider UK to implement automated medicines cabinets (Omnicell), within the new Hopewood Park in-patient facility in Sunderland; an electronic prescribing and medicines administration (EPMA) project team was established; An Internal Audit review of pharmacy systems and processes (1415/NTW/42) identified good practice and reported Significant Assurance with no issues of note.

Year-on-year annual medicines expenditure decreased by £133k (3%). This compares favourably to average annualised NHS hospital medicines expenditure, which rose by 15%. The 14/15 out-turn on medicines was 11% under budget; aggregate cost improvements in medicines expenditure achieved across the 7-year period to 2014/15 exceeded the annual operating costs of the Trust pharmacy service

Outcome required:

The Board is asked to recognise the work led and delivered by the Pharmacy Service in managing medicines safely, effectively and efficiently within the organisation

Annual Medicines Management Report
2014 – 2015

Shining a light on the future

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MEDICINES MANAGEMENT REPORT 2014 – 2015

EXECUTIVE SUMMARY

Medicines Management

The Department of Health has developed the term 'medicines management' as a way of describing the processes and behaviours that drive the way in which medicines are selected, procured, delivered, prescribed, administered and monitored. The Care Quality Commission maintains a particular focus upon safe systems and practice in medicines management within its new inspection approach for health providers.

Trust Pharmacy Services

Trust pharmacy services were delivered on an 'in-house' basis to five of the six localities across the organisation, by 65 pharmacy staff, including 23 pharmacists, working from three pharmacy departments, at St George's Park, St Nicholas Hospital and Hopewood Park Hospital. During the year, notice was served on a long-standing Service Level Agreement (SLA) with Gateshead NHS Foundation Trust for mental health pharmacy services to the Gateshead area. Preparations were made to bring this service 'in-house' from April 2015 onwards, within existing resources. The aim of this change was to provide a better and more equitable service to Gateshead patients, to deliver financial efficiencies and enable greater assurance for registration purposes.

The Health and Safety Executive (HSE) Stress in the Workplace survey was repeated showing highly positive results, including good working relationships between colleagues and effective line manager support. Pharmacy staff sickness rates remained amongst the lowest within the organisation (12 month rolling average = 2.7%).

Medicines Governance Services

Medicines Management Committee (MMC): Working through the MMC and in collaboration with the operational groups, pharmacy implemented enhanced policy monitoring systems to provide assurance that medicines are being managed safely and securely across the organisation. The new monitoring system had been the subject of internal audit review during 13/14, which reported *significant assurance*. Twelve local prescribing guidelines and five Patient Group Directives were reviewed and updated, in line with the best available evidence and to ensure that legal standards were being met.

Medicines Management Audits: Updated systems for monitoring adherence to Medicines Management policy practice standards on wards and in community teams were implemented during the year. Comprehensive organisation-wide audits of controlled drugs, prescribing and medicines administration were undertaken, together with risk assessments of the safe and secure handing of medicines. These were reported to the Groups for management action and monitored by the MMC. No

medicines management-related CQC compliance concerns were received during the year.

Non-Medical Prescribing: Enhanced governance arrangements were put in place by pharmacy, including:

- Robust certification process post qualification
- A streamlined application process for NMP registration
- Improved links with the Higher Education Institutions
- Links developed with the nurse NMP professional development forum to support qualified nurse prescribers
- Linkage with ESR and the annual appraisal process
- Further improvements to the intranet NMP mini-site

Regular communication to encourage interest in NMP resulted in an increase in applications for the NMP course. To support this, NMP Group arranged for bespoke clinical skills for NTW staff through Northumbria University.

Medication Safety: Senior pharmacist support for Serious Untoward Incident review panels was commenced to deliver medicines management advice and develop new interventions to reduce risks related to medicines. A total of 932 medication incidents were reported (Table 2), representing a 35% decrease compared to 13/14. The annualised reporting rate remained in line with the national average for all mental health trusts.

Medicines Information: The pharmacy medicines information service answered 459 clinical questions from healthcare professionals within the Trust, including 152 from Consultant medical staff. This represented an activity increase of 4% above 2013/2014 levels. The majority of enquiries concerned the choice of therapy, drug dosages, adverse effects and pharmaceutical issues. All customer satisfaction respondents rated the service as either excellent or very good (average satisfaction rating = 4.75/5).

Clinical Trials: The service provided professional pharmacy support for eleven clinical trials within the organisation, a 30% increase over the previous year.

Clinical Pharmacy Services

The pharmacy service implemented a new clinical pharmacy service model to provide more equitable and sustainable services for all inpatients across the organisation.

Strategic Support: Senior pharmacy manager support was provided to the Transforming Services Programme, including the Principal Community Pathways Programme and associated workshops. Senior pharmacists also supported the work of the Physical Health and Well-being groups, developing new pharmaceutical public health initiatives in these important areas of patient care. Group Lead Clinical Pharmacists provided regular feedback reports to the operational group governance committees on medicines-related metrics and targeted new areas for improvement. Some examples included: concerns highlighted by clinical pharmacists during service manager-led 'mock CQC visits'; outstanding actions from medicines management risk assessments, for resolution by local managers; feedback on

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monthly 'take '5 medicines administration and prescribing audits, which demonstrated significant quality improvements over the year.

Clinical Pharmacy Interventions: Around 800 clinical pharmacy interventions per month were delivered, equating to over 9,600 per year. The great majority were within in-patient services, for which the pharmacy service is resourced; over half were submitted by pharmacists, and the remainder by pharmacy technicians.

Annual Community Team Visits and Prescribing Reviews: Capacity improvements resulting from the 2012/13 service restructure enabled annual medicines management assessments to be provided by pharmacists to all community teams during the year, providing local managers with structured feedback, checking compliance with local policies and developing joint action plans to address any identified gaps. Fifty-four such team assessments were conducted during 2014/15

Community Physical Health and Medicines Management Service (PHMM) – Sunderland: Pharmacy provided front-line support to the Sunderland PHMM service, undertaking medication reviews, medication history-taking, pharmacist prescribing, side effect management and support for shared decision making. Feedback about the service from patients and referring clinicians was highly positive. In recognition of the added value for patients receiving this service, Pharmacy was nominated as a finalist in the Royal Pharmaceutical Society 'Pharmaceutical Care Awards', 2014. Members of the pharmacy team attended the awards event in London to present a poster demonstrating the benefits of the service.

Personality Disorder Hub: A new post was established for a Pharmacist Independent Prescriber to provide detailed medication reviews for patients within Emotionally Unstable Personality Disorder (EUPD) pathway. The team pharmacist also supported CMHT medical staff in reviewing prescribing for EUPD patients, offering prescribing advice and medicine management training.

Recovery Colleges: Pharmacy was actively involved in the development and delivery of the Recovery College programme in Newcastle and Sunderland. In Newcastle, pharmacists delivered sessions about medicines as part of the 'treatment' module. Further sessional input to the Sunderland programme is planned for during 2015/16.

Medicines Reconciliation: Medicines reconciliation is the process by which the accuracy of prescribed medicines is checked and reconciled following admission to hospital and is recommended by NICE. A new pharmacy service standard was developed so that 90% of in-patients would have their medicines reconciled by pharmacy teams on admission to hospital. The audit standard was reached or exceeded for all localities, except Gateshead. Following the provision of training to QEH pharmacy staff, medicine reconciliation performance improved.

Shared Care: Working in partnership with CCG prescribing and medicines management leads, 11 shared care prescribing guidelines and primary information leaflets for GPs were authored or updated during the year.

Second Generation Antipsychotic Depot Injections: A jointly developed regional protocol for the use of antipsychotic long acting injections ('depots') was developed on behalf of the Northern Treatment Advisory Group (NTAG) and approved for use

within the organisation. The development was a key step in the managed introduction of second generation antipsychotic depots within the local NHS.

Prescribing Audit: Pharmacy staff led the organisation's participation in three national Prescribing Observatory in Mental Health benchmarking audits, including lithium, antipsychotics in CAMHS and the management of alcohol withdrawal in in-patients services. The results were reported to participating teams; improvement plans were developed by small groups of participating clinicians and were monitored by Group governance committees

Operational Pharmacy Services

The pharmacy service developed a more flexible, patient focused and outcome driven approach to providing operational medicines supply services during the year. It responded positively and successfully to the challenges and pressures presented by the needs of service users, the organisation and regulators.

Medicines Supply Chain: A total of 245,403 items were supplied from NTW pharmacy dispensaries during the year (Figure 4, representing a small (3.5%) decrease over 13/14 activity levels. This reduction was less than anticipated, considering the significant reduction in in-patient bed numbers which took place across the organisation during the year and is evidence of faster patient turnover, greater acuity and the corresponding pharmaceutical needs of in-patients.

There were a total of 826 dispensing incidents, representing an internal error rate of 0.34% (decreased slightly from 13/14). This compares favourably with nationally published rates of 0.6-2.7%.

Medicines Procurement: The pharmacy medicines procurement team purchased products with a combined value of over £3.2 million during the year. Embedding new Key Performance Indicators within procurement practice has improved performance. These indicators demonstrate that the trust has consistently been ranked amongst the highest performing organisations within the region in terms of purchasing medicines at nationally agreed contract prices, this delivering optimal savings on behalf of the Groups (as drug budget holders)

Omnicell: Senior pharmacy managers worked closely with the informatics team to deliver a project to implement automated medicines storage cabinets (Omnicell) within the Hopewood Park (Sunderland) in September 2014. NTW is the first NHS mental health services provider organisation in the UK to implement this advanced technology on in-patient wards. Work to quantify the benefits realised is ongoing, however significant (≥ 20%) reductions in medication errors and medicines expenditure have already been demonstrated. Following a pharmacy-led bid, the organisation was awarded £640k from the NHS England Nurse Technology Fund, to procure an additional 23 cabinets. Work to implement the new cabinets across the organisation is expected to be completed in 2016.

Electronic Prescribing and Medicines Administration (ePMA): A pharmacy-led bid in 2013/14 to the NHS England Technology Fund ('Safer Hospitals, Safer Wards' programme) for funding to develop an electronic prescribing and medicines administration (EPMA) system was successful, resulting in an award totalling £1.5M

to support the project. Implementation phase of the project commenced during 2014/15. A project team was established which includes a dedicated Lead Pharmacist to manage the project in conjunction with Informatics leads. Key project management control documents were developed. Further system development and phased implementation is scheduled to commence during 2015/16.

Internal audit review of pharmacy systems and processes: This review (1415/NTW/42) identified several areas of good practice and reported *Significant Assurance with no issues of note*. This is indication and recognition of the robust systems and processes governing management of the medicines supply chain and pharmacy business management functions.

Medicines Expenditure

Since the dissolution of SLAs for pharmacy services with local acute trusts and the establishment of the 'in-house' pharmacy service in 2007/8, pharmacy has delivered significant cost improvements in Trust medicines expenditure. The aggregate cost improvement of over £3.2m (40%) in annualised medicines expenditure achieved across the 7-year period to 2014/15 exceeds the annual operating costs of the Trust pharmacy service.

Year-on-year annual medicines expenditure decreased by £ 133k (3%) compared to 2013/14. This compares favourably to average annualised NHS hospital medicines expenditure, which rose by 15% (source: Health and Social Care Information Centre). The 14/15 out-turn on medicines was 11% under budget.

INTRODUCTION

Medicines Management

The Department of Health has developed the term 'medicines management' as a way of describing the processes and behaviours that drive the way in which medicines are selected, procured, delivered, prescribed, administered and monitored. The Care Quality Commission regulatory framework 'Fundamental Standards of Quality and Care' includes medicines management within the 'Safe' domain, serving to maintain its position as high-priority governance issue for health provider organisation. In their 'Market Report' (2012), the CQC identified medicines management as representing one of the areas of highest non-compliance across health and adult social services care sectors.

Trust Pharmacy Services

A comprehensive range of integrated pharmacy services are delivered by around 65 wte professional and support staff from three pharmacy departments, based at St George's Park, St Nicholas Hospital and Hopewood Park Hospital. These include medicines procurement, dispensing and distribution of medicines, clinical pharmacy and medicines information helpline services. Pharmacy also delivers a range of medicines-related clinical governance services such as education and training, patient safety, clinical audit, risk management, policy development and professional support to the Medicines Management Committee. The pharmacy service is vertically aligned, with each staff member contributing to the full range of pharmacy outputs. This inter-dependency between pharmacy colleagues delivers efficiency, sustainability and an ability to flex to meet changing internal and external demands.

Trust pharmacy services were delivered on an 'in-house' basis to five of the six localities across the organisation. During the year, notice was served on a long-standing Service Level Agreement (SLA) with Gateshead NHS Foundation Trust for mental health pharmacy services to the Gateshead area. Preparations were made during the year to bring this service element 'in-house' from April 2015 onwards, within existing resources. The aim of this change was to provide a better and more equitable service to Gateshead patients, to deliver recurrent £91k efficiencies and enable the provision of medicines management assurance for registration purposes.

During the year, Pharmacy also implemented the new Trustwide on call agreement, developed between staff side and management representatives. The new remuneration system was projected to deliver recurrent £62k efficiencies from 2015/16 onwards.

Taken together, these efficiencies were projected to exceed the 15/16 pharmacy service cost improvement target (£125k) by 23%.

Building on improvements developed by an internal pharmacy task group following HSE Stress in the Workplace surveys, the significant reduction in sickness-related absence achieved 13/14 was maintained (12 month rolling average = 2.7%, well below the Trustwide average of around 6%)

A new staffing structure was introduced within the pharmacy operations team during the year, to further enhance accountability and optimise skill mix within our dispensing and procurement teams.

The service was shortlisted as a finalist for the Royal Pharmaceutical Society 2014 Pharmaceutical Care Awards, for pharmacy services to enhance physical healthcare and medicines taking for community-based service users in Sunderland. Good practice was also shared nationally through publishing articles in professional journals and in presenting at conferences (appendix 1). The service also delivered a large number of face-to-face education and training sessions to clinical staff across the organisation (appendix 2).

MEDICINES GOVERNANCE SERVICES

Medicines Management Committee (MMC)

The MMC, which reports into the Trust Quality and Performance Committee, provides assurance that there are appropriate systems in place for safe, effective and evidence-based medicines-related practices within the organisation. The multi-professional committee receives clinical, technical and administrative support from the pharmacy service. The committee updated its terms of reference and forward workplan during the year, to ensure alignment with operational and governance arrangements within the organisation.

Committee Business

- Terms of Reference: The MMC terms of reference were reviewed and updated by the committee, in particular to seek to increase attendance from senior nursing staff and enhance links with other governance groups.
- Sub-Group Structure: In response to an Internal Audit review (1314/NTW/07) of systems for monitoring compliance with the Medicines Management Policy, the committee's Medicines Governance Sub-Group (MGSG) was re-established under revised terms of reference (ToR). Refreshed representation from the operational Groups was obtained via the Group Business Meeting and a new Chair was appointed. Since that time, attendance by Group representatives has remained variable, requiring further review of the ToR. Consequently a new Safer Medication Practice sub-group was established to replace the MGSG, with a remit more focussed upon reviewing medicines-related incidents and audits, identifying themes and developing Trustwide improvement initiatives (e.g. practice guidance updates and new RiO forms).
- Administrative Support: A new Medicines Management Support Officer role was established within pharmacy, to provide dedicated administrative support to the MMC and sub-groups. Following nationally advertisement, an experienced hospital administrator from the acute sector was successfully appointed.

Medicines Management Policy (NTW(C)17)

Following a major review in 2013/14, new initiatives were developed to further embed the Medicines Management Policy into routine practice within the organisation, including clinical audit, training and awareness-raising sessions for

front-line clinical teams. The six accompanying Practice Guidance Notes (PGNs) to the policy were regularly updated, incorporating learning from incidents, changes to legislation/professional guidance and new clinical evidence (Table **1**)

Table 1: Summary of policy and practice guidance approved by the Medicines Management Committee, 2014- 2015

Medicines Management Policy (NTW C17) updates
Further to planned reviews and light of intelligence gathered from recent CQC visits to other mental health trusts, existing auditable standards within NTW(C)17 Medicines Management Policy and NTW(C)38 Pharmacological Therapy Policy were reviewed.
Removal and relocation of existing auditable standards for pharmacological therapies from NTW(C)17, Appendix C thus improving clarity.
Update and clarification of responsibilities for those groups who manage or oversee the auditable standards (e.g. change of name for Safer Medication Practice sub-group).
Occasional variations from Medicines Management Policy was discussed by the MMC; it was acknowledged that the needs of a patient cannot always be met in full by NTW(C)17 and its accompanying policies on pharmacological therapies. The policy was amended to allow for practice within the confines of a valid care plan in exceptional circumstances; the care plan must be approved by the clinical team and directorate managers, in addition to being reported to the MMC.
Changes to the legal schedule/classification of controlled drugs tramadol, lisdexamphetamine, zopiclone and zaleplon were announced in June 2014. A significant change in practice was required whereby tramadol was moved to the Controlled Drug Cupboard and accounted for within the Controlled Drug register. All wards and other relevant clinical areas responded within the appropriate timescale.
Consideration was given by the Committee to prescribing and administration of medicines to patients held under a Section 136 by Trust nursing and medical staff. Having sought advice from the Trust Solicitors, provisions were made in NTW(C)17.
Addition of a new standard to ensure accurate expiry date checking of medicines; Community teams holding medical stock are to be included within this standard
In the final quarter of 2014/2015 the MMC incorporated the CQC Essential Standards and Key Lines of Enquiry into the quarterly reporting template for the Trust Q&P Committee.
Pharmacological Therapies Policy (NTW C38) updates:
Change from a fixed tool where the same audits are completed every year to one where the audit/monitoring programme changes every year to enable monitoring of larger number of PGNs.
PPT-PGN-04   Monitoring of Clozapine Plasma Levels

PPT-PGN 06	Guidelines for the Safe Prescribing and Administration of Insulin
PPT-PGN 10	Use Combination/High-Dose Antipsychotic Therapy
PPT-PGN 12	Buccal Administration of Midazolam for Seizures
PPT-PGN 17	Melatonin in Paediatric Sleep Disorders
PPT-PGN-19	Safer Lithium Therapy
PPT-PGN-20	Botulinum Toxin within Neurorehabilitation Services
PPT-PGN-22	Management of Acute Alcohol Withdrawal in Adults
Other Policies	
NTW(C)02 Rapid Tranquilisation – removal of flumazenil injection	
Shared Care Prescribing Guidelines	
Atomoxetine – Children and Young People (review)	
SoTW Melatonin for the Management of Sleep – Wake Disorders in Children (new)	
NoT Melatonin for the Management of Sleep – Wake Disorders in Children and Young People (new)	
Patient Group Directions (PGDs)	
PGD 01 Hepatitis B (review)	
PGD-07 Botulinum toxin (review)	
PGD-14 Administration of Influenza Vaccine (review)	
PGD 15 Hepatitis A (review)	
PGD 16 Hepatitis A & B (review)	

Medicines Management Training: A major update to the medicines management e-learning training package was completed to align it with the new Medicines Management Policy, with new modules being developed for inpatient and community teams. Following its roll-out in September 2014, user feedback has highlighted significant improvements over the previous module. Medicines management training performance metrics are regularly reviewed by Group Q&P Committees and reported to Trustwide Q&PC for assurance.

Medication Safety: Following publication of an NHS England Patient Safety Directive regarding medication incident reporting and learning, the Executive Medical Director was nominated as the Board-level Director with responsibility for overseeing medication safety and the Lead Pharmacist - Medicines Governance was designated as the organisation's Medication Safety Officer. The new Safer Medication Sub-Group met the requirement of the directive in providing a multi-

professional forum for reviewing medication incident reports, learning lessons and developing new patient safety initiatives.

Medicines Supply Shortages: Several national shortages of medicines commonly prescribed for patients under the care of the organisation were experienced, including clomipramine, trazodone and venlafaxine modified release (anti-depressants). The Committee approved a new process for managing drug shortages, which included a 'pop-up' multi-disciplinary panel convened to consider therapeutic alternatives and develop local prescribing guidance. Positive feedback was received from GPs about this approach.

Links with Regional/Area Prescribing Committees: The Chief Pharmacist represented the organisation at the North of Tyne Area Prescribing Committee and represented NE and Cumbria MHTs at the regional Northern Treatment Advisory Group (NTAG). A proposal to NTAG for the adoption of two newer second generation antipsychotic long-acting injections, aripiprazole and paliperidone palmitate, was approved. Lurasidone (new oral antipsychotic) and nalmefene (for alcohol misuse) were not supported. Pharmacy continued to work closely with other local prescribing committees and regional pharmacy networks to ensure equitable access to medicines and sharing of best practice. Senior pharmacists also represented the organisation at South of Tyne and Wear area and other local prescribing committees

Medicines Management Audits: As part of a wider review of the medicines management policy, the pharmacy service developed and implemented a repeat programme of medicines management audits.

- Controlled Drugs: As part of the Medicines Management Policy monitoring process, the annual controlled drugs audit was presented to the Committee. The report described the attainment of policy standards in clinical teams which hold controlled drugs stocks (predominantly inpatient wards). The great majority of clinical areas (>97%) had accurate quarterly CD balances and 100% of clinical areas were fully compliant with audit standards.
- 'Take 5 Audits': A monthly audit of omitted doses, prescription writing standards and prescription accuracy checking by pharmacy staff. These audits involved members of the clinical pharmacy team collecting data from five randomly selected medicines charts from each in-patient ward. The results are RAG rated, communicated to wards and reported to the Group Q&P committees for management action by Lead Clinical Pharmacists, using 'heat maps' which enable a comprehensive and readily accessible understanding of local performance. A proposal was approved to engage nursing and medical staff in the annual medicines management audit cycle, through participation in prescription writing and medicines administration (omitted dose) audits; further support was obtained via the Essential Standards Management Group. A new audit methodology approach was piloted across six Urgent Care wards at St Georges' Park during November/December 2014. Feedback from clinical teams was incorporated and the methodology adapted. A more extended pilot is planned during 2015, using a revised data collection tool.
- Annual Medicines Management Risk Assessment (MMRAs): Extensive practice audits regarding Medicines Management Policy standards for the safe and secure handling of medicines, with action plans clearly identifying responsible

persons and timescales for the completion of improvements. Action plans were developed with the ward/team manager and reported to them for local implementation. Any outstanding improvements are reported by Lead Clinical Pharmacists to Group Q&P committees for management action. Further monitoring is undertaken via the MMC and reported to the Trustwide Q&P for assurance.

- Community MMRAs: All community teams received an annual medicines management risk assessment and prescribing feedback review which highlights target areas for improvements in medicines handling and/or safer, more cost effectiveness prescribing. Only a minority of community teams store and supply medicines.

Prescribing Quality Audits: Prescribing Observatory in Mental Health (POMH)

- POMH 7d audit (Lithium Monitoring): a substantial amount of work was undertaken on the development of the RiO template page for lithium documentation which includes a three-month alert feature for non-compliant patients (See Clinical Pharmacy section for further details)
- POMH Topic 10c (Use of Antipsychotics in CAMHS): An action plan resulting from the audit was agreed and completed. This work will be re-audited in 16/17
- POHM Topic 14a (Management of Alcohol Withdrawal). The results of this re-audit were considered by the Committee to be encouraging; marked improvements were shown in clinical practice.

Other Audits

- Depot antipsychotics: Following the results of a pharmacy-led clinical audit designed to review the prescribing of long-acting ('depot') antipsychotic injections within community teams, a revised depot prescription sheet and accompanying guidance was approved by the Committee (see Clinical Pharmacy section for further details)
- Medicines Reconciliation: Whilst not exclusively the role of pharmacy staff, accurate medicines reconciliation is recommended by NICE as an important patient safety intervention in ensuring the accurate prescribing and administration of medicines to patients following an admission to hospital. The audit standard was met in most areas, showing that over 90% of inpatients have their medicines reconciled by clinical pharmacy teams (see Clinical Pharmacy section for further details)
- National Audit of Schizophrenia (NAS): The organisation participated in the Royal College of Psychiatrists, NAS initiative. The MMC reviewed the medicines-related components of the Trustwide audit action plan, such as regarding the provision of patient information in relation to medicines. A Task and Finish group was established to support audit leads in developing short – medium term improvement actions.

Pharmacy Services Audit

- Internal Audit: As part of the Internal Audit workplan for the financial year 2014/2015, a review of the St Nicholas Hospital pharmacy processes for the

ordering, receipt and storage of medicines was undertaken. The review includes a follow up of management actions agreed previously under report ref. 1213/NTW/53. Based upon the work undertaken the service was found to have significant assurance, with no issues of note, that there is a generally sound system of control designed to meet the organisation's objectives in relation to the pharmacy central processes for the ordering, receipt and storage of medicines.

Improvement actions arising from all audits were reported to the Group Q&P committees for action, to the MMC for monitoring and the Trustwide Q&P committee for assurance.

Medical Gases Sub-Group: (an MMC sub-group) A review of the Administration of Oxygen Competency Framework was undertaken. It was agreed that this will be completed by all Registered Nurses every three years; Immediate Life Support training continues to develop competency in oxygen administration and has been updated to refer to this framework.

Non-Medical Prescribing Sub-Group: (an MMC sub-group) Enhanced governance arrangements were put in place, including:

- Alteration and simplification of the application process
- Robust certification process post qualification
- Improved links with the higher education institutions
- Improved links with the nurse practitioner forum to support nurses post qualification
- Linking registration within NTW to ESR and the appraisal process
- Further improvements to the NMP intranet site

Regular communication to encourage interest in NMP resulted in an increase in applications for the NMP course. To support this, NMP Group arranged for bespoke clinical skills for NTW staff through Northumbria University.

Innovative Treatments: Following a non-formulary drug request from the Regional Affective Disorders team for the use of unlicensed ketamine injection in the treatment of treatment resistant depression, the MMC initiated work to develop a broader governance mechanism for 'Innovative Treatments', including medicines and psychological treatments, or complimentary therapies. Innovative treatments involving medical devices or medications may include the use of investigational, licensed or un-licensed medical devices or medicinal products, and their use in an unlicensed/'off-label' manner.

Emergency Drugs: Following a CQC MHA monitoring visit to Hopewood Park an action was developed to enhance access to emergency drugs held within the ward-based automated medicines cabinets (Omnicell). Work was led by pharmacy to update the medicines management, resuscitation policies and practice guidance for the management of anaphylaxis. Adrenaline pre-filled auto-injection devices for the management of anaphylaxis were added to emergency equipment 'grab-bags' across the organisation. Further, it was agreed by a multi-professional 'medical emergencies' task and finish group that the organisational approach to the management of cardiopulmonary arrest would remain unchanged, in providing

immediate life support until attendance by ambulance services. Therefore emergency drugs for 'arrest' situations would not be held within NTW clinical areas (apart from ECT suites), since these are provided by attending paramedics.

<u>Patient Group Directives (PGDs)</u>: The Committee undertook a review of the Patient Group Directives (PGDs) currently in use within the Trust; the aim was to provide assurance that governance arrangements for current PGDs were robust. Ward and Service Managers were required to complete an intranet-based self-declaration form, communicated through the internal CAS system, response rates to which were high.

Medication Safety

Senior pharmacist support was extended to Serious Incident Panels, to provide pharmaceutical expertise and develop new interventions to reduce risks related to medicines use. New safety interventions developed through pharmacy attendance at the panels included briefings on Novel Psychotropic Substances ('*Legal Highs*'), and patient safety alerts/reminders regarding the misuse potential of pregabalin and safe prescribing of anti-depressants, which were also circulated to local GPs

Medication incidents reported using the local paper-based medication incident reporting form (IR2) were received by the Pharmacy Medicines Governance Team and reviewed to identify learning opportunities. A new electronic IR2 form w a s piloted, designed to bridge the gap between the current paper-based reporting system and the introduction of an intranet-based electronic incident reporting system. The form significantly increased the quality and timeliness of medication incident reports.

A total of 932 medication incidents were reported (Table 2), representing a 35% decrease compared to 13/14. The decrease arose following the reclassification of clinical pharmacy interventions and dispensing events (inaccuracies in dispensed items, corrected following internal checks and which don't leave pharmacy) as 'near miss' events, rather than 'incidents'. With this change, the organisation's annualised medication incident reporting rate decreased to the national average for Mental Health Trusts (N.B as most MHTs have outsourced pharmacy services to third parties, they are limited in their ability to identify pharmacy service-related incidents).

Table 2: Medication incidents, April 2014- March 2015

Medication incident description	No of reports	%
ME04 Omitted Medicine / Ingredient	203	22
ME18 Wrong/Unclear Dose Or Strength	143	15
ME09 Wrong Frequency	95	10
ME39 Clinic Room Temperature Outside Of Range	61	7
ME11 Wrong Quantity	54	6
ME07 Wrong Drug/medicine	52	6
ME03 Mismatching Between Patient And Medicine	31	3
ME21 Incorrect Recording Of Controlled Drugs	31	3
ME24 Administration Continued After Stop Date	24	3
ME10 Wrong Method Of Preparation/supply	21	2
ME26 Medication Given But Not Signed For	20	2
ME13 Wrong Storage	16	2
ME23 Ward/Department Missing/incorrect	16	2
ME30 Fridge Temperature Outside Of Range	13	1
ME34 Suspected Divergence	11	1
ME08 Wrong Formulation	10	1
ME19 Accidental Damage - Breakages	10	1
ME20 Medication Other	10	1
ME29 Medication Prescribed But Not Signed For	10	1
ME34 Documentation Errors	9	<1
ME16 Wrong/Omitted/Passed Expiry Date	8	<1
ME41 Therapeutic Drug Monitoring Not Completed	8	<1
ME64 'No Label' Stock Issue Error	8	<1
ME27 Medication Signed For But Not Given	7	<1
ME37 Fridge Temperatures Not Monitored	6	<1

Medication incident description	No of reports	%
ME40 Medication Administered Not On T Form	6	<1
ME25 Administration Initiated Prior To Start Date	5	<1
ME36 Drug Keys Missing	5	<1
ME05 Patient Allergic To Treatment	4	<1
ME12 Wrong Route	4	<1
ME56 Medication Chart Unavailable	4	<1
ME28 Confirmed Divergence	3	<1
ME02 Contra-Indication-Use Of Medication	2	<1
ME17 Wrong/Transposed/Omitted Medicine Label	2	<1
ME21 Scheduled Drugs	2	<1
ME22 Un-Necessary On Call Pharmacist Call Out	2	<1
ME25 Administration	2	<1
ME33 Cold Chain Not Adhered To	2	<1
ME37 Scheduled Drug Administered With No Witness	2	<1
ME38 Clinic Room Temperature Not Monitored	2	<1
ME54 Empty Ward Bags - Missed Orders	2	<1
IG07 Poor Information Sharing	1	<1
ME22 Lack Of Monitoring	1	<1
ME31T Forms Out Of Date And Drugs Administered	1	<1
ME40 RIO/NHS Number Omitted	1	<1
ME47 Stock Not Issued	1	<1
ME57 'No Label' Issue Error	1	<1

A large number of patient safety messages, medicine management policy guidance updates, and audit and training initiatives were developed in response to reported medication incidents and SI reviews.

Drug Alerts

'Drug alerts' are national safety signals sent to health providers to recall defective medicines. Published by the Medicines Health and Regulatory Agency (MHRA), they are distributed via the national clinical safety warning system (CAS). Drug alerts require action to be completed within specified timeframes, depending upon the potential risk to patients. Further, the classifications can be subdivided into those requiring withdrawal of medicines from supply chains or recall direct from patients. The classification system and timeframes for

responding to MHRA alerts are:

Class 1: Requiring immediate action (at all times including out of hours)

Class 2: Action required within 48 hours

Class 3: Action required to be taken within 5 days

Class 4: Timeframe specified with alert

The pharmacy service has a standard operating procedure for managing the organisation's response to these alerts, both during normal working hours and the out-of-hours period. During the year, the service responded to 21 national drug alerts, representing an increase of 30 over the past year. All alerts were responded to within the required timeframes and in the manner prescribed.

In addition to responding to national 'drug alerts', pharmacy remain proactive regarding locally reported medications incidents, drug shortages and new clinical guidelines involving medicines, in issuing 'internal' alerts via the NTW CAS reporting system. Working closely with the clinical governance team, pharmacy authored/contributed to 12 locally developed medicines-related patient safety alerts during the year (Table **3**).

Table 3: Drug and CAS alerts, April 2014 - March 2015

Classification of Alert	Number of Incidents
Class 1(MHRA)	1
Class 2 (MHRA)	13
Class 3 (MHRA)	0
Class 4 (MHRA)	3
Company-led	4
'Internal' CAS alerts	12
Total	**33**

Others

In response to the POMH 7d audit (Lithium Monitoring) a substantial amount of work was undertaken on the development of the RiO template page for lithium documentation which includes a three-month alert feature for non-compliant patients. Further, a prescribing checklist has been compiled and disseminated in May through the Chief Executives Bulletin (CEB), Spotlight on Safety initiative.

- POMH Topic 10c (use of antipsychotics in CAMHS). The action plan resulting from the audit was agreed as completed. This work will be re-audited.
- POHM Topic 14a (alcohol withdrawal). The results of this re-audit were considered by the Committee to be encouraging; there had been a marked improvement.
- An audit of prescribing practices of medication under shared care at Benton House.

- The MMC received an audit on off-label/off-licence drug use in child psychiatry from clinical staff at Benton House.

Prescribing Audit

See clinical pharmacy section for further details.

Medicines Information (MI)

Pharmacy provides a telephone and e-mail-based medicines information (MI) service. The service is available during normal pharmacy opening hours (Mon-Fri 8.30am-5pm) and an 'out-of–hours' service is also available via the emergency duty rota pharmacist. This service supplements the advice provided by clinical pharmacy staff at ward/team level and enables clinicians to receive patient-specific advice about managing medicines in more complex cases.

During the year, the pharmacy MI service answered 459 enquiries from healthcare professionals within the organisation, including 152 (33%) from Consultant medical staff. This represented an activity increase of 3.8% above 2013/2014 activity levels. The majority of enquiries were patient-centred and concerned choice of therapy, drug dosage, adverse effects and technical pharmaceutical issues. All enquiry details are recorded within a dedicated secure medicines information database (MI Databank); customer satisfaction questionnaires are requested regularly. All respondents rated the service as either excellent or very good (average satisfaction rating = 4.75/5). The service was quality assured in line with UK Medicines Information (UKMi) best practice standards. An audit against these standards was conducted by the Regional Drug and Therapeutics Centre in November 2014, which found significant assurance.

Pharmacy has continued to provide a dedicated medicines information helpline for service users and carers. The helpline is staffed by experienced clinical pharmacists who provide service users with a personalised advice and information that is specific to their care needs. This service is promoted across the Trust using posters displayed in community teams and business cards which are provided with supplies of discharge medication.

Additional work undertaken by the MI service include regular contributions to the MMC Newsletter, highlighting, for example, updates to the Medicines Management policy, learning from medication incidents, important new medicines- related medical journal articles, national medicines shortages and medication safety alerts/briefings.

The MI service ensures that accurate, up to date, relevant information and advice is provided to both clinical staff and patients to enable safe and effective decisions regarding the prescribing, administration and monitoring of medicines to be made.

Clinical Trials

The pharmacy service provided dispensing services for 11 clinical trials (Table **4**), representing a 30% increase over the previous year, and was involved in feasibility assessments for further studies. In line with the Mental Health Research Network's mission statement to 'help make research about mental health happen', pharmacy works closely with the organisation to provide effective clinical trials dispensing services.

Additional developments during the year included the negotiation and agreement of a clinical trials dispensing service for TEWV NHS Foundation Trust for patients who were unable to do so through outsourced pharmacy services. The St Nicholas Hospital Pharmacy Department was re-registered with the General Pharmaceutical Council to allow for this dispensing service provision and recruitment of TEWV patients to the study.

The clinical trials team were also instrumental in ensuring continued supply of ketamine injection to trials patients following the nationwide shortage announced in May 2014. The proactive work in obtaining a source of unlicensed ketamine from Europe was the basis for a MHRA amendment to the trial protocol, ensuring continued supply to patients enrolled.

Table 4: Pharmacy support for Clinical Trials, 2014-2015

Study	Status	Funding Source
ABT-126	Early termination of	Commercial
AMARYLLIS	Open to recruitment	Commercial
AMICUS	Not open to	Non-commercial (NIHR portfolio)
ATLAS	Open to recruitment	Non-commercial (NIHR portfolio)
EVP 6124	Closed to recruitment	Commercial
KETAMINE	Closed to recruitment	Non-commercial (NIHR portfolio)
KETAMINE (TEWV)	Closed to recruitment	Non-commercial (NIHR portfolio)
MADE	Open to recruitment	Non-commercial (NIHR portfolio)
MAPLE EME	Not open to	Non-commercial (NIHR portfolio)
PRIDE	Open to recruitment	Commercial
QUINTILES	Not open to	Commercial

CLINICAL PHARMACY SERVICES

Summary

Pharmacy provides patient-facing clinical services to all inpatient teams within the organisation. Service levels are determined by casemix, the associated pharmaceutical care needs and activity levels within each clinical setting.

The pharmacy service continues to deliver on the commitment made during the 2012/13 service restructure to provide an annual medicines management review for every community team. Furthermore some capacity has been released through internal productivity gains to extend a limited patient-facing clinical pharmacy service to a small number of community teams (e.g. AOT, EIP, and Sunderland North).

Senior clinical pharmacists were closely involved in the Principle Community Pathways transformation programme, leading the development of the new medicines pathway.

In recognition of the added value to patients, one of our clinical pharmacists was nominated for the 'Clinical Pharmacist of the Year' national award at the annual Clinical Pharmacy Congress in London. Pharmacy was also selected as a finalist in the Royal Pharmaceutical Society 'Pharmaceutical Care Awards', for clinical services provided to the Sunderland community physical health and medicines management service.

Inpatient services

The figure below illustrates the clinical pharmacy service model for inpatient services within the organisation.

Figure 1: Clinical Pharmacy Service Model (includes references to corresponding Pharmacy Standard Operating Procedures)
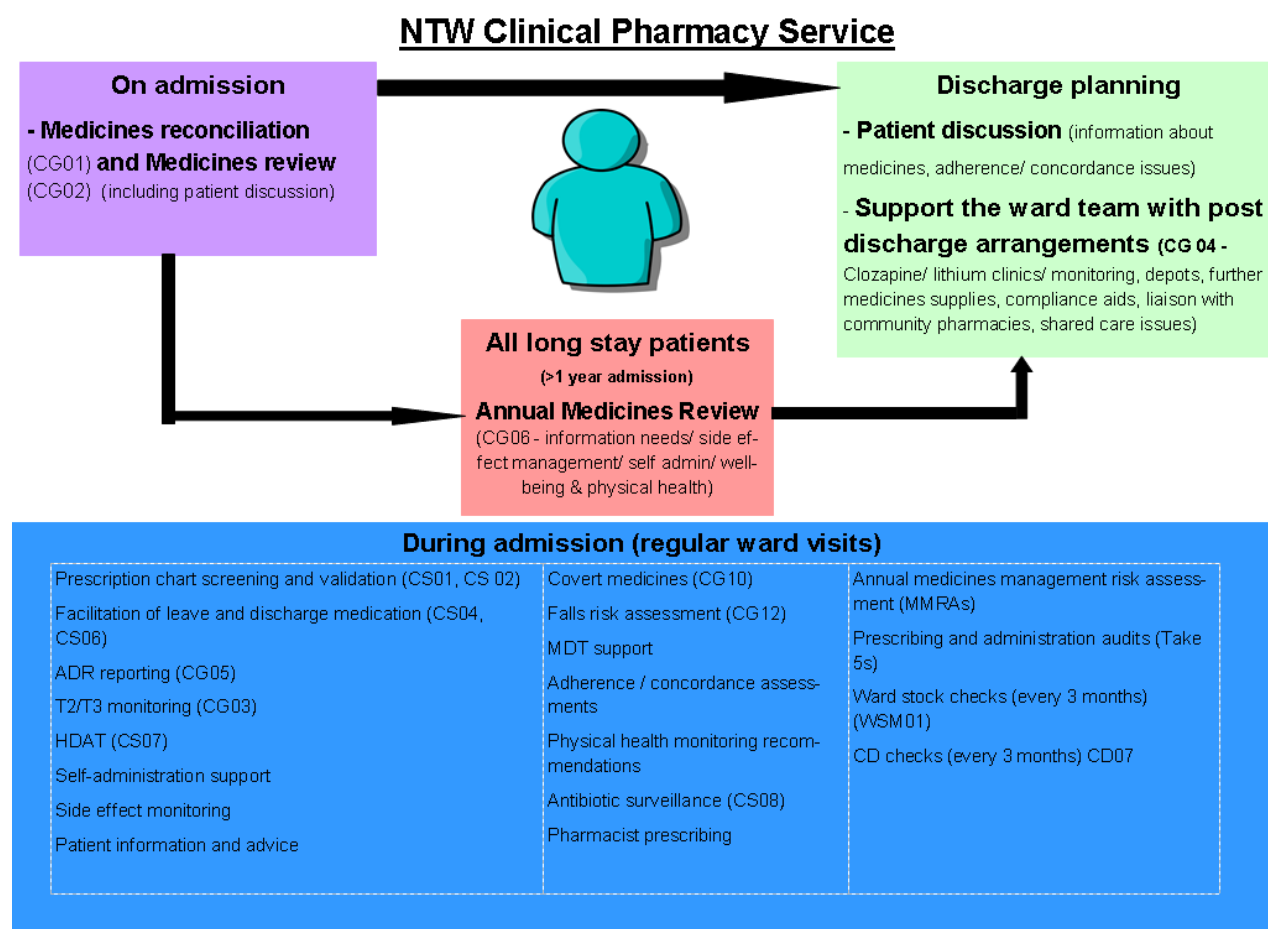
We have piloted a range of different working models with multidisciplinary teams and service users to optimise the utilisation of the clinical pharmacy staffing resource. These included:

- Prescribing meetings to review and assess the safety, quality, legality, rationale and efficacy of the prescribing of medicines on a weekly basis with medical and nursing staff.
- Drop-in clinics for service users
- Increased engagement with in-patient service users to offer medication counselling and support for shared decision making about treatment choices, during hospital admissions and/or in preparation for discharge
- RiO care record updates regarding medication and lifestyle choices
- MDT attendance - to make optimum us of our limited clinical pharmacist resource, we have worked with in-patient teams to focussed pharmacy attendance upon the new daily ward reviews

Northgate Hospital Physical Health and Medicines Management Clinic

A senior clinical pharmacist works with the triage nurse and GP at the Northgate physical health clinic to provide comprehensive medication reviews for service users, as part of their annual wellbeing checks. The pharmacist assesses the current treatment and associated physical health monitoring, optimising the safe use of medicines. This multi-disciplinary approach supports better communication and effective management of new interventions and treatment changes. These are discussed with service users and further information is information provided in a form which meets the person's needs. In recognition of the added value provided by the clinical pharmacist within the team, the postholder was nominated for the 'Clinical Pharmacist of the Year' national award at the annual Clinical Pharmacy Congress in London.

Community Mental Health Teams

Annual Community Team Medicines Management Reviews: The pharmacy service continues to deliver on its commitment to provide an annual medicines management review for all community teams. During 2014-15, pharmacists and pharmacy technicians visited all teams which store and handle medicines. Team managers received a full assessment of their medicines management activities, checking they are compliant with Trust policies and developing action plans where required. There was good engagement with community staff and it was an effective use of limited pharmacy resource.

	Planned Care	Urgent Care	Specialist Care	Total
Number of teams visited	41	4	9	**54**

Patient-Facing Clinical Pharmacy Services: Pharmacy is funded predominantly to provide services to inpatients; therefore the majority of the clinical pharmacy resource is invested within inpatient wards. However, capacity has been released through internal productivity gains and in-patient bed closures to provide a limited

patient-facing clinical pharmacy service to a small number of community teams. The annual programme of community team medicines management reviews highlighted where pharmaceutical care needs clinical pharmacy resource should best be allocated and during 2014/15 this has been to the higher-dependency teams, particularly CHRT and Assertive Outreach Teams.

Crisis Resolution and Home Treatment Teams (CRHTs): All four CRHT teams across the organisation now receive a skill-mixed clinical pharmacy service from a pharmacist and pharmacy technician. Services provided include:

- Medicines reconciliation
- Prescribing advice – treatment choices, side effect management, drug interactions
- Non-medical prescribing
- Patient Group Directives
- Support worker education
- MDT attendance
- Patient counselling

We have developed service standards for CRHT teams for:

- Physical health monitoring
- Medication storage
- Medication administration and associated record keeping
- Access to medicines information for service users and carers

Sunderland North Community Treatment Team: Using capacity released by productivity gains, Pharmacy invested 0.4wte pharmacist independent prescriber resource within the newly developed Sunderland North Community Treatment Team, to support the implementation and testing of the medicines management pathway. The pharmacist is working as part of a multidisciplinary prescribing team reviewing patients on clozapine, lithium, high dose antipsychotic therapy and other complex / long-term medication regimens. The pharmacist is working alongside the nurse consultant and the consultant psychiatrists in the team to develop standard work and evaluate the role of non-medical prescribers in the medicines management pathways.

Community Physical Health and Medicines Management Service (PHMM) – Sunderland: Pharmacy continued to provide significant input to the Sunderland PHMM service, providing medication reviews, medication history-taking, pharmacist prescribing, side effect management and support for shared decision making about treatment choices. Feedback about the service from patients and referring clinicians was highly positive.

In recognition of the added value for patients receiving this service, Pharmacy was nominated as a finalist in the Royal Pharmaceutical Society 'Pharmaceutical Care Awards', 2014. Members of the pharmacy team attended the awards event in London to present a poster demonstrating the benefits of the service. Following the implementation of Principal Community Pathways transformation programme in Sunderland, the Physical Health and Medicines Management Service has been integrated within the new CMHTs. The pharmacy service element was reinvested

within the Sunderland North Community Treatment Team, to support the development of the medicines pathway and non-medical prescribing within the new teams.

Community Physical Health Clinic – Northumberland: A physical health clinic has been developed by the community teams in Northumberland to address the physical health monitoring needs of community patients. Pharmacy has supported this service, sharing learning from the Sunderland PHMM service during its development and providing clinical pharmacist and pharmacy technician support to the clinic. The pharmacist undertakes medication reviews for patients, focussing in particular upon those receiving higher-risk treatments such as clozapine, high-dose/combination antipsychotics and lithium. The review takes in the following:

- Service user views on their medicines
- Medicines concordance
- Access to medicines
- Conformance with evidence-based guidelines (e.g. NICE)
- Medicines-related physical health monitoring
- Use of the Lester Tool to review patient's cardiometabolic risk factors. This included a review of lifestyle factors including smoking, diet and weight management discussions

Personality Disorder Hub – Pharmacist Independent Prescriber: Following approaches made by pharmacy managers to the new Personality Disorder Hub Team, a post was established for an Advanced Pharmacist Practitioner/Pharmacist Independent Prescriber. Despite an absence of good clinical evidence to support the prescribing of psychotropic medicines in Emotionally Unstable Personality Disorder (EUPD), learning from serious incidents indicates that people with EUPD are at risk of harm from complex medication regimes, polypharmacy and intentional drug overdose. The role of the pharmacist prescriber within the team is to review medicines prescribed for EUPD patients, reducing and simplifying them, and in supporting consultant psychiatrists involved in the PD pathway, providing prescribing advice and medicine management training for other staff.

Clozapine Clinics: Pharmacy provides training and backfill cover for nursing staff shortages within community clozapine clinics. In addition to this, it provided ongoing front-line capacity to the Newcastle & N Tyneside clozapine clinics, with pharmacy staff providing medicines, counselling patients and undertaking blood testing services for 7 sessions per week. However, as this 'higher level' service was historical and unfunded, and in response to the pharmacy 15/16 cost improvement target, it was withdrawn to enable services to Gateshead in-patient units to be prioritised.

Memory Assessment and Management Service (MAMS): To establish the clinical pharmacy support requirements of memory service, a senior clinical pharmacist worked within the Newcastle MAMS team for a three month pilot. The role of the pharmacist included:

- Exploring opportunities for pharmacist prescribing
- Advising the team on the safe handling and storage of medicines
- Attending and contributing to the allocation meeting
- Provided a training session to the team on antidepressants

The pilot identified a potential future role for a pharmacist prescriber within the team. However it was concluded that the service model would require adaptation, to separate the assessment/diagnosis phase from the initiation and stabilisation of treatment. This option will be explored further with the service during 2015/16.

Recovery Colleges

Pharmacy was actively involved in the development and delivery of the Recovery College programme in Newcastle and Sunderland. In Newcastle, pharmacists delivered sessions about medicines as part of the 'treatment' module. Further sessional input to the Sunderland programme is planned for during 2015/16.

Clinical Pharmacy Procedures and Guidance

The following clinical pharmacy Standard Operating Procedures were reviewed and approved during the year:

SOP No.	Name
CS01	Pharmacist Clinical Check of Prescription Charts
CS02	Technician Screening of Inpatient Prescription Charts
CS03	Procedure for the Governance of the Clinical Pharmacy Service
CS04	Pharmacist & Pharmacy Technician Transcribing of Leave/Discharge Medication
CS05	Completion of Medication, allergies and sensitivities form on RIO by Pharmacists & Technicians
CS06	Procedure for Completing a Repeat Leave Medication Order Form
CS07	High Dose Anti-Psychotic Therapy (HDAT) Monitoring
CS08	Antibiotic Surveillance

Guidance to support the clinical pharmacy teams in practice has been developed for the following areas:

- Use of 'reminder stickers' on in-patient medication charts
- Pharmacy support to the seasonal influenza vaccination programme
- Covert administration of medicines
- Community Medicines Management Risk Assessments
- Clinical pharmacy support for Falls Risk Assessment

This guidance is used by the clinical staff to ensure a consistent approach to clinical pharmacy service delivery when working across a wide range of services and specialities.

Clinical Pharmacy Service Metrics

Clinical pharmacy service interventions were continuously monitored using variety of methods. This has enabled the service to be quantified and evaluated.

Medicines Reconciliation: Medicines reconciliation is the process by which the accuracy of prescribed medicines is checked and reconciled following admission to hospital and is recommended by NICE. It accounts for one third of all clinical pharmacy service activity (approximately 230 interventions per month) within the organisation. Figure **2** shows this activity during the period April 2014- January 2015. A new pharmacy service standard was developed so that 90% of in-patients would have their medicines reconciled by pharmacy teams on admission to hospital. The audit standard was reached or exceeded for all localities, except Gateshead. The pharmacy service to Gateshead was provided by the Queen Elizabeth Hospital (QEH) under a service level agreement (SLA). We provided additional support and training to the QEH pharmacy staff working into the Gateshead in-patient unit, which saw a significant performance improvement in medicine reconciliation activity over this time period.

**Figure 2: Medicines reconciliation activity, in-patient wards, April 2014 – January 2015**
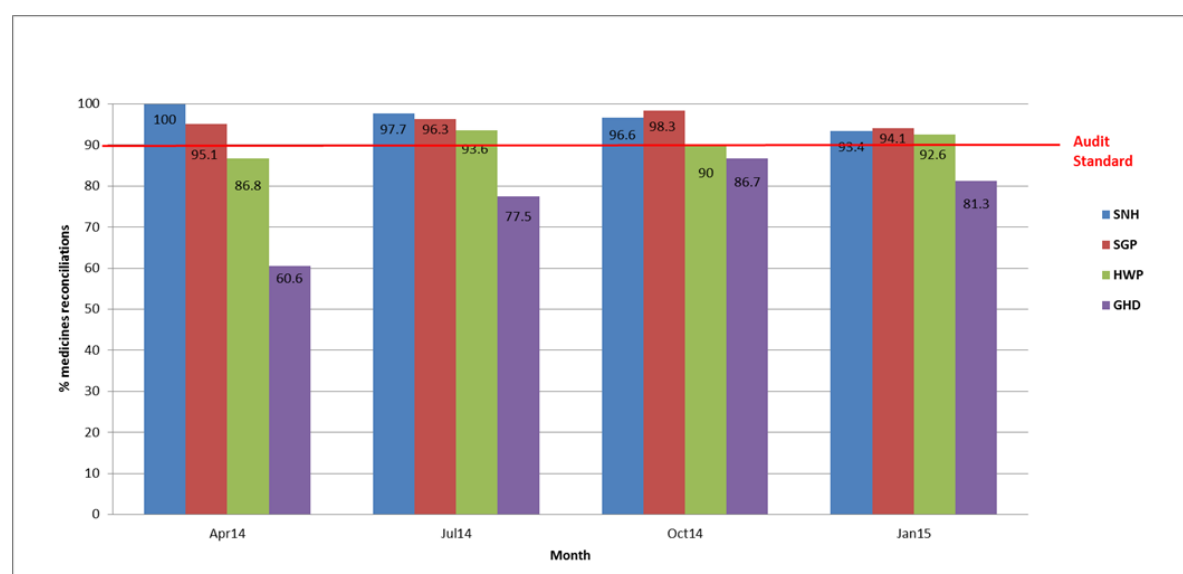
Clinical Pharmacy Activity and Interventions

A new clinical intervention activity recording system was implemented in January 2014. It was used by clinical pharmacists and pharmacy technicians to record the patient-specific clinical interventions made during the year. Averages of 800 approx interventions per month were recorded, equating to over 9,600 interventions per year. Over half were submitted by pharmacists, and the remainder by pharmacy technicians.

Figure **3** shows an analysis of clinical pharmacy interventions made across the organisation, the great majority of which were made within an in-patient setting, for which pharmacy is resourced. The chart also shows small but steady growth in interventions made within community teams over this period.

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Figure 3: Clinical pharmacy interventions, July to Dec 2014
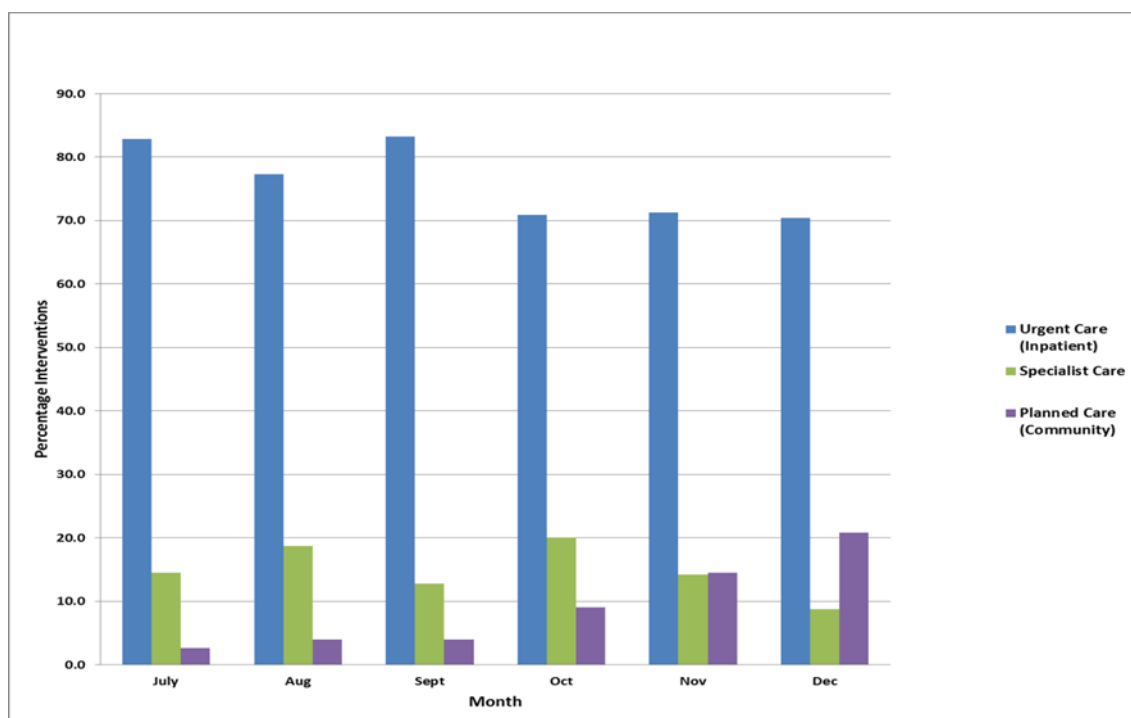
Work to further develop these metrics continued, to include the recording of more qualitative information. During the quarter 4, recording systems were extended to include narrative examples of interventions, a summary of which was circulated to pharmacy teams and used for learning at team CPD meetings and within clinical supervision arrangements. Report summarising clinical pharmacy interventions made during the year were prepared for distribution to Group Q&P meetings.

Strategic Support to Operational Groups

Each Group continues to receive strategic support from a designated Lead Clinical Pharmacist. Groups receive regular medicines management reports and focussed support to identified challenges. This role is tailored to the support needs of each individual Group.

Urgent Care Group

Group Quality & Performance Committee

- The Lead Clinical Pharmacist for Urgent Care attended Group Quality & Performance and Safety and Safeguarding Sub-group meetings reporting on:
  - 'Take 5' prescribing and medicines administration audits
  - Medicines Management Risk Assessment (MMRA) and related action plans
  - Medication incidents
  - Prescribing audits
  - Updates on relevant medicines-related developments
- Attended and contributed to medicines-related After Action Reviews
- Monitored medicines expenditure and support the drug budget-setting process, in collaboration with the finance team

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- Participated in mock CQC visits, providing expert support for medicines management

Seclusion and Rapid Tranquillisation: Pharmacy managers also supported the organisation in ensuring that the Seclusion and Rapid Tranquillisation policies were consistent in their approach to physical health monitoring for patients following the intramuscular injection of sedative drugs.

136 Suites: Updated guidance was also developed for incorporation into the Medicines Management policy for prescribing and administering medicines to patients in '136 suites', to support more consistent practice in these clinical areas across the organisation.

Planned Care Group

Group Quality & Performance Committee

- The Lead Clinical Pharmacist for Planned Care regularly attended Group Quality & Performance meetings to present medicines-related reports, which included updates regarding medication incidents and prescribing audits
- The postholder also attended selected After Action Review meetings, which included a significant medicines focus
- Monitored medicines expenditure and presented finance reports to the Planned Care Operational Managers' Group
- Support the drug budget setting process, in collaboration with the finance team
- Active member of the Planned Care Physical Health CQUIN Monitoring Group
- Participated in mock CQC visits, providing expert support for medicines management

Depot Antipsychotic Prescribing Charts: An audit of the prescribing, administration and physical health monitoring of depot antipsychotics within outpatient and community team services was carried out in June 2014. The key findings were:

- The current depot prescribing chart caused some confusion amongst community staff
- There was some variation in levels of medicines-related physical health monitoring across the organisation
- Second Generation Antipsychotic depots accounted for a high proportion of overall medicines expenditure

As part of the audit action plan, the depot prescription chart was reviewed and updated. The new version was circulated to community teams in February 2015 and has been well received. Variations in physical health monitoring are being addressed by the Physical Health CQUIN.

<u>Lithium</u>: Lithium is a NICE-recommended medicine used in the management of bipolar disorder or severe unipolar depression. It is the only medicine shown in published studies to reduce completed suicide in these patient groups however it may cause serious physical side effects (e.g. kidney failure) if used incorrectly. Further to the organisation's participation within Prescribing Observatory in Mental Health national prescribing benchmarking programme, significant work was undertaken on behalf of the Group to support more consistent practice in the prescribing and safer use of lithium across organisation and the wider health economy. This included:

- Trust lithium prescribing guideline (NTW(C)38, PPT-PGN-19): was updated (in accordance with the updated NICE Clinical Guideline for Bipolar Disorder (CG185) and RCPsych Lester Adaptation Tool for physical health monitoring
- Lithium RiO documentation: was re-designed and standardised to support greater consistency in the recording of lithium-related laboratory test results. A survey conducted during 13/14 had indicated that prescribers were either unaware of current lithium forms within RiO, or found it difficult to locate and complete. Following consultation with clinicians, three RiO documents were re-designed which are suitable for both clinic use and for the individual clinician, to include new:
  - Pre-lithium therapy checklists
  - Lithium initiation and titration forms
  - Lithium maintenance therapy forms
- A Quick Guide to Lithium: was developed in May 2014 as an 'aide memoire' for clinicians, to support the safer prescribing, monitoring and review of lithium therapy. It has since been updated in line with NICE guidelines, Lester Tool and trust guidance. The updated version has now been included within the updated Trust lithium prescribing guideline.
- Lithium Shared Care Guidelines: were updated in line with new NICE and Trust prescribing guidance and the Lester Tool. A new streamlined and simplified format was developed which clearly defines the respective responsibilities of both primary and secondary care prescribers.

<u>Clozapine</u>: Clozapine is a second generation antipsychotic, used in the management of treatment-resistant psychosis. Although published studies have shown it to be more effective than other antipsychotics, it may cause serious side effects, including blood disorders, cardiovascular and gastroenterological problems. Updated Trust prescribing guidance for clozapine was developed and launched in November 2014 (Safe Prescribing of Clozapine, NTW(C) 38 - PPT-PGN-05). To supplement this document, a small group of pharmacists and clinicians from across the organisation developed a Clozapine Treatment Pack, which was available via the Trust intranet. The pack guides clinicians through the initiation and maintenance stages of clozapine therapy, with useful flowcharts, tables and template letters.

In line with the launch of the updated PGN and clozapine pack, clozapine-specific RiO forms were reviewed and rationalised into five Trustwide documents:

- Pre-treatment Checklist
- Clozapine Clinic Record
- Side Effect Monitoring Record
- Initiation Monitoring Record
- Clozapine Care Plan

Specialist Care Group

- The Lead Clinical Pharmacist for Planned Care regularly attended Specialist Care Quality & Performance Committee meetings reporting on:
  - 'Take 5' prescribing and medicines administration audits
  - Medicines Management Risk Assessment (MMRA) and related action plans
  - Medication incidents
  - Prescribing audits
  - Updates on relevant medicines-related developments
- Contributed to medicines-related After Action Review meetings
- Monitored medicines expenditure and supported the drug budget setting process, working in collaboration with finance team
- Contributed to neuro-rehabilitation and addiction services transformation meetings
- Contributed to CYPSS prescribing meetings
- Participated in mock CQC visits, providing expert support for medicines management

Neurological rehabilitation and CYPSS Medicines Management Groups: These forums were developed by the Lead Clinical Pharmacist; they are jointly chaired by a Clinical Nurse Manager and a senior pharmacist. They are used to discuss service specific medicines management matters and the implementation of new/updated policies and guidelines within routine clinical practice.

Botulinum Toxin

- A new prescribing guideline was developed to ensure more consistent practice in the use of botulinum toxin across the organisation (NTW(C) 38 - PPT-PGN-20).
- Negotiations commenced with manufacturers of botulinum toxin in advance of the renewal of the 3-year procurement contract. It was anticipated that this change in contract had the potential to deliver significant savings for the Group during 15/16.

Strategic Support to Trustwide Initiatives

Physical Health: Pharmacy provided extensive strategic support for Trustwide initiatives regarding physical health. This included:

- Development of a Trustwide guideline for physical health monitoring in patients prescribed antipsychotics (NTW(C)29-AMPH-PGN-06)
- Regular attendance and contributions to the work of the Trustwide Physical Health and Wellbeing Group
- Involvement in the Physical Health CQUIN Monitoring Group, advising on medicines management related physical health matters
- Presenting at the Trustwide physical health launch event, on cardiometabolic risks associated with antipsychotic medicines
- Contribution to the development and review of the RiO physical health monitoring-related forms and associated guidance.

- Support for the development of the Summary Care Plan and authoring physical health CQUIN-related changes to the RiO medication form
- Contribution to the review of the phlebotomy policy (NTW(C)35) to enable appropriately trained and experienced pharmacy staff to act as phlebotomy supervisors.

Transforming Services - Principal Community Pathways: Senior Pharmacy Managers provided strategic medicines management advice to the Principal Community Pathways transformation programme, through attendance at PCP Board meetings and PCP related pathway design workshops. Pharmacy were integral to the development of the medicines management pathway in the Sunderland model and worked with Northumberland and North Tyneside localities to review and refine the pathway at the further workshops. Pharmacy has been fully involved in the initial testing and implementation of the medicines management pathway in the Sunderland North team.

Shared Care Prescribing: The following shared care guidelines and primary care information leaflets were developed/updated by senior pharmacists.

Guidelines	Localities
Lisdexamfetamine for ADHD	North of Tyne and Gateshead
Atomoxetine for ADHD in children and young people	Gateshead
Atomoxetine for Adults	North of Tyne and Gateshead
Methylphenidate for ADHD in children and young people	Gateshead
Methylphenidate for ADHD in Adults	North of Tyne and Gateshead
Melatonin	Gateshead
Primary care Information leaflets	Localities
Acetylcholinesterase Inhibitors	North of Tyne
Agomelatine	North of Tyne
Antipsychotics	Sunderland, South Tyneside
Memantine	North of Tyne
Venlafaxine – high dose	North of Tyne

A jointly developed regional (NTW, TEWV and Cumbria Partnership NHS Foundation Trusts) protocol for the use of antipsychotic long acting injections ('depots') was developed on behalf of the Northern Treatment Advisory Group (NTAG) and was approved for use within the organisation. The development was a key step in the managed introduction of second generation antipsychotic depots within the local NHS.

Pharmacy fulfils an important facilitation role between secondary and primary care clinicians and managers in implementing local shared care prescribing guidelines. We supported clinicians in resolving situations where there was disagreement with GPs over responsibilities for individual patient care. Community teams were supporting in changing practice to enable better adherence to shared care prescribing guidelines. At a strategic level, we have worked with local prescribing committees, individual GPs, commissioners and clinicians across the organisational footprint to improve communication across the interface and address problems with shared care prescribing.

New streamlined formats for shared care guidance were proposed to local CCG prescribing groups. These were accepted, with agreement that future guidelines would be produced using this format, to more clearly outline the prescribing and monitoring responsibilities of primary and secondary care practitioners.

Training and Education

A wide range of pharmacy and medicines-related training was delivered by our team (appendix 2):

Medical Staff: The new rotational trainee doctors receive an introduction to pharmacy services and local prescribing governance arrangements, during site-base induction. Further training was delivered to groups of trainees including:

- Medicines management policy training
- Medicines governance training
- Case study highlighting recent prescribing related risks

Nursing Staff: New starters received medicines management training during their induction training. Further bespoke training sessions delivered at ward or team level to groups of nurses included:

- Medicines Management Policy
- POD (Patients' Own Drugs) training,
- Self-administration of medicines
- Side effect monitoring (LUNSERs/GASS)
- Lithium
- Automated Medicines (Omnicell) Cabinets

Pharmacy Staff: Lunchtime CPD sessions were delivered to pharmacy staff on various topics in therapeutics including Parkinson's disease, antimicrobials, physical health monitoring for people with serious mental health conditions.

First level leadership development sessions were held for all pharmacy staff; these sessions were designed to develop understanding in change management, professionalism and leadership.

Management skills development training was delivered to pharmacy line managers focusing upon:

- Flexible management
- Having difficult conversations
- Personal resilience

External Training: Pre-Registration Pharmacists

- Evidence based practice - regional residential workshop
- Mental health pharmacy services - partnership with Northumbria Healthcare NHS Foundation Trust (NHCFT)

The pharmacy service delivered training in mental health pharmacy services to five NHCT pre-registration pharmacists during a 4-week rotational training programme. Each trainee completed a project during this time; topics included reviews of Annual Medication Reviews undertaken by clinical pharmacy teams and documentation for recording lithium monitoring results, which were presented at local practice forums. Feedback from these programmes was highly positive, with several trainees indicating that they wished to pursue a career within mental health pharmacy services.

Pharmacy Undergraduate Students: Pharmacy delivered SLA-based training and experiential learning to undergraduate students from local schools of pharmacy at Sunderland University (216 x level 3 pharmacy students) and Durham University (12 x level 1 pharmacy students). Training sessions included case studies and supervised in-patient ward visits .The level 3 sessions included input from a peer support worker. Feedback from these sessions was highly positive, with both Universities having requested the same number of student placements in 2015/2016.

Medical Students: Undergraduate training sessions were delivered to sixty year 5 undergraduate medical students from Newcastle University. Sessions included presentations and interactive learning in mental health prescribing and therapeutics, through the use of case scenarios.

Nurse Non-Medical Prescribers: Pharmacy staff developed and delivered training in mental health prescribing and therapeutics to 40 trainee nurse prescribers from Northumbria University. The feedback from these sessions was highly positive and the service was asked to continue this training on an ongoing basis.

Service Users and Carers: Pharmacy staff continued to provide regular support for the Newcastle Recovery College and attended user and carer support groups across the organisation, to discuss medication and promote the pharmacy medicines helpline.

Operational Pharmacy Services

Overview

Operational Pharmacy Services have continued to develop and deliver high quality patient focussed care over the last 12 months. Improved service delivery models backed up by state of the art technology have reinforced NTWs reputation as one of the most advanced and comprehensive in-house pharmacy services in the country.

Medicines Supply Chain

A total of 245,403 items have been dispensed from NTW pharmacy dispensaries over the year (see Fig. 4). Activity is therefore down 3.5% on 2013/2014 (254,101 items). This is a modest reduction considering the reduction in bed numbers across the trust and the increasing use of FP10 prescriptions for out-patients and is evidence of faster patient turnover, greater acuity and pharmaceutical needs of patients mitigated by an increasingly efficient medicines supply and clinical pharmacy/medicines optimisation service. Despite the relatively consistent

dispensing volumes, the cost of medicines procured by the Trust has reduced from £4.6m in 2012/13 to £3.4m in 2014/15. This is largely due to the quality of procurement and contracting services provided by pharmacy and these savings are a significant contributor to group cost improvement plans.

Dispensing volumes are expected to rise over 2015/16 with the dissolution of the Service Level Agreement with the Queen Elizabeth Hospital (see below for more details). Medicines for wards and clinics in Gateshead are being supplied from St Nicholas commencing March 2015 (in-patient wards from April 2015). This is expected to result in additional 20-30,000 transactions per year. This will be delivered without any additional resource (the cost of the SLA was a major factor in the service's Cost Improvement Plan) and as such efficiency gains, including those from introduction of new technology, are expected to support delivery of this. Patient safety and dispensing incidents will be monitored closely to ensure that service quality is not adversely affected by the increasing workload.

There were a total of 826 dispensing incidents, representing an internal error rate of 0.34% (down 0.01% from the previous year). This compares to nationally published rates of 0.6-2.7% (Beso et al, 2005; Franklin et al, 2008).

Figure 4: Transactions per site 2014/2015
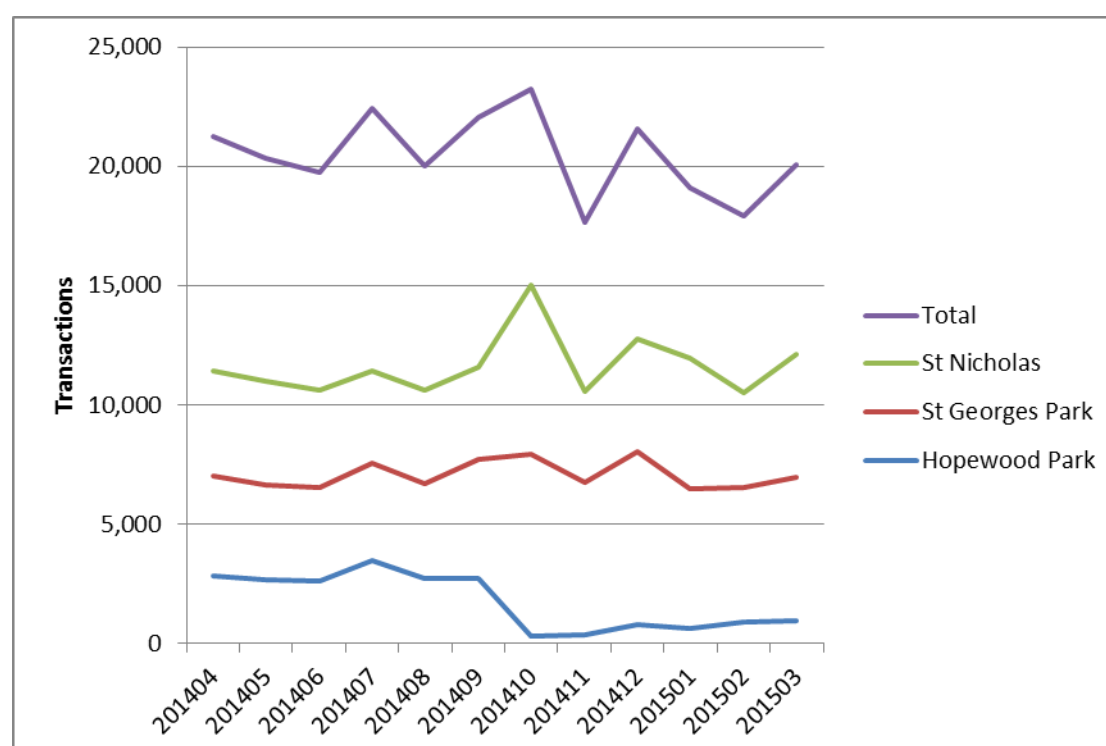
Procurement

The NTW Pharmacy Procurement team have purchased over £3.2m of products during the financial year 2014/15.

Embedding Key Performance Indicators within procurement practice has facilitated timely response to issues and constant monitoring of excellent procurement practice.

These indicators now demonstrate that the trust has consistently been ranked as top or very close to the top within the North East region for the entire financial year in terms of purchasing products on contract and therefore taking full benefit of the advantageous prices and conditions offered by regional and national contracting arrangements.

These regional and national contracting arrangements have been supported by pharmacy, with representation on regional procurement and contract adjudication panels, affording a valuable chance to have a say in mental health medication procurement issues.

Inventory turnover and value of stock which has expired have also been within KPI target for the majority of the financial year, indicating excellent procurement practice.

Hopewood Park

Hopewood Park opened in September 2014. This brought with it a significant investment in technology (Omnicell automated drug storage cabinets) and a new service delivery model. The model builds upon the improved stock control provided by the automated technology to free the pharmacy staff resource from the medicines supply chain and focus on delivering high quality direct patient care and contact. This also allows greater support to the patient pathway by offering more responsive and timely access to discharge and leave medication.

Work to quantify the benefits achieved by this service model is ongoing (in particular the efficiency and productivity benefits offered to nursing staff); however the following have already been demonstrated:

- 20% reduction in medicines related incidents (IR2s)
- 75% reduction in IR2s relating to omitted doses of medicines
- 20% reduction in drug spend (in comparison with predecessor wards)
- 29% reduction in medicines supply transactions

This investment in technology has facilitated an improved, more patient focussed clinical pharmacy service (see under 'Clinical Services' for more details.)

Nurse Technology Fund

In light of the benefits achieved by integrating technology into the medicines supply chain demonstrated at Hopewood Park the Trust submitted a bid for, and was awarded, £640,000 from NHS England's Nurse Technology Fund to procure an additional 23 cabinets for sighting in other locations. This work has already begun and is expected to be completed by May 2016.

The following locations will have Omnicell cabinets installed (subject to Estates surveys and changes in the bed model):

- St Georges Park
- Walkergate Park
- Monkwearmouth
- New build Autism Unit
- Tranwell Unit
- Campus for Ageing and Vitality

Pharmacy is working with Group representatives, IT and Estates to ensure these installations support the delivery of high quality clinical care.

Informatics

Informatics has proven to be one of the most significant growth areas for the service. Pharmacy provides system administration for the following software applications:

- Ascribe (Pharmacy stock management and dispensing system)
- ADiOS (controlled drug monitoring software) – including an upgrade to V2
- Omnicell (ward-based automated medicines cabinets)
- EDI (electronic ordering interface)

In addition, significant collaborative work was undertaken with the Informatics team in preparation for the roll-out of electronic Prescription Tracking software; this is expected to provide significant benefits to both nursing and pharmacy staff by increasing the traceability of discharge/leave prescriptions and orders being processed through pharmacy.

Pharmacy also provides informatics resource to support RiO development, in particular the significant improvements that have been made this year to the Medication Page, and its place in supporting local and national drivers (including CQUINs).

Electronic Prescribing and Medicines Administration (ePMA)

The Trust was successful in a bid to the Safer Wards, Safer Hospitals Technology Fund during 14/15 to obtain financial support for the above project. The Trust opted to use the funding to fully implement the RiO prescribing and administration module in all inpatient and community teams. This is an ambitious and large scale clinical informatics project which has the potential to deliver significant safety, quality and efficiency benefits.

A project team was established which includes a dedicated Lead Pharmacist to manage this large scale project in conjunction with IT. The team is also firmly embedded at a national level and is involved in monthly Webex events with NHS England.

The project team are in the process of developing the early project documents, these include:

- Project mandate
- Project initiation document
- Benefits realisation documents (submitted and accepted by the Department of Health)
- Process mapping across inpatient and community teams to ascertain the "as is" processes with regards to the prescribing and administration of medicines within NTW

Further development of the system and subsequent roll out is planned to take place throughout 2015/16.

Seasonal Flu Vaccination Programme

Pharmacy once again provided valuable support to the highly successful and award winning annual flu vaccination programme, both in terms of leadership and strategy as well as delivery of service and seamless availability of supplies where and when they were required by vaccinators.

In addition, this year saw the first Pharmacy based vaccinators. Three pharmacists vaccinated over 75% of the pharmacy workforce, reaching Flu Fighter status and contributing to a 40% reduction in the cost of staff sickness over the winter period. This effective and innovative approach has been publicised at the national Clinical Pharmacy Congress.

A collaborative approach to supply between Pharmacy Management and the Seasonal Flu Planning Group ensured 100% availability and 0% wastage of vaccine.

Administration and Business Management

The administrative and business management team have continued to provide support to a variety of departmental and trust functions. This includes the management of controlled prescription stationery and the identification and mitigation of risks related to their use.

Administrative and Business Management functions of the department have been standardised, centralised and improved to deliver a more robust, efficient and effective support service.

A set of Key Performance Indicators have been established, allowing pharmacy managers a greater oversight of business functions, including training dashboards and sickness absence levels.

Management Development Sessions

Senior Pharmacy Managers identified in the Annual Operating Plan of 2014/15 that there was a need for greater investment in the development of managers within the department. As individuals had progressed into managerial roles from purely professional positions it was concluded that they inherently displayed high levels of leadership and clinical/operational performance, however perhaps lacked some of the supporting management skills. Consequently, a programme of management development sessions was developed which includes peer teaching on subjects such as flexible management, personal resilience, having difficult conversations and visioning skills. These sessions have been well attended and well received and will continue into the following year.

Internal Audit

An internal audit of pharmacy systems and processes was conducted during 2014/15. This identified several areas of good practice and resulted in a report of Significant Assurance with no issues of note. This is indication and recognition of the robust systems and processes governing management of the medicines supply chain and pharmacy business management functions.

HSE survey

The Health and Safety Executive Stress in the Workplace survey was repeated this year, demonstrating positive results in many areas including in working relationships and line manager support. Whilst staff responses were positive (results on a par with the 13/14 survey), improvement opportunities were identified regarding change management and engagement; subsequently as new 'Positive Workplace Group' was established to identify strategies for further improvement over the year ahead.

Re-negotiation of Gateshead SLA

From April 1st 2015, all mental health pharmacy services to Gateshead inpatient areas are to be provided by the NTW Pharmacy service. Up until this date, the service was offered by Gateshead Hospitals Foundation Trust under a service level agreement (SLA). The reasons for this change were:

- The provision of specialist mental health pharmacy service to service users in Gateshead to the same quality as service users in other NTW localities. This supports equitable service provision, in line with NICE guidance on Patient Experience in Adult NHS Services (CG138)
- Reduction in the operating cost of pharmacy services to Gateshead. By bringing the service 'in house' within existing resources, efficiencies of approximately £90k would be realised

Until be the transfer process was completed, the existing SLA-based service was added to Medicines Management Risk Register. This is to be removed following the completion of the in-sourcing process.

Prince 2 methodology was used to manage the transfer of services so that it is seamless. Good communication was key to the change process. Service users and NTW (and QEH) staff were kept regularly informed.

Apprenticeships

The pharmacy department supported two apprenticeships. Both proved extremely valuable additions to the team and were successful in their own right; Katie Smith was shortlisted for HENE – Most Committed Apprentice of the Year and Jacques Reid was highly commended in the category of Apprentice of the Year at the Trust Valuing Excellence awards, won North of England Learning for Work award and was the subject of both a HENE funded recruitment promotional video and a nationally published article on the benefits of employing people with Learning Disabilities.

Both apprentices were subsequently recruited to substantive posts within the service, demonstrating the value of investing in vocational training for young people.

MEDICINES EXPENDITURE

Pharmacy continued to support the groups in developing and achieving cost improvements in medicines expenditure through initiatives ranging from more effective procurement strategies, enhanced re-use of returned medicines, clinical pharmacy services to in-patient wards and shared care prescribing initiatives developed jointly with commissioners.

Since the establishment of the merged organisation in 2006/7, and the dissolution of SLAs with local acute trusts to establish a predominantly in-house pharmacy service in 2007/2008, pharmacy has delivered significant cost improvements in Trust medicines expenditure. The aggregate cost improvement of over £3.2m (40%) in annualised medicines expenditure achieved across the 7-year period to 2014/15 exceeds the annual operating costs of the Trust pharmacy service (Figure **5**).

**Figure 5: Trust Medicines Expenditure, 2006/7 – 2014/15**
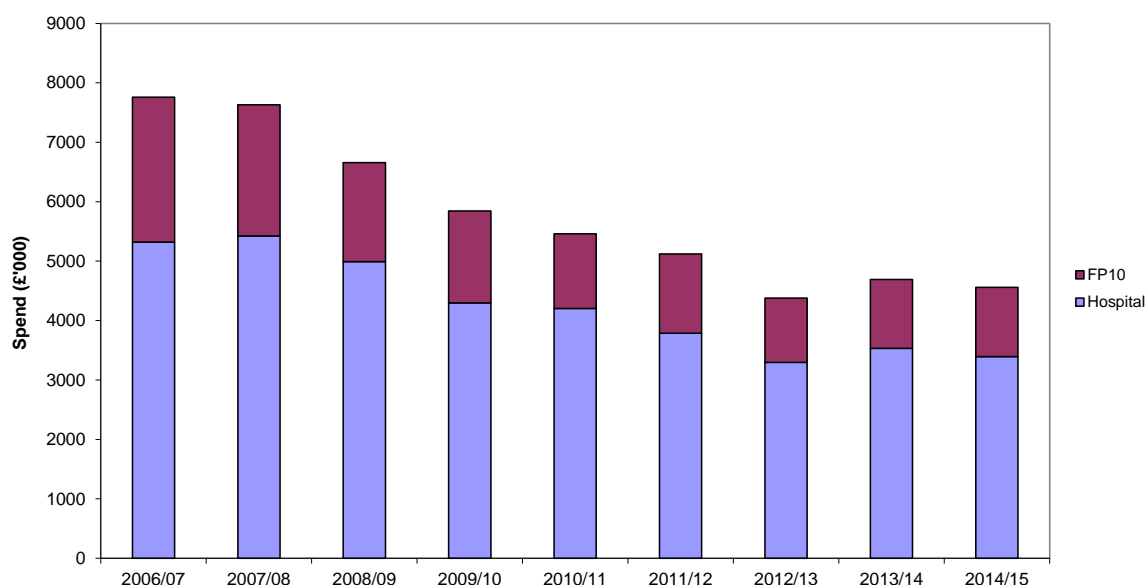
Year-on-year annual medicines expenditure decreased by £ 133k (3%) compared to 2013/14. This compares favourably to average annualised NHS hospital medicines expenditure, which rose by 15% (source: Health and Social Care Information Centre)

This was achieved through a number of initiatives, for example:

- Implementing shared care guidelines
- Robust formulary management
- Clinical pharmacy interventions
- Improved contracting and procurement arrangements for medicines (e.g. botulinum toxin)
- Initiatives to reduce medicines waste
- Appropriate transfer of repeat prescribing responsibilities to GPs

Despite a 4% reduction in the Trust medicines budget for 2014/15, the year-end out-turn on medicines was 11% under-budget (Figure 6)

Figure 6: Medicines Expenditure, % Over/under Budget, 2006/7 – 2014/15
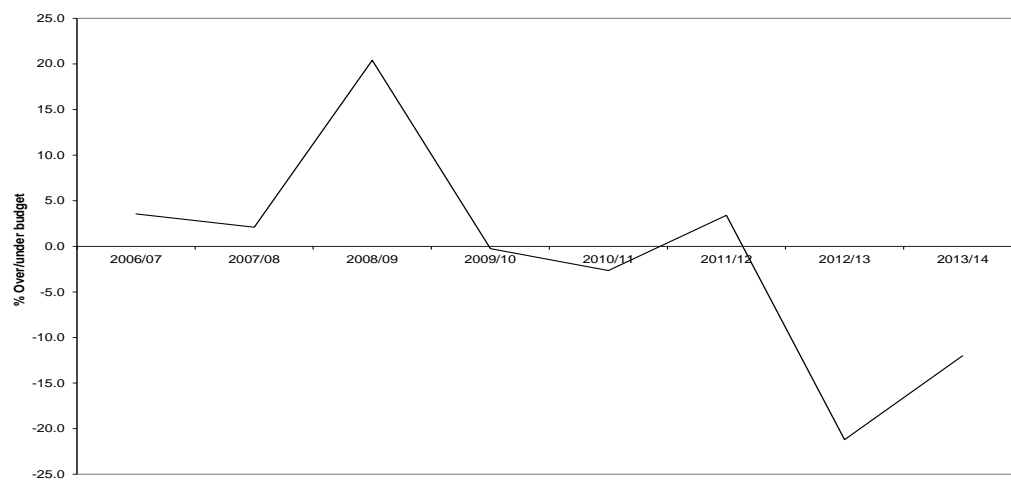
APPENDIX 1: AWARDS, PUBLICATIONS AND CONFERENCE PRESENTATIONS

Awards

Winner - North of England Learning for Work Awards (Jacques Reid)

Finalist - Royal Pharmaceutical Society Pharmaceutical Care Awards (Pharmacy)

Finalist - Clinical Pharmacy Congress, Clinical Pharmacist of the Year (David Gerrard)

Highly Commended - NTW Valuing Excellence Awards, Apprentice of the Year (Jacques Reid)

Runner-up – NTW, Valuing Excellence Awards, Support Team of the Year (Pharmacy)

Shortlisted – HENE, Most Committed Apprentice of the Year (Katie Smith)

Publications

Maule, E. Using Behavioural Insights: The Power Of 'Nudge'. Pharmacy Management 2014; 30 (2)

Conference presentations

Nov 14 - UKCPA Annual Conference – Behavioural Insights

Appendix 2: Some examples of training delivered by pharmacy staff:

Title of Training	Date Delivered	Roles of Attendees	Venue	No. of Attendees
Recovery College	01/04/2014	Service users	Ivy Club, SNH	6
Patients Own Drugs Assessment	15/04/2014	In-patient nurses	Northgate Hospital	12
Basic Pharmacology and Therapeutics	01/05/2014	Trainee nurse prescribers	Northumbria Univ	30
Self -Administration of Medicines	10/06/2014	Band 6 nurses	Northgate Hospital	8
Medicines in Autism	15/07/2014	Support workers	Northgate Hospital	3
Community Medicines Mgmt	29/07/2014	CPNs	Fairnington Centre, Hexham	13
Prescribing	06/08/2014	Junior doctors	SGP	16
Omnicell training	16/07/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	16/07/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	25/07/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	25/07/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	05/08/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	05/08/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	22/07/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	24/072014	Nurses	HWP (Shoredrift)	4
Omnicell training	01/08/2014	Nurses	HWP (Shoredrift)	4
Omnicell training	8/08/2014	Nurses	HWP (Shoredrift)	4
Evidence based practice	17/09/2014	Pre-reg Pharmacists	Seaton Burn	33
PGD training	05/11/2014	CRHT nurses	Ravenswood Clinic	4
Lithium	10/11/2014	CPNs	HWP	7
PGD training	26/11/2014	CRHT nurses	Gateshead CRHT	6
MH Hospital Pharmacy	2015 Q1	Pharmacy undergrads	SNH	216
SHO induction CAV site	06/08/2014	Junior doctors	CAV site	20
SHO induction CAV site	03/02/2015	Junior doctors	CAV site	15
Prescribing Issues and SUI	02/10/2014	Doctors	CAV site	8
Prescribing Issues and SUI	12/03/2015	Doctors	CAV site	8