

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 January 2017

Title and Author of Paper:

Annual Medicines Management Board Report, 2015 – 2016

Tim Donaldson, Trust Chief Pharmacist

Executive Lead: Dr Rajesh Nadkarni

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
- 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. During the previous year, notice had been served on a long-standing Service Level Agreement (SLA) with Gateshead NHS Foundation Trust for mental health pharmacy services to the Gateshead area. This service element was successfully brought 'in-house' from April 2015 onwards, within existing resources.
- Pharmacy staff sickness rates remained amongst the lowest for any clinical team within the organisation
- The pharmacy service was joint winner of the NTW Staff Award for Patient Safety and was shortlisted as a finalist for the Health Service Journal Value in Healthcare awards
- 12 medicines related audits and action plans were completed during the year. An internal audit report and two Board Assurance Framework audits reported significant assurance. Annual medicines management risk assessments were undertaken in all clinical teams. No medicines related CQC compliance actions were received during the year
- Around 26,000 patient safety interventions were delivered by clinical pharmacy teams, predominantly to in-patient services; three service development bids were approved during the year, enabling patient-facing clinical pharmacy services to be delivered to a small number of community and specialist teams
- Around 250,000 items were dispensed and £4 million of medicines procured during the year. Benchmarking KPIs demonstrated that our medicines supply service is amongst the highest performing within the region
- Automated medicines cabinets (Omniceil) were rolled out to a further 23 in-patient wards. Benefits realised included released nursing time, reductions in medicines expenditure and medication incidents; work progressed with the Informatics team to develop an electronic prescribing system within RiO

Risks Highlighted to Board:

- Year-on-year medicines expenditure increased by £262k (6%). This compares favourably an average 15% growth in expenditure within NHS Trusts. Measures were developed in collaboration with the Operational Groups to address pressure areas

Does this affect any Board Assurance Framework/Corporate Risks?: No**Equal Opportunities, Legal and Other Implications: Nil**

Outcome Required: The Board is asked to receive this report and note the actions led by the Pharmacy Service in managing medicines safely, effectively and efficiently within the organisation

Link to Policies and Strategies:

- Medicines Management Policy NTW(C)17
- Pharmacological Therapies Policy NTW (C) 38
- NICE Medicines Optimisation Guideline (NG5) Action Plan
- Royal Pharmaceutical Society Hospital Pharmacy Standards Action Plan

Northumberland, Tyne and Wear



NHS Foundation Trust

Annual Medicines Management Report 2015 – 2016

Shining a light on the future



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MEDICINES MANAGEMENT REPORT 2015 – 2016

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 fully 'in-house' basis to all six localities across the organisation. During the previous year, notice had been served on a long-standing Service Level Agreement (SLA) with Gateshead NHS Foundation Trust for mental health pharmacy services to the Gateshead area. This service element was successfully brought '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. Feedback from local teams was that the new in-house service was significantly more responsive and of higher quality than that previously provided on an outsourced basis.

Taken together with local implementation of the Trust on call agreement and other measures, the 15/16 pharmacy service cost improvement target (£125k) was met and exceeded.

Building on improvements developed by an internal pharmacy task group following HSE Stress in the Workplace surveys, additional work was undertaken within pharmacy on staff engagement and well-being at work. The significant reduction in sickness-related absence achieved during 13/14 was maintained (12 month rolling average = 3.2%, well below the Trustwide average)

The pharmacy service was joint winner of the NTW Staff Award for Patient Safety. It was also shortlisted as a finalist for the Health Service Journal Value in Healthcare awards, in the medicines management category. Good practice was also shared nationally through publishing articles in professional journals and in presenting at conferences (appendix 1). The service also delivered face-

to-face education and training sessions to clinical staff across the organisation (appendix 2) and developed a comprehensive range of key performance indicators (appendix 3).

MEDICINES GOVERNANCE SERVICES

Medicines Management Committee (MMC)

The MMC, which reports to 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 work plan 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 members are now required to complete an annual declaration of interests form. Further to a CQC Mental health Act monitoring visit in early 2015, work was led and undertaken by pharmacy to streamline and standardise arrangements across the organisation for access to medicines used in medical emergencies ('emergency drugs'). The committee approved a proposal to incorporate governance arrangements for emergency drugs within its Terms of Reference.
- **Sub-Groups: *Safer Medication Practice Group***- The group's key function is in reviewing and learning from medicines-related patient safety incidents and clinical audits, identifying themes and developing Trustwide improvement initiatives (e.g. practice guidance updates, revised training content, new RiO forms, alerts and other awareness-raising actions). An Internal Audit review (1516/NTW/21) identified ongoing low attendance from Operational Group representatives, with the risk that learning opportunities would be missed. The Chief Pharmacist raised a concern with Operational Directors through the Group Business Meeting (GBM). It was agreed that refreshed medical and nursing representation be arranged. Although Group attendance and learning-related output has since improved, the matter remains under ongoing review and will be raised again, as required.

Medicines Management Policy NTW(C) 17

Following a review in 2015/16, 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, 2015- 2016

Medicines Management Policy (NTW C17) updates
NTW (C) 17 Medicines Management Policy <ul style="list-style-type: none">• 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.

UHM-PGN-01 (Safe and Secure Handling of Medicines)

- Further guidance on Out-of-Hours Access to Medicines by Community Teams has been provided to NTW community prescribers who wish to prescribe for patients who do not meet the criteria for referral to Crisis Resolution and Home Treatment teams. A question raised at a Consultant induction session prompted a review of Medicines Management policy guidance for community prescribers during the out-of-hours period.
- The Committee agreed changes to UHM-PGN-01 which state that Controlled Drugs must not be left at 'Reception Areas or with a non-registered nurse'. A review of the wider Medicines Management Policy was undertaken to ensure that all historical references to delivery procedures originally intended for the Cherry Knowle Hospital site were removed. Further, it was considered appropriate to strengthen the governance arrangements for use of non-NTW delivery drivers' i.e. private taxi drivers when delivering medicines across NTW sites.
- A new medicines-specific waste stream was implemented in March 2016. Blue Pharmaceutical waste containers to be utilised for the disposal of medicinal waste. The following PGNs/policies were updated to reflect the change in process.
 - UHM PGN 01 Safe Secure Medication Handling & Supply
 - UHM PGN 04 Controlled Drugs
 - NTW (O)24 Waste Management Policy

UHM-PGN 02 – Prescribing

- The Committee approved policy changes to authorise dietetic practitioners to prescribe appropriate supplementation from an approved formulary of nutritional products in a timely and safe manner on inpatient drug charts
- References to Non-Medical Prescribing Policy NTW (C28) removed and now integrated within Medicines Management Policy NTW (C17). The Committee approved the change to UHM PGN 02 Policy wording to reflect the renaming of the NMP Group, increased governance around appraisal and accreditation and the inclusion of a new process of registration of NMP within NTW on electronic staff records.

UHM-PGN-03 - Administration of Medicines

To support the introduction of the Trustwide 'Smoke Free' initiative, the PGN was updated to authorise the administration of nicotine replacement products by registered nurses without a written prescription

UHM – PGN 04 Controlled Drugs

To streamline reporting requirements, the Committee approved a change to remove the requirement for 3-monthly ward CD stock check reports from the policy monitoring tool (Appendix C) 17. A more comprehensive CD report is now reported the committee on an annual basis

Pharmacological Therapies Policy (NTW C38) updates:

Main policy document (NTW (C) 38

The policy monitoring tool (appendix C) was updated from a format in which a set list of prescribing audits are completed to one where a broader range of audit/monitoring topics are rotated on an annual basis to enable a more comprehensive overview of prescribing quality and safety

The following NTW C38-related practice guidance notes were updated:

PPT-PGN-01 Management of Psychotropic Induced Sexual Dysfunction

PPT-PGN-02 Treatment of Acute Hypoglycaemia in Hospitals

PPT-PGN-03 Anticoagulation Therapy including Appendices

PPT-PGN-05 Safe Prescribing of Clozapine

PPT-PGN-09 The Use of Oral Anti-Cancer Medicines and Oral Methotrexate

PPT-PGN-10 Guidelines for the use of High Dose Antipsychotic Therapy

PPT-PGN-15 Subcutaneous Fluid Administration in Adult Patients

PPT-PGN-16 Bowel Care Management

PPT-PGN-18 Reducing Dosing Errors with Opioid Medicines

PPT-PGN-19 Safer Lithium Therapy

PPT-PGN-21 Benzodiazepine and Z- Drug Prescribing in Anxiety and Insomnia

PPT-PGN-23 Oxygen Use in Adults

Other Policies

NTW(C)02 Rapid Tranquilisation policy and e-learning package - updated to align with NICE NG5 Managing Violence and Aggression

AMPH-PGN-06 Physical Health Monitoring of Patients Prescribed Antipsychotics – additional prescribing guidance developed on the management of cardiac arrhythmia (Guidelines for the Management of QTc Prolongation)

Shared Care Prescribing Guidelines

- The antipsychotic primary care leaflet was updated and agreed for use by the North of Tyne Area Prescribing Committee Medicines and South of Tyne and Wear local prescribing groups

- Attention Deficit Hyperactivity Disorder North of Tyne – Positive feedback on the new format was received from North East Commissioning Services colleagues and the North of Tyne Area Prescribing Committee

Patient Group Directions (PGDs)

PGD 03 Zopiclone (review)

PGD 04 Diazepam (review)

PGD 14 - Influenza vaccine (amendment)

PGD 07 Administration of Botulinum Toxin V6 (January 2016 Updated)

Medication Safety: The Lead Pharmacist - Medicines Governance continued as the designated Medication Safety Officer. The Safer Medication Practice Sub-Group met on a regular basis as a multi-professional forum for reviewing medication incident reports, learning lessons and developing new patient safety initiatives.

Medicines Supply Shortages: National shortages of medicines commonly prescribed for patients under the care of the organisation were experienced, including haloperidol injection and fluphenazine decanoate depot injections. Proactive management of the haloperidol shortage with prompt action taken by pharmacy and the Medicines Management Committee avoided an adverse impact upon patient care.

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). Senior pharmacists continued to work closely with other local prescribing committees and regional pharmacy networks to ensure equitable access to medicines for mental health and disability conditions.

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:

Internal audit NTW1516/21

In accordance with the agreed Internal Audit Annual Plan, for the financial year 2015-2016, a review of the organisation's monitoring arrangements for Medicines Management was undertaken. The audit purpose was to ensure that the Trust has adequate processes in place that provide assurance that the medicines management policy is an integral part of the organisation and that it is monitored for compliance and takes into consideration current regulations and best practice.

Based upon the work undertaken significant assurance was given but with an issue of note in relation to the lack of regular attendance and representation from non-pharmacist members at the Safer Medication Practice Sub Group. This had been previously raised by Internal Audit as a risk, highlighted to the MMC and reported to the Group Business Meeting for action. Due to non-resolution, the matter was escalated to the Corporate Decisions Team.

Controlled Drugs: This audit summarised the findings from three-monthly CD stock checks and annual CD audits, undertaken by pharmacy staff on in-patient wards and other settings in which controlled drugs are stored. The great majority of locations demonstrated a high level compliance with policy requirements to maintain accurate CD balances; those with identified balance discrepancies were resolved jointly by the pharmacy team and ward staff the same day in line with

UHM-PGN-04 Controlled Drugs. The completion of these checks was added to the evolving Pharmacy 'KPI' performance dashboard. All ward/areas within NTW were deemed compliant with the annual CD Audit when storage, administration and monitoring of CDs standards were assessed over the 12-month period. Some changes to the audit tool were planned as a result of potential misinterpretation or misalignment with practice which may have adversely affected results, particularly on wards with automated medicines (Omnicell) cabinets.

'Take 5 Audits' - Board Assurance Framework audit. 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. In conclusion, the audit found that the Trust was generally performing at a good level in relation to Medicines Management Policy and procedures, in order to support effective prescribing and documentation of administration of medicines. However, it also identified significant variation in prescription writing standards over the audit period. It was concluded that front-line clinical staff must further engage with these audits to support greater engagement with medicines management policy requirements. To support this, a pilot commenced to develop an electronic data collection form for front-line clinical teams.

Annual Medicines Management Risk Assessment (MMRAs) - Board Assurance Framework audit: These audits assessed local practice against a range of Medicines Management Policy standards for the safe and secure handling of medicines. Audit action plans clearly identified responsible persons and timescales for the completion of improvements. Action plans were developed jointly with the ward/team managers and reported to them for local implementation. Any outstanding actions were 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. Overall, full compliance with key standards was achieved by March 2016 across all inpatient wards/areas, pharmacy departments and community teams. Pharmacy staff and Ward Managers/Team Leaders were commended by the committee.

Community MMRAs - Board Assurance Framework audit: 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. Although only a minority of community teams hold medicines supplies, stocks of prescription pads are stored within team bases. The monitoring tool also assessed local access to information about medicines and to pharmacy contacts.

Medicines Reconciliation: Standards were developed during the year for the completion (within 72 hours) of prescription accuracy checks on admission to hospital. This is a key NICE recommendation (NG5, Medicines Optimisation) for all NHS hospitals. Regular monitoring by pharmacy demonstrated that this standard was being met across the organisation

The review highlighted a number of improvement opportunities:

- RiO: awareness raising regarding the importance of correctly updating and validating all entries into the electronic care record
- Future monitoring and audit to be undertaken over longer/more frequent periods of time
- Service users to be involved more often in the Medicines Reconciliation process, where possible

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

POMH-UK is a national quality improvement programme hosted by the Royal College of Psychiatrists. It aims to providing benchmarking data to subscribing organisations, in key topics within prescribing for mental health conditions. The Trust has participated in the programme since its inception in 2006/7. Pharmacy provided leadership and project support for several POMH topics during the year, including:

- Topic 9c: Antipsychotic Prescribing in People with a Learning Disability
- Topic 12b: Prescribing for People with a Personality Disorder
- Topic 13b: Prescribing for ADHD in Children, Adolescents and Adults
- Topic 14a: Prescribing for Substance Misuse: Alcohol Detoxification
- Topic 15: Use of Sodium Valproate

Lead Clinical Pharmacists summarised key audit findings for each topic and presented them to the three Group Quality and Performance Committees. Additional monitoring was undertaken by the MMC and reported to the Trustwide Q&P for assurance.

Other Audits: Evaluation of communication between Primary and Secondary Care for Clozapine - An evaluation of the communication between Primary and secondary care for clozapine was undertaken by a pre-registration pharmacist from Northumbria Healthcare NHS FT, as part of a rotational placement programme within the NTW pharmacy service.

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 Subgroup: (an MMC subgroup). The Group continued to oversee the safety of gas storage and use within NTW. The annual NHS Protect review was carried out as was a full review of the inpatient and non-inpatient storage of gas cylinders with all subsequent actions managed. This work led to the centralisation of gas storage in Northumberland to improve both the efficiency and safety of storage. The Medicines Management Policy was reviewed and updated to include requirements for improved gas storage signage within inpatient areas. An annual report on the storage and use of medical gas was presented to the MMC for monitoring and assurance reporting.

Non-Medical Prescribing: (an MMC subgroup). Further developments were made to NMP processes:

- Registered NMPs increased from 45 to 53
- A dedicated NMP email mailbox was developed to improve communications and support applications to the NMP course
- The first NMP Networking/CPD event was organised by the pharmacy NMP lead and was attended by around 60 staff, mostly current and aspiring nurse prescribers
- Developed links into Trust Groups to include NMP within workforce strategies/plans
- Pharmacy continued to deliver teaching sessions to the Northumbria University Nurse NMP course
- NMP was represented at the NTW Nursing Conference
- Devised and implemented a governance framework to enable approved dieticians to prescribe enteral feeds on inpatient drug charts
- Regular representation at the Regional NMP Leads meetings with NE HEIs.

Emergency Drugs: Following publication of the NICE Guideline on the Management Violence and Aggression (NG10), a Lead Clinical Pharmacist developed an updated options appraisal for review by the MMC. The appraisal identified several areas in medication-related guidance and practice within the organisation that were deemed to be non-compliant with NG10. Subsequent actions and recommendations were presented to GBM in April 2016 for further consideration. The appraisal recommended that Adrenaline (1 in 1000) for anaphylaxis be designated as the sole 'emergency drug' and held within emergency grab bags. Other medicines, previously designated as emergency drugs, were retained as stock on wards and in emergency drug cupboards. This recommendation was supported by the MMC and presented to the GBM where it was accepted. The Trust resuscitation policy and related clinical training course were subsequently amended to reflect the decision.

Patient Group Directives (PGDs): The Medicines Management Support Officer collated all PGDs and related competency evidence throughout the Trust. This provided assurance that only up-to-date, legal PGDs were in use within operational services. Pharmacy now retains all original signed copies and as identified all clinical areas within the Trust in PGDs are in operation. Work is ongoing within pharmacy to develop an electronic database to track PGD-related training records.

Medication Safety

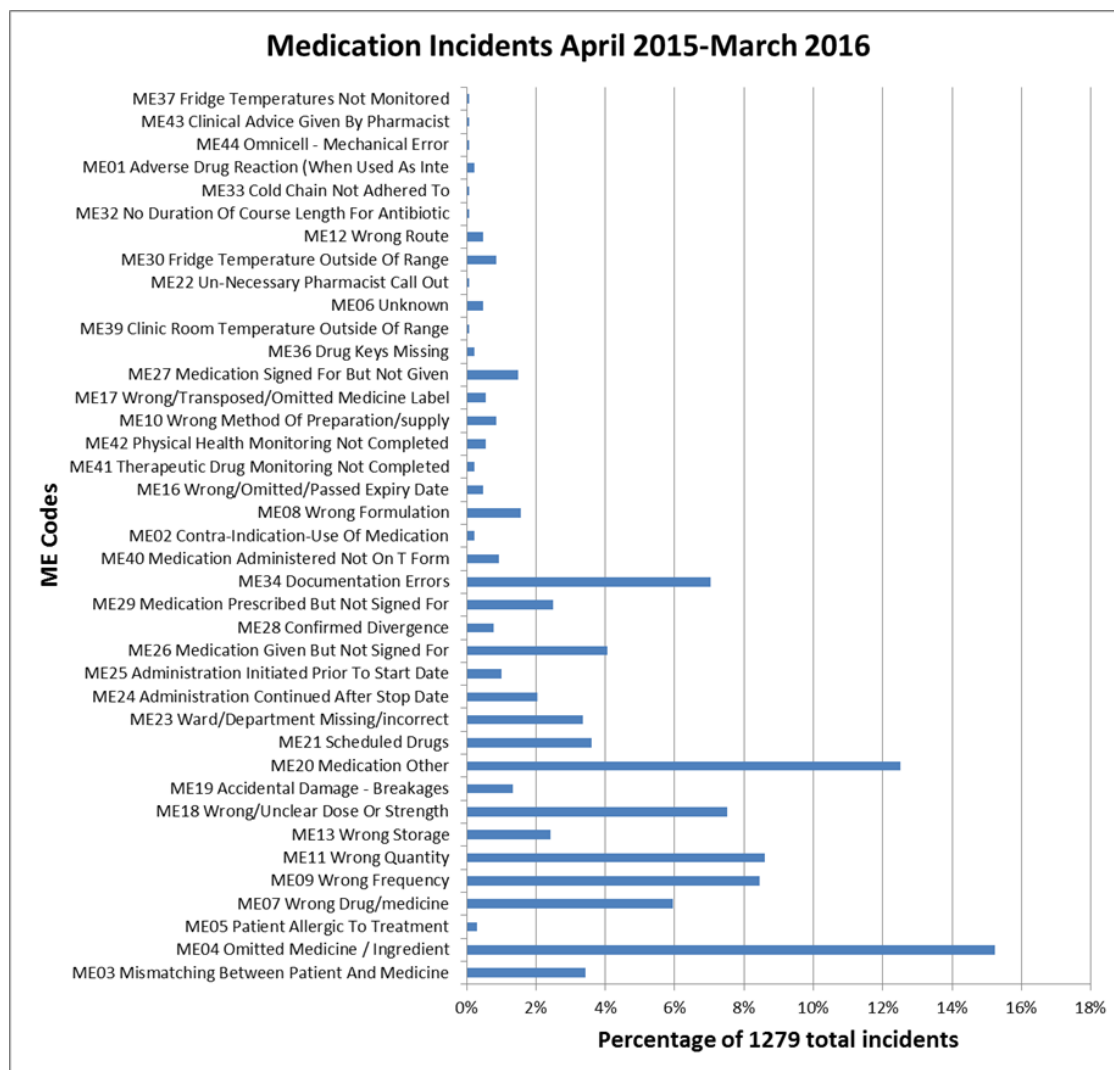
Serious Incident Reviews: Senior pharmacist support was provided to weekly Serious Incident Review panels, to provide pharmaceutical expertise and develop new interventions to reduce risks related to the use of medicines. New medication safety interventions developed included reviews and patient safety alerts/reminders regarding:

- medication incidents involving the duplicate supply of medication from both GP and NTW prescribers
- interactions between smoking cessation and psychotropic medicines
- Neuroleptic Malignant Syndrome, a severe, rare side effect associated with anti-psychotic treatment
- Record keeping of physical health monitoring test results for High Dose Antipsychotic Treatment (HDAT).

Medication incidents were received by the Pharmacy Medicines Governance Team and reviewed to identify learning opportunities. The introduction of the new intranet-based electronic incident reporting system brought about a significant change to the quality and timeliness of medication incident reports received. Pharmacy provided professional support to the Informatics and Patient Safety teams developing medication incident reporting functionality within the web-based system. Regular reviews of critical incidents were undertaken by the Safer Medicines Practice Group, a sub-group of the Medicines Management Committee, to identify Trust-wide learning opportunities and identify themes.

A total of 1279 medication incidents were reported (Figure 1), representing a 27% increase compared to 2014/15. The increase relates predominantly to changing from a paper based reporting system to an electronic reporting system. Omitted medicines and documentation errors were the most commonly reported types of medicines incidents.

Figure 1: Medication incidents, April 2015- March 2016



Learning derived from medication incidents and serious incident reviews was used to develop risk mitigation measures including:

- Medication safety messages, alerts and reminders
- Medicine management policy updates
- Medicines management audits
- Medication related training

Drug Alerts

National ‘Drug alerts’ are medicines-related patient safety signals sent to healthcare providers regarding 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 25 national drug alerts, representing an increase of 4 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 proactively 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 developed 11 locally developed medicines-related patient safety alerts during the year (Table 2).

Table 2: Drug and CAS alerts, April 2015 - March 2016

Classification of Alert	Number of incidents
Class 1 (MHRA)	0
Class 2 (MHRA)	4
Class 3 (MHRA)	2
Class 4 (MHRA)	7
Company-led	12
'Internal' CAS alerts	11

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 2015-16, the pharmacy MI service answered 464 enquiries from healthcare professionals within the organisation, including 169 (36%) from Consultant medical staff. The majority of enquiries were patient-centred and concerned adverse effects, choice of therapy and drug dosage. 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. 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. This audit is usually performed every 3 years.

We also continued to provide a dedicated medicines 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

In line with the Mental Health Research Network's mission statement to 'help make research about mental health happen', the pharmacy service supported the organisation's clinical research programme by providing clinical trial dispensing services for nine studies (Table 3), including two extension studies.

Table 3: Pharmacy support for Clinical Trials, 2015-2016

Study	Status	Funding Source
AMARYLLIS	Closed to recruitment	Commercial
ATLAS	Open to recruitment	Non-commercial (NIHR portfolio)
EVP 6124	Closed to recruitment	Commercial
KETAMINE	Closed to recruitment	Non-commercial (NIHR portfolio)
KETAMINE	Closed to recruitment	Non-commercial (NIHR portfolio)
MADE	Open to recruitment	Non-commercial (NIHR portfolio)
PRIDE	Open to recruitment	Commercial
AMARYLLIS 2	Open to recruitment	Commercial
OPEN PRIDE	Open to recruitment	Commercial

Review of Pharmacy Support for Clinical Trials in CRN: North East and North Cumbria (CRN: NENC)

A commissioned review of hospital pharmacy support for clinical trials across the CRN: NENC was carried out over the period January to August 2015. Terms of Reference were agreed with CRN executive board. The review was chaired by Professor Ruth Plummer (Professor of Experimental Cancer Medicine, Newcastle University/Consultant Medical Oncologist Newcastle upon Tyne Hospitals NHS Foundation Trust) and supported by three senior pharmacists. The review methodology included an on-line questionnaire, face to face meetings at each provider organisation with key stakeholders and a regional consensus meeting with Chief Pharmacists. Areas of good practice and challenges to clinical research delivery within pharmacies were explored and 9 key recommendations made to the Executive Board to improve on-going provision of this core research support. In summary, these included a service level agreement between provider organisations and CRN: NENC for the provision of research pharmacy support with agreed KPIs, annual review and a single sign off process within the R&D site specific evaluation. This improved provision also supported clear lines of communication with Principal Investigators, establishing a pharmacy network support group with capacity and succession planning for future pharmacy services.

Pharmacy leads were actively engaged throughout with the review process. The review report concluded that the NTW in-house pharmacy service model was supportive towards the delivery of clinical research within provider organisations. In contrast, it noted that the outsourcing of medicines supply services by the other mental health Trusts in the region presented significant barriers in their ability to comply with the monitoring and accountability requirements for clinical trials.

CLINICAL PHARMACY SERVICES

Summary

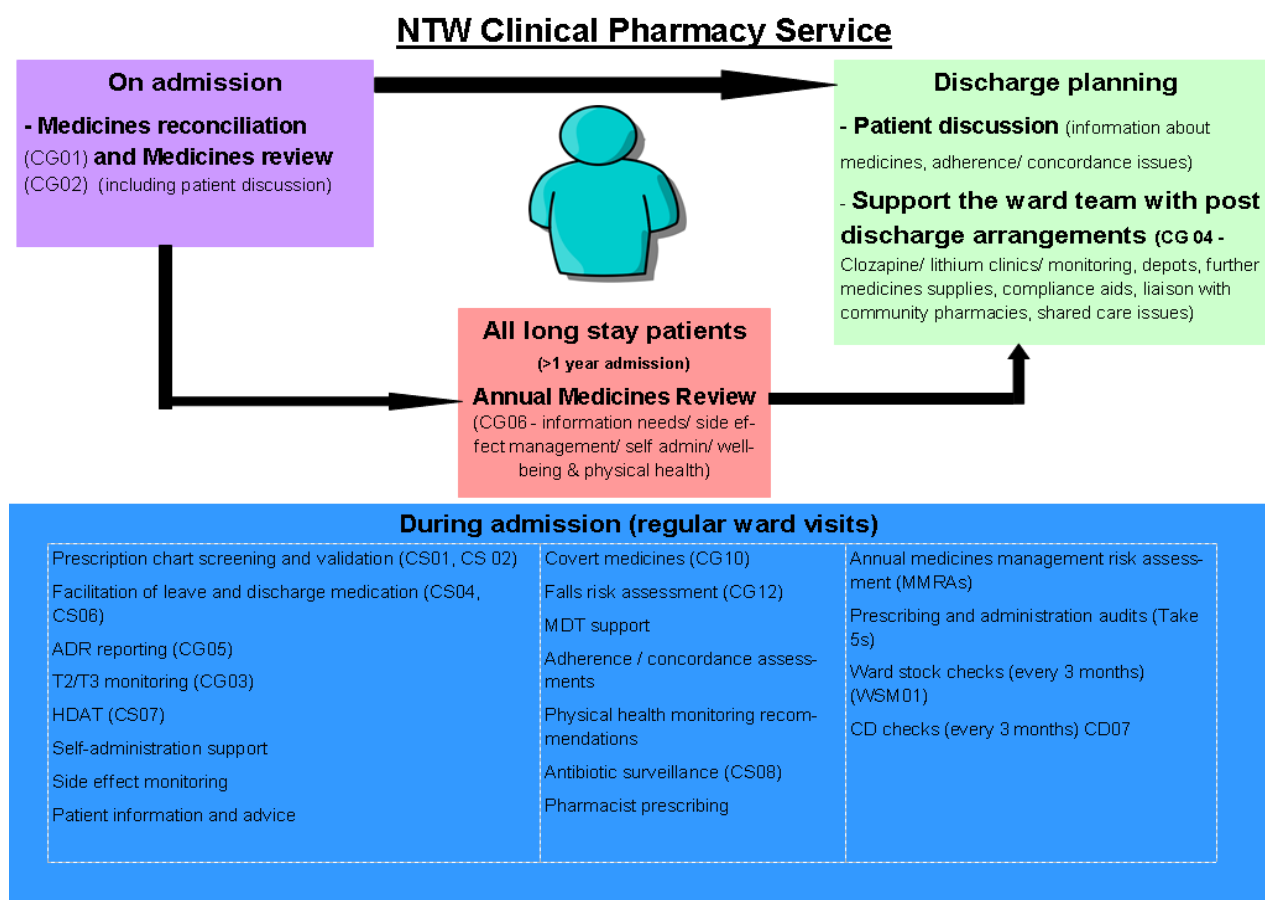
Pharmacy provides patient-facing clinical services to all inpatient teams within the organisation. Service levels are determined by casemix, the associated pharmaceutical care needs and activity levels within each clinical setting.

The pharmacy service continued to deliver on the commitment made to provide an annual medicines management risk assessment for community teams, for the provision of regulatory assurance. Furthermore workforce capacity was 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).

Inpatient services

The figure 2 below illustrates the clinical pharmacy service model for inpatient services within the organisation.

Figure 2: Clinical Pharmacy Service Model (includes references to corresponding Pharmacy Standard Operating Procedures)



We optimised our clinical pharmacy staffing resource through more effective multi-disciplinary team working to deliver increased patient contact. Developments this year included:

- An enhanced focus within clinical pharmacy teams around 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.
- MDT attendance – clinical pharmacists now prioritise and have regular attendance at daily or weekly ward reviews.
- Posters for every in-patient ward to raise awareness about the range of available clinical pharmacy services for staff and patients. Named pharmacy contacts were included for medicines-related queries.
- Pharmacy attendance at Clinical Management Team meetings within inpatient services to provide medicine management advice and information to support service delivery
- Prescribing meetings were developed on inpatient wards at Hopewood Park to enable medical, pharmacy and nursing staff to focus on the review of the medicines prescribed on a ward. This includes the safety, quality, legality, rationale and efficacy of patients prescribed treatment. A three monthly review of these meetings was conducted and feedback from attendees was very positive. They felt that the meetings were an effective and efficient way of dealing with prescribing issues and were a valuable asset to patient care. Prescribing meetings are now being rolled out to other wards across inpatient services.

Gateshead: From April 2015, a new in-house clinical pharmacy service was delivered to the Tranwell unit, Elm House and Gateshead Crisis Resolution and Home Treatment/Team following the termination of the pharmacy services SLA with the Gateshead acute trust. The aim was to provide a

clinical pharmacy service of equitable quality as that provided to other inpatient wards. This was very well received by clinical staff and patients. The Gateshead pharmacy team is now fully integrated into ward teams and meet regularly with clinical staff, patients and carers to provide professional advice.

Northgate Hospital Physical Health and Medicines Management Clinic: A senior clinical pharmacist worked 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 reviewed prescribed treatments and medicines-related physical health monitoring tests, to optimise the safe use of medicines. This multi-disciplinary approach supported better communication and effective management of new interventions and treatment changes. These were discussed with service users and further information provided in a way which best met the person's needs. Particular emphasis was placed on medication use for challenging behaviours, to reduce reliance on antipsychotic treatment. This approach was in line with the NICE guidance 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' (NG11). A Senior Clinical Pharmacist also supported the development of local guidance "Prescribing in people with a Learning Disability – The Good Practice Guidance".

Alcohol detoxification – Pharmacy led the Trust's participation in the national POMH 14b re-audit of prescribing practice in alcohol detoxification. The audit was conducted amongst inpatient care group wards, between July 2015 and January 2016. The POMH audit report will be received in May 2016, benchmarking Trust performance against best practice standards and other UK mental health Trust participants. Following receipt of the report, pharmacy will work with operational Group clinical leads to develop improvement actions within an action plan, for monitoring by Group Q&PCs and the MMC.

NTW (C) 02 - Rapid tranquilisation. This policy was updated by the Lead Clinical Pharmacist for inpatient care group and a psychiatric intensive care Consultant, in line with latest national guidance – NICE guideline 'Violence and aggression: short-term management in mental health, health and community settings' (NG10) and the Mental Health Act Code of Practice 2015 - in relation to the use of rapid tranquillisation. This required extensive review of clinical practice, guidelines and an application for an addition in the drug formulary followed by subsequent dissemination to staff. An update of the associated rapid tranquilisation e-learning package was commenced.

Annual inpatient medicine management risk assessment: all inpatient wards received an annual medicine management risk assessment. In collaboration with ward managers and clinical pharmacy staff, medicine management on inpatient wards was assessed against trust policies and guidance and developed action plans when required. Action plans were reviewed regularly to ensure compliance. Any outstanding actions are reported to the Inpatient Care Group for action.

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. 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.

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.

Discussions with service and team managers, review of serious incidents and medicines incidents reports has highlighted where clinical pharmacy resource should best be allocated. During 2015/16 this was extended to selected specialist community teams, particularly CHRT, EIP and Assertive Outreach Teams.

Crisis Resolution and Home Treatment Teams (CRHTs): Clinical pharmacy input into all five CRHT teams was increased across the organisation to deliver more comprehensive, skill-mixed clinical pharmacy services from a pharmacist and pharmacy technician. These included:

- Medicines reconciliation
- Prescribing advice – treatment choices, side effect management, drug interactions
- Non-medical prescribing
- Domiciliary visits to discuss medication with patient and carers
- Staff education and training e.g. for Immediate Response Service (IRS) staff, Patient Group Directives
- MDT attendance
- Prescribing audits
- Attendance and participation at trust-wide CRHT service meetings
- Development of an in-house review group for clinical pharmacy staff to share learning and lead on developments within CRHT teams.

Liaison Psychiatry: A new role for a clinical pharmacist was developed within the Sunderland Liaison Psychiatry service, from March 2016. It is being developed to provide:

- Advice on appropriate psychotropic drug choice and influence prescribing of psychotropic drugs, reducing risk to the patient
- Advice on medicines for physical and mental health conditions in high risk groups e.g. renal impairment, liver impairment, cardiovascular disease, elderly, dementia patients etc.
- Specific interventions including:
 - Antipsychotic medicines review in older and dementia patients
 - High dose antipsychotic review
 - Advice on rapid tranquilisation
 - Targeted medication reviews & histories
 - Physical health monitoring needs
- Improvement in medicines concordance through motivational interviewing
- Training and supervision to other healthcare staff
- A single, accessible point of contact for the liaison psychiatry service
- Improvement in discharge and transfer processes by improving communication regarding medicines within liaison, the acute hospital services and to primary care
- Improved medicines management, governance and medicines knowledge/choice for the liaison and acute clinical team

The role will undergo continuous service evaluation based upon these objectives and benefits, along with any newly emerging service requirements.

Sunderland North Community Treatment Team: Using capacity released by internal productivity gains, pharmacy invested a 0.4wte pharmacist independent prescriber resource in a pilot (May-December 2015) within the newly developed Sunderland North Community Treatment Team, to support the implementation and testing of the medicines management pathway. The pharmacist worked as part of a multidisciplinary prescribing team reviewing patients on higher-risk medicines such as clozapine, lithium, high dose antipsychotic therapy and other complex/ long-term medication

regimens. Working alongside the Nurse Consultant and the Consultant Psychiatrists, the pharmacist helped to develop standard work and evaluate the role of non-medical prescribers in the medicines management pathway.

The clinical pharmacist received 41 patient referrals from medical and nursing staff during the pilot period. The pilot evaluation report highlighted that that pharmacist was highly valued by the multi-disciplinary team and that their input enabled the release of Consultant medical time to focus upon new referrals and complex cases.

Personality Disorder Hub – Pharmacist Independent Prescriber: An Advanced Pharmacist Practitioner/Pharmacist Independent Prescriber continued to work as an integral member of the PD Hub team. Despite an absence of good clinical evidence to support the use of psychotropic medicines in Emotionally Unstable Personality Disorder (EUPD), learning from serious incidents indicates that people with EUPD are at significant risk of harm arising from complex medication regimes, polypharmacy and intentional drug overdose. The role of the pharmacist prescriber within the team is to review and simplify prescribed medication for EUPD patients, reducing and/or stopping medication that may be causing harm, may no longer be providing benefit, or may be considered inappropriate (a recognised therapeutic invention, referred to as ‘deprescribing’). The pharmacist supported CMHT Consultant Psychiatrists involved in the PD pathway, also providing prescribing advice and medicine management training for other staff. A service evaluation report was prepared for the Community Services Group.

Clozapine Clinics: Prior to 2015, pharmacy provided backfill cover for nurse shortages within community team clozapine clinics. Pharmacy technicians dispensed medicines, counselled patients and undertook blood testing services. The service was unfunded and was withdrawn in March 2015 to prioritise Gateshead in-patient wards. However funding was provided for a pharmacy technician to support the South Tyneside clozapine clinics, from January 2016. Additional pharmacy support for the Newcastle and Gateshead clozapine clinics will commence from July 2016, as part of a wider workforce plan within these localities.

EIP: Following a scoping exercise, a senior clinical pharmacist provided support within an EIP team during a 3-month pilot, focussing primarily upon improving medicines-related physical health monitoring.

Winterbourne Medicines Programme: There is a high prescribing rate of psychotropic medicines (including antipsychotics, antidepressants, mood stabilisers and anxiolytics) for people with a learning disability, who may not have a mental health diagnosis. They are commonly sometimes prescribed for ‘challenging behaviour’, an unlicensed indication for which alternative treatment strategies such as Positive Behavioural Support are increasingly available. Following the publication of the report into Winterbourne View, an NHS England-led ‘Call has been developed to promote the review and reduction of inappropriate prescribing in people with a learning disability.

During 2015/16, senior pharmacists provided supported the Trust’s multidisciplinary Winterbourne Medicines Programme Group. Trust prescribing guidance was developed people with learning disability and further project work undertaken with GPs and local CCG leads. A senior clinical pharmacist with a special interest in learning disability was nominated to progress this work. The pharmacist is now working at both regional and national level to develop prescribing guidelines and training packages to support GPs and community pharmacists.

To enable a comprehensive Trust response to the national ‘Call to Action’, community learning disability teams have identified a requirement for further clinical pharmacy support to conduct detailed

medication reviews. A business proposal is in development for a substantive clinical pharmacist within community learning disability teams.

CCG Development Bid: In December 2015, a service development bid was submitted to all CCGs within the NTW area footprint, proposing establishment of clinical pharmacy services by patients receiving out of hospital specialist care in community mental health teams. The bid sought funding for 0.5 WTE band 8a pharmacist and 0.2 WTE Band 5 technician for each of the psychosis and non-psychosis community teams. Northumberland CCG commissioned clinical pharmacy services for the three psychosis/non-psychosis teams in the county, from April 2016.

Recovery Colleges: Pharmacy was actively involved in the delivery of sessions for the Recovery College programme in Newcastle and Sunderland (see appendix 2).

Clinical Pharmacy Procedures and Guidance

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

SOP No.	Name
CS02	Technician Screening of Inpatient Prescription Charts
CS04	Pharmacist & Pharmacy Technician Transcribing of Leave/Discharge Medication
CS08	Antibiotic Surveillance

Guidance to support the clinical pharmacy teams in practice has been reviewed and approved for the following areas:

Clinical Guidance No.	Name
CG04	Discharge Planning
CG06	Annual Medicines Review
CG09	Pharmacy support to the annual influenza vaccination programme
CG10	Covert administration
CG11a	Community team visits - MMRAs
CG11b	Inpatient ward visits – MMRAs
CG12	Clinical Pharmacy input into the 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.

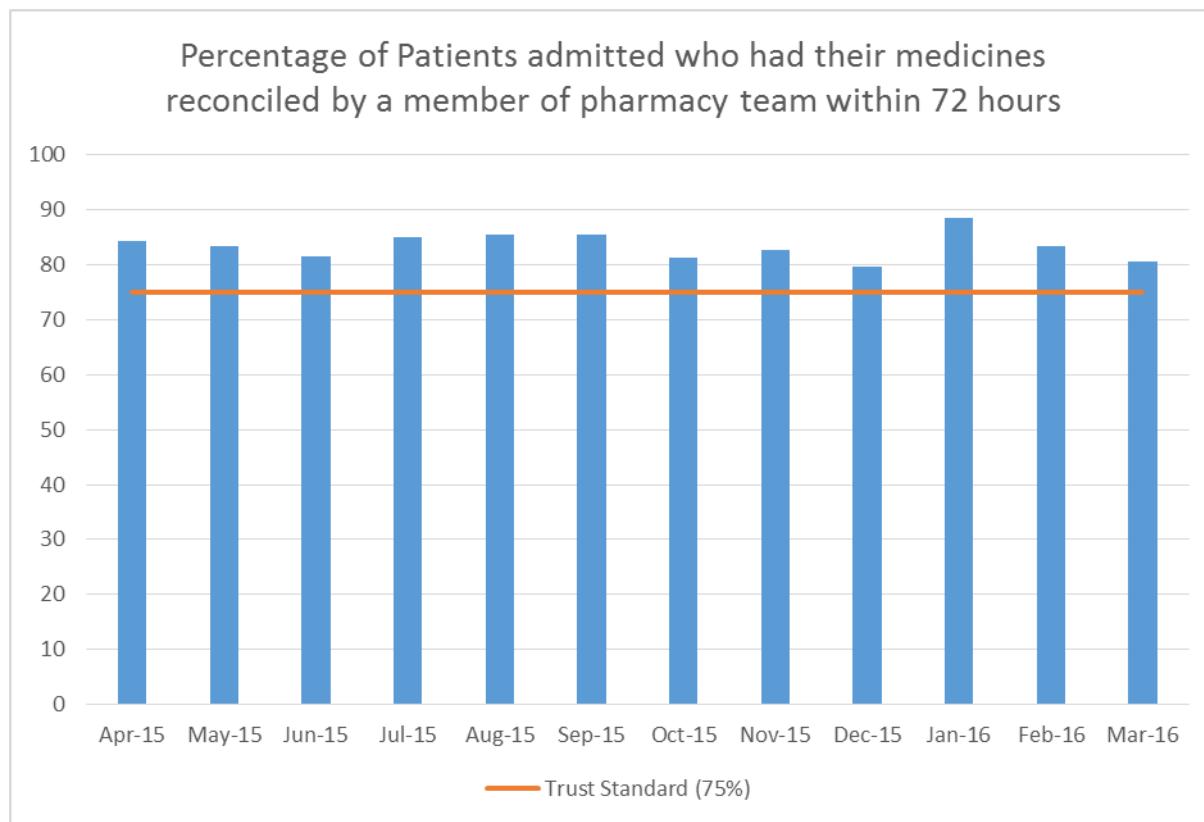
Clinical Pharmacy Service Metrics

Clinical pharmacy service interventions were continuously monitored using a 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. A trust standard was introduced for 75% of patients admitted to have their medicines

reconciled by a member of the pharmacy team within 72 hours of admission. The chart (Figure 3) below shows that this standard was consistently met.

Figure 3: Medicines reconciliation activity, in-patient wards, April 2015 – March 2016



Clinical Pharmacy Activity and Interventions

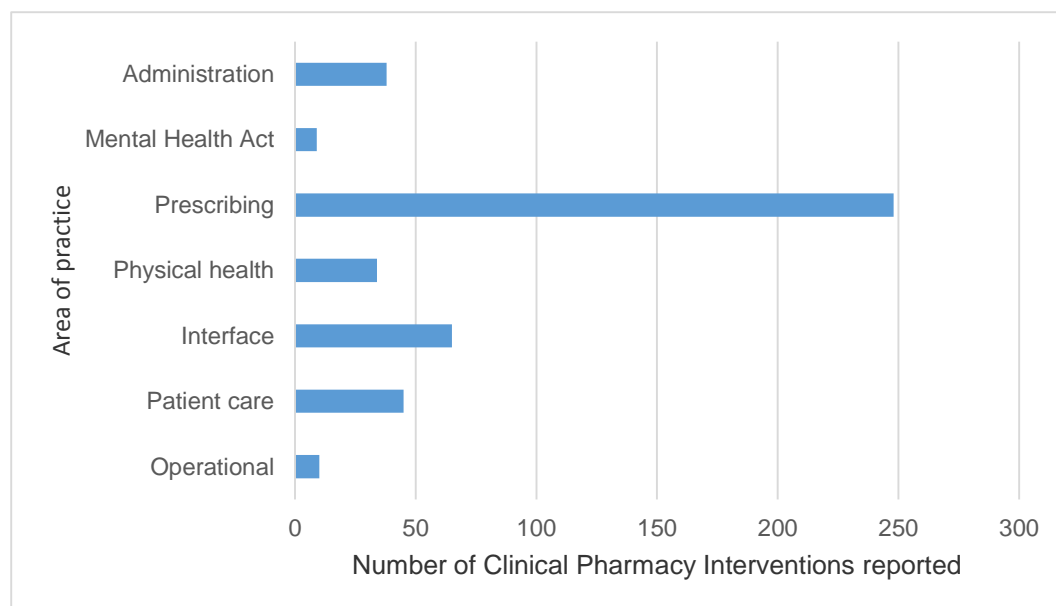
Clinical Pharmacy Interventions: Clinical Pharmacy service intervention reporting was changed to a regular qualitative report, where all staff submit a number of anonymised patient care interventions for discussion within pharmacy clinical pharmacy team meetings. A biannual quantitative data collection exercise was retained, in which all interventions made by clinical pharmacy staff were reported for a single week. Using these data, approximately 26,000 interventions were made during the year.

The majority were within in-patient services; however an increasing proportion occurred with CRHTs and CMHTs, as our services were extended to some community teams. Interventions made by pharmacists accounted for two thirds of the total, with remainder made by clinical pharmacy technicians.

As well as intervening to prevent medication errors, clinical pharmacy staff optimised medicines, improving the quality of prescribing through review of prescribed medication and in consulting with patients about medication choice.

The chart (figure 4) below illustrates the areas of practice in which most clinical pharmacy interventions were made:

Figure 4 - Clinical Pharmacy interventions reported by area of practice



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 and themes
 - Prescribing audits
 - Non Formulary medicines use
 - Updates on relevant medicines-related developments
- Medicines-related After Action Reviews
- Medicines expenditure, intervening and alerting relevant group members to high spend areas in order to reduce medicine costs
- Adoption of NEWS chart on all wards and associated training for physical health monitoring
- Planning and assistance with group initiated audits and associated guidance e.g. post rapid tranquilisation physical monitoring, rapid tranquilisation policy update
- Participation in mock CQC visits, providing expert support for medicines management
- Group Service and Workforce development sessions

Community Services Group

Group Quality & Performance Committee

The Lead Clinical Pharmacist for Community Services regularly attended Group Quality & Performance meetings (Q&P, Safe sub-group and Effective sub-group) to present medicines-related reports, which included updates regarding medication incidents and prescribing audits. Other activities included:

- Support in implementing the Antipsychotic Initiation CQUIN
- Attendance at After Action Review meetings which included a significant medicines focus
- Support for the drug budget setting process, in collaboration with the finance team
- Monitoring of medicines expenditure and presented finance reports to the Community Services Operational Managers' Group
- Participation in mock CQC visits, providing expert support for medicines management

Lithium: Lithium is a higher risk medicine, recommended by NICE in the management of bipolar disorder and severe unipolar depression. It is the only medicine proven to reduce completed suicide in these patient groups. However it may cause serious 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: updated (in line with the updated NICE Clinical Guideline for Bipolar Disorder (CG185) and RCPsych Lester Adaptation Tool for physical health monitoring
- Lithium RiO documentation: re-designed and standardised to support greater consistency in the recording of lithium-related laboratory test results. Following consultation with clinicians, three RiO documents were re-designed to include new:
 - Pre-lithium therapy checklists
 - Lithium initiation and titration forms
 - Lithium maintenance therapy forms

Clozapine: 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. The Trust prescribing guidance for clozapine was extensively reviewed (Safe Prescribing of Clozapine, NTW(C) 38 - PPT-PGN-05).

In line the updated PGN and clozapine pack, clozapine-specific RiO forms were reviewed and rationalised into five Trustwide documents for launch in July 2015:

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

High Dose Antipsychotic Therapy (HDAT): HDAT is defined as "a total daily dose of a single antipsychotic which exceeds the upper limit stated in the British National Formulary or a total daily

dose of two or more antipsychotics which exceeds the BNF maximum using the percentage method". Use of HDAT is associated with a greater risk of adverse effects including serious cardiac complications therefore increased physical health monitoring is required. Pharmacy worked with IT to develop new RiO HDAT monitoring forms to replace the paper versions. These forms were launched in November 2015. The associated PGN was also reviewed and updated to reflect these changes.

Dual diagnosis: Senior pharmacist support was provided to the dual diagnosis task and finish group. The pharmacist led with the evaluation of procurement options for substance misuse testing kits to find the most cost effective solution for the organisation. Further related work included a policy review and development of a practice guidance notes.

Specialist Care Group

- The Group Lead Clinical Pharmacist regularly attended Specialist Care Quality & Performance Committee meetings, providing the same governance support as that provided to the Planned Care Group.

Other professional support services included:

Neurological Rehabilitation and CYPSS Medicines Management Groups: These forums were developed by the Lead Clinical Pharmacist. They are used to discuss service specific medicines management matters and the implementation of new/updated policies and guidelines within routine clinical practice.

Neurological Services: The ward based clinical pharmacy team serving WGP supported the site at its Incident Management Group. Medicines management at WGP was a main feature of the group. Senior Clinical Pharmacist was able to provide input and support to prescribing reviews. Support was also given to the PEG feeding group to ensure that medicine management was fully considered in decision making. Medicine Management Awareness raising sessions were delivered by pharmacy and a senior nurse to all staff (nursing and medical) working at WGP.

Pharmacy also supported Neurological Services in developing and approving the regional contract for botulinum toxin. This work delivered a significant cost reduction in medicines expenditure.

Autism Spectrum Disorder (ASD) Service: Pharmacy was involved in specifying the medicines storage facilities within the ASD services' new building (Mitford Unit) at Northgate Hospital, which will include an automated medicines cabinet (Omnicell). The clinical team asked for the cabinet to be installed within their existing ward, to gain familiarity with the technology prior to transfer to the new build.

ADHD Service: From August 2015 a Pharmacist Independent Prescriber provided sessional non-medical prescribing support to the Adult ADHD service, in the Northumberland and Newcastle localities. The pharmacist worked alongside a nurse practitioner to jointly review patients who required medication as part of their treatment. The pharmacist initiated and titrated treatment, providing information and advice to service users. Once symptoms had stabilised, patients were transferred to their GP for ongoing prescriptions, under locally agreed shared care prescribing arrangements.

The pharmacist prescriber enhanced the skill mix within the team allowing the most appropriate team members to undertake their roles as per the service model and improve access to treatment. Having a dedicated pharmacist also increased MDT access to medicines information and prescribing advice

support, preparing updated shared care guidance and consider requests for new ADHD medicines to be added to the formulary. Following the success of the pilot, a business case is being prepared for a substantive pharmacist prescriber post for the team.

Forensic Services: A senior clinical pharmacist scoped the role of a pharmacist within the Community Forensic Psychiatry Service and at Westbridge Hostel in N Tyneside.

Strategic Support to Trustwide Initiatives

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

- Trust-wide Smoke Free programme - A clinical pharmacist with a special interest was nominated as pharmacy lead for the Trust smoke free programme. Learning from other mental health trusts and results from a patient and staff survey informed the development of a local policy which authorised in-patient nurses to administer nicotine replacement therapy (NRT) products to patients on admission to hospital. This initiative was supported by pharmacy-led cascade training to all inpatient wards, in preparation for the smoking ban
- New prescribing guidelines developed for physical health monitoring in patients prescribed antipsychotics (NTW(C)29, AMPH-PGN-06) and for the management of hyperprolactinaemia in patients prescribed antipsychotics (NTW (C) 38, PPT-PGN-23)
- Contributed to the outputs of the Trustwide Physical Health and Wellbeing Group
- Pharmaceutical advice provided to the Physical Health CQUIN Monitoring Group, advising on medicines-related physical health monitoring
- Presented at the Trustwide physical health and wellbeing event (July 2015) on cardiometabolic risks associated with antipsychotic medicines
- Contributed to the development and review of the RiO physical health monitoring-related forms and associated guidance.
- Significant input into the development of e-pathways content and standard work for physical health, medicines review, prescribing in LD and older persons' pathways etc.
- Transforming Services - Support to PCP continued in 2015-16 in the form of regular attendance at Transformation Implementation Groups (TIGs) in the localities.

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

Guidelines	Localities
Atomoxetine for ADHD in children and young people	Sunderland
Atomoxetine for Adults	South of Tyne
Atomoxetine (CYPS)	South of Tyne
Dexamfetamine (Adults)	North of Tyne and Gateshead
Dexamfetamine (CYPS)	North of Tyne and Gateshead
Dexamfetamine (Adults and CYPS)	South of Tyne
Lisdexamfetamine (CYPS)	South of Tyne and Sunderland
Lisdexamfetamine (Adults)	South of Tyne
Methylphenidate (Adults and CYPS)	Sunderland
Methylphenidate for ADHD in children and young people	North of Tyne, Gateshead and South of Tyne
Methylphenidate for ADHD in Adults	North of Tyne, Gateshead and South of Tyne

Melatonin	North of Tyne, Gateshead, South of Tyne and Sunderland
Naltrexone	North of Tyne and Gateshead
Primary care Information leaflets	Localities
Acetylcholinesterase Inhibitors	North of Tyne, Gateshead, South of Tyne and Sunderland
Agomelatine	Sunderland
Antipsychotic	Sunderland, South Tyneside, North of Tyne and Gateshead
Memantine	North of Tyne, Gateshead, South of Tyne and Sunderland
Venlafaxine	South of Tyne
TOTAL	18 guidelines

Furthermore, NTW pharmacy led the development of a North East regional (NTW, TEWV and Cumbria Partnership NHS Foundation Trusts) protocol for the use of antipsychotic long acting injections ('depots'), on behalf of the Northern Treatment Advisory Group (NTAG), approved for use in 2015. The development was a key step in the managed introduction of second generation antipsychotic (paliperidone and aripiprazole) depots within the local NHS. A local implementation strategy for NTW was also developed. This included a pharmacy-led bespoke training package on the administration of the new injections to 300+ nurses across the Trust.

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 person-specific cases of disagreement between NTW and GPs regarding mutual responsibilities for patient care. Community teams were supported in changing local practice to enable better adherence to shared care prescribing guidelines. At a strategic level, we 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 broad range of pharmacy and medicines-related training was delivered by our team:

Operational Groups:

a) Medical Staff:

We delivered induction training in pharmacy services and local prescribing governance arrangements to all medical staff. Additional sessions were delivered to groups of trainees at Newcastle including:

- Learning from Serious Untoward Incidents (SUIs) and associated prescribing-related risks
- Local prescribing guidelines
- Medicines Management policy training

b) Nursing staff:

New starters received medicines management training during their corporate induction training and a component of statutory and mandatory training (via e-learning). 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 (Omni cell) Cabinets
- Depot/IR2 training
- HDAT/Rapid Tranquilisation training/ T forms
- Medicines management
- Covert administration
- Cardiometabolic effects of psychotropics
- Omnicell cabinets
- Safe and secure handling of medicines
- Psychotropic medication
- Nicotine replacement educational sessions

c) Pharmacy staff:

1. Dementia Friends training across all pharmacy departments
2. Learning at lunch CPPE CPD sessions, presented by rotational pre-registration pharmacists. Topics included:
 - a. Heart failure
 - b. Parkinson's Disease
 - c. Stroke/TIA
 - d. COPD
 - e. Use of selegiline in depression

In addition to these sessions, pre-registration pharmacists presented case studies at their base hospitals, then discussed by the wider pharmacy team.

3. Two pharmacists attended the national 'Psychiatry 1' psychopharmacology and therapeutics workshop. The training materials were subsequently circulated to all pharmacy staff for CPD purposes.
4. Three pharmacists attended British Association of Psychopharmacology workshops on the management of weight gain, metabolic disturbance and cardiovascular risk associated with psychosis and antipsychotic drug treatment.
5. An update on Trust lithium, clozapine and High Dose Antipsychotic Therapy (HDAT) prescribing guidelines was presented to all pharmacy staff. This raised awareness about recent changes made to align them with the latest NICE guidance and related RIO documentation

6. Three sessions on palliative care were delivered to pharmacy staff in the Sunderland locality, delivered by a specialist palliative care pharmacist based at a local hospice. The training materials were shared with the wider pharmacy team for CPD purpose
7. Medicines information enquiry answering skills sessions were delivered to all pharmacy sites
8. Internal leadership development sessions were offered to some pharmacy staff; these sessions were designed to develop understanding of change management, professionalism and the key principles of leadership
9. Internal management skills sessions were delivered to pharmacy line managers (pharmacists Band 8a and above and technicians with line management responsibility) focusing upon:
 - Flexible management
 - Having difficult conversations
 - Personal resilience
10. Management of personality disorder, lessons learnt from medicine incidents, clinical guidance updates and training on various clinical topics were delivered within monthly clinical team meetings to all clinical pharmacy staff.

Future CPD under development for delivery to pharmacy staff during 16/17 include:

- Duty of candour training
- Consultation Skills
- Essential/advanced/enhanced community services (e.g. compliance packs, MUR, smoking cessation) dosette patients/assisted living and transition for caregivers to be delivered by Sunderland University facilitator Charlotte Sinha Earl
- Acute kidney injury
- BAP online modules

d) Pre-Registration Pharmacist Trainees:

The pharmacy department has developed a training partnership with Northumbria Healthcare NHS Foundation Trust (NHCFT) pre-registration pharmacist training programme. Seven pre-registration pharmacists trained within NTW during the year. All pre-registration were allocated a pharmacist mentor during their rotation:

- Each trainee underwent a four-week placement within our services, experiencing a varied programme of clinical pharmacy services. One trainee completed a project entitled "*Evaluation of communication between Primary and Secondary Care for Clozapine*". This was presented at a local practice forum and subsequently at a national pharmacy conference.
- Feedback about the pre-registration training programme was highly positive, with several trainees indicating that they wished to pursue a career within mental health pharmacy services.

e) Schools of Pharmacy

Pharmacy delivered SLA-based training and experiential learning to undergraduate students from local schools of pharmacy at Sunderland University and Durham University.

Sunderland University:

- This year we hosted 219 level 3 students from Sunderland University who came each week on a Thursday afternoon from 1pm to 4.30pm; there were 10 sessions in total. The first session was in September 2015 and these ended in December 2015.
- These sessions were structured organised as some weeks there were over 20 students. There was an activity menu devised for the facilitation and content of these sessions.
- Each session consisted of an overview of service provision in mental health and the role of the mental health pharmacy team, an overview of a patient's experience from an expert patient, a tour of a high dependency ward and three case study-based seminars on topics including schizophrenia and bipolar disorder
- The feedback for these sessions was highly positive and the university requested renewal of the SLA in 2016/2017

Durham University

- Durham University school of pharmacy opened in 2013
- We delivered training placements to twelve Level 1 and thirty-five level 3 undergraduate pharmacist students for first time during the year, two students per visit
- The learning model was based around patient contact and counselling skills, and included a visit to an admissions ward, pharmacy and an interactive clinical enquiry-based seminar
- The education and training lead pharmacist developed mental health related teaching materials for Durham University; these included case studies, OSCEs and presentations

Academic appointments

- Tim Donaldson- Honorary Fellow, School of Medicine, Pharmacy and Health Durham University
- Martina Khundakar- Visiting Clinical Facilitator in Undergraduate Pharmacy, School of Medicine, Pharmacy and Health Durham University
- Anthony Young – Honorary Lecturer, University of Sunderland

f) Nurse Non-Medical Prescribers: Pharmacy staff developed and delivered training in mental health prescribing and therapeutics to 35 trainee nurse prescribers from Northumbria University. The feedback from these sessions was highly positive and the service was asked to continue this support on an ongoing basis.

g) Service Users and Carers: Pharmacy continued to provide regular input into both the Newcastle and Sunderland Recovery Colleges and attended other user and carer support groups in working age adults and older peoples' services, to provide patient education and support regarding medicines and to promote the pharmacy medicines helpline.

A comprehensive range of clinical training sessions were delivered by pharmacy staff during the year (appendix 2)

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 efficient, advanced and comprehensive in-house Mental Health and Disability Pharmacy services in the country.

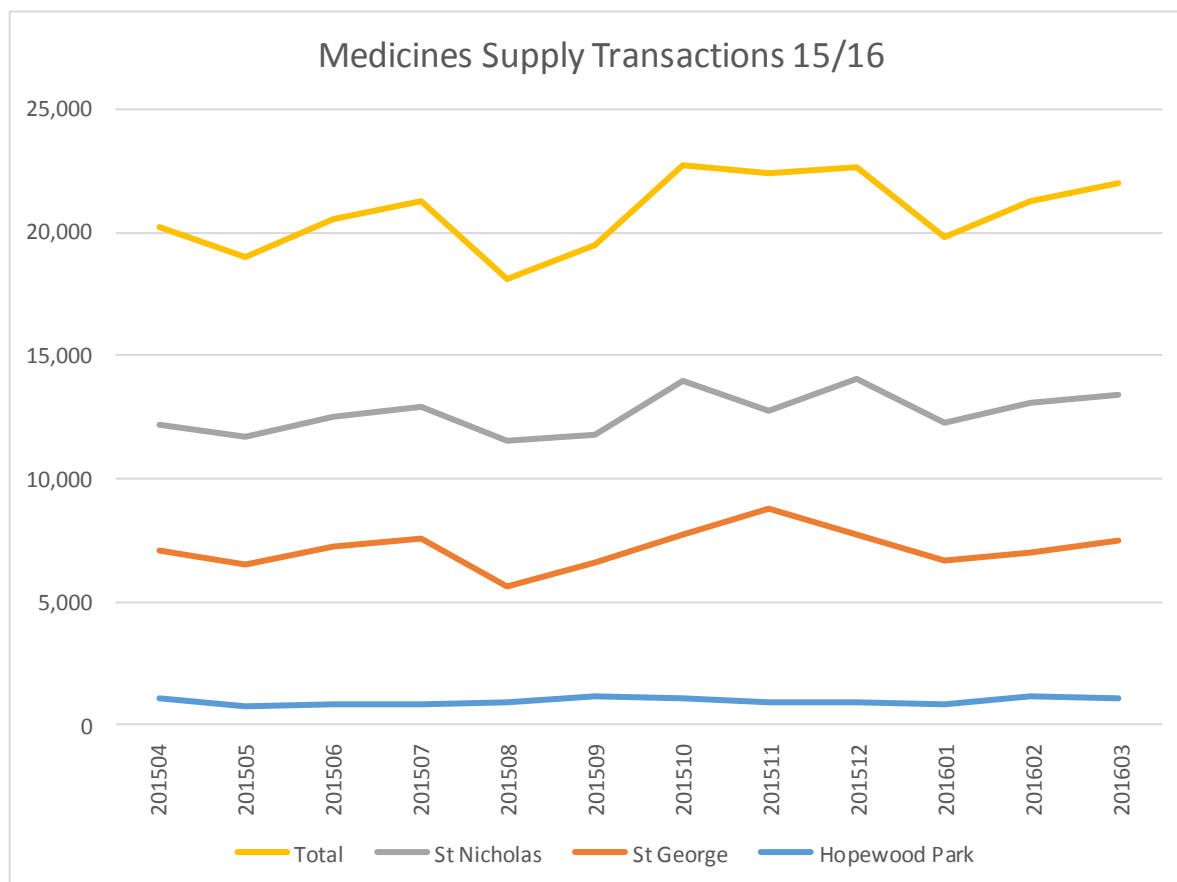
Medicines Supply Chain

A total of 249,068 items have been dispensed from NTW pharmacy dispensaries over the year (see Figure 5). Activity increased by 1.5% over 2014/2015 levels. This is modest increase arose despite the reduction in bed numbers across the organisation. There was also an increase in the use of FP10 prescriptions for out-patients and evidence of shorter length of stay/faster patient turnover, greater acuity and pharmaceutical needs for in-patients. These pressures were mitigated by productivity improvements made to our medicines supply and clinical pharmacy/medicines optimisation services (see below). It was followed the anticipated increase in dispensing activity arising from the dissolution of the Service Level Agreement with Queen Elizabeth Hospital, Gateshead. This transferred medicines supply responsibilities for the Tranwell Unit, Elm House and Community teams to St Nicholas Hospital. These efficiencies made up a significant proportion (80%) of the £125k Cost Improvement target for the Pharmacy service.

There were a total of 860 near miss dispensing incidents (dispensing errors which were detected at the point of second checking), representing an internal error rate of 0.34% (identical to the previous year). This compares to nationally published rates of 0.6-2.7% (Beso et al, 2005; Franklin et al, 2008). 78 dispensing errors remained undetected at the point of checking and left the pharmacy (0.03% of all dispensed items), a figure which is in line with national benchmarking. This provides assurance that despite the increased workload resulting from the dissolution of the Gateshead SLA in 2014, performance and standards have been maintained. Dispensing incident rates are monitored on a monthly basis as part of the newly launched Pharmacy Performance Dashboard (see below).

Pharmacy staff involved in the dispensing process supplied an average of over 100 items per day per Whole Time Equivalent (WTE). This is over 10% higher than the regional average of 90 items/day per WTE and gives further assurance, along with low dispensing error rates, that the pharmacy service is efficient, effective and delivers high quality services.

Figure 5: Transactions per site 2015/2016



Procurement

The Pharmacy Procurement team purchased over £4m of products during the year. Embedding Key Performance Indicators, introduced in 2014/15, within procurement practice facilitated timely response to issues and constant monitoring of procurement practice. These indicators demonstrated that the in-house pharmacy team was consistently ranked amongst the highest performing within the North East region during the financial year, in terms of purchasing ‘on contract’ products (thereby taking full benefit of the advantageous prices and conditions offered by regional and national contractual agreements).

These agreements were developed with pharmacy support, through representation on regional procurement and contract adjudication panels, affording the opportunity to influence medicines procurement for mental health and disability conditions. This was particularly apparent with the new regional procurement contract agreed for Botulinum Toxin Type A. This contract delivered immediate savings of £12k with no required change in prescribing patterns. If prescribing rates of this preferred bio-equivalent preparation were further increased, significant additional savings would accrue to the organisation, without comprising patient safety.

One of the most important actions undertaken by the pharmacy procurement team was in acting promptly to identify and source suitable alternatives when haloperidol injection (a first-line medicine used in rapid tranquillisation) became unavailable due to a manufacturing problem. This avoided significant disruption to patient care.

Pharmacy Performance Dashboard

A range of performance management metrics were developed to create an 'at a glance' Pharmacy Performance Dashboard. The completed 15/16 version is shown at appendix 3.

Hopewood Park – Omnicell Benefits Realisation

The new Hopewood Park in-patient facility 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 release pharmacy staff from traditional dispensary-based roles in delivering high quality patient-facing clinical services and more timely access to discharge and leave medicines.

The benefits delivered by the introduction of this technology and the associated service delivery changes have resulted in a number of quantitative and qualitative improvements to patient care as well as efficiency, safety and responsiveness of both the medicines supply and clinical pharmacy service:

- Direct financial savings of £6k per ward per year from reduced drug spend
- More efficient skill mix: stock medicines are now managed by pharmacy Assistant Technical Officers (AfC band 3), rather than Registered Nurses (AfC band 5-7). This enables nurses to devote more time to delivering direct patient care
- A reduction in omitted doses (wards rated as amber or red for omitted doses fell from 37.5% to 23%)
- A 20% reduction in medicines incidents
- A 71% increase in clinical pharmacy interventions
- A more proactive medicines supply chain (75% of orders are planned, compared with 23% prior to implementation)
- Senior staff time saved through fewer and less complex Controlled Drug investigations (£20k p.a. estimated)
- No increase in time taken to administer medicines

This is the first time this technology has been implemented in a mental health setting and is one of the largest single installations in the country, which further enhances the organisation's reputation for innovation in pharmacy and medicines management services.

External recognition of this project came through Trust having been shortlisted as a finalist in the 2015 HSJ Value in Healthcare Awards, in the medicines management category. A small team from the Pharmacy and Informatics services attended the award ceremony and welcomed the opportunity to share best practice and showcase the organisation's achievements.

Omnicell Phase 2

In light of the benefits demonstrated at Hopewood Park and with the support of senior managers, the pharmacy service submitted a successful funding bid for £640,000 from NHS England's Nurse Technology Fund. This enabled the extension of Omnicell cabinets to a further 23 in-patient wards. A phased implementation project began in 2015 and continues with completion anticipated in late 2016. The following locations now have Omnicell cabinets installed:

- **St Georges Park**
 - Embleton
 - Newton

- Hauxley
- Druridge
- Warkworth
- Alnmouth
- Out of Hours Drug Cupboard
- **Walkergate Park**
 - Ward 1A
 - Ward 1B
 - Ward 2
 - Ward 3
 - Ward 4
- **Monkwearmouth**
 - Marsden
 - Roker
 - Mowbray
- **Northgate**
 - Woodside (to be transferred into New Build Autism Unit)
- **Tranwell Unit**
 - Lamesley
 - Fellside
- **Campus for Ageing and Vitality**
 - Lowry
 - Collingwood Court
 - Gainsborough

Pharmacy has worked closely with operational service managers, Informatics and Estates leads to ensure that each installation has progressed smoothly and without disruption to services. The live cabinets delivered the same safety and efficiency benefits seen at Hopewood Park.

Final installations are planned during 2016/17 at:

- Rosewood (HWP)
- Rose Lodge (S Tyneside)

Pharmacy Informatics

Pharmacy, with support from the Informatics team implemented TMS Insight, a prescription tracking system. This allows wards and departments to track the progress of prescriptions being dispensed by Trust pharmacy services through the patient's RiO electronic care record. Consequently, there has been a 25% reduction in telephone enquiries to the dispensary at St Nicholas Hospital; this releases both pharmacy and nursing staff time from process tasks to focus upon delivering patient care.

We also upgraded our existing pharmacy software systems:

- Ascribe (Pharmacy stock management and dispensing system) – preparation work for a major upgrade in Q1 16/17
- ADiOS (controlled drug monitoring software) – including an upgrade to V2
- Omnicell (ward-based automated medicines cabinets)
- EDI (electronic ordering interface)
- TMS Insight (Prescription Tracking System)

Pharmacy also supported significant Trust wide informatics developments including:

- Web Based incident Reporting (Safeguard)
- Medical Interoperability Gateway (access by medical and pharmacy staff to GP records)
- RiO development and V7 upgrade

To support the delivery of these improvements we established a new Pharmacy Informatics Support Officer role. The postholder provides data management, analysis and reporting support to frontline services and the pharmacy governance and business teams, in delivering assurance and optimising service efficiency.

Electronic Prescribing and Medicines Administration (ePMA)

Throughout 15/16 the ePMA project team developed the governance arrangements for the ePMA project. Working in partnership with the system provider (Servelec) and the Medicines Management Committee, the team tested and improved the functionality of the system to ensure that it meets the needs of the organisation. The team also worked with the patient safety and clinical audit teams to ensure linkage between Trust priorities in these domains.

The majority of key service areas (e.g. inpatient, CMHT, and addictions) were visited and a review of current processes undertaken to ensure that any required practice changes are highlighted early during the project lifespan.

Implementation of EPMA pilots has been delayed, pending a planned upgrade to the RiO electronic patient notes to version 7. The project team were advised that that this work will be completed during 2016 so that the phased implementation may proceed soon thereafter.

Other preparation work undertaken focussed upon training needs, policy development and staff engagement. Engagement work began in late 2015 including through the use of social networks (NTW Twitter account), graphics and display materials for promotion at Trust events.

Seasonal Flu Vaccination Programme

Pharmacy actively supported the highly successful 2015/16 seasonal flu vaccination programme, in contributing to programme planning, leadership, governance and in supplying vaccines to Trust vaccinators. Pharmacist vaccinators were trained, to maximise access to vaccination for pharmacy staff. This increased vaccination rates within the department to as well as increasing vaccine availability for the wider Trust (staff can attend pharmacy for vaccination).

A collaborative approach to supply between Pharmacy and the Seasonal Flu Planning Group ensured the comprehensive availability of vaccine whilst avoiding wastage.

Administration and Business Management

The Pharmacy Administration and Business Management team support the department and wider trust in a range of functions. The administrative team have continued to monitor and provide support throughout the organisation in managing the safe ordering and dispatch of controlled stationary, such as FP(10) prescribing pads. Providing a responsive and secure service supports the clinical teams in delivering frontline services and monitoring this system closely identifies and mitigates security and patient safety risks.

The team has developed and implemented innovative solutions, including a new electronic scanning system for archiving dispensary paperwork. This system reduces paper record storage requirements, enabling faster and more reliable access to archived information, whilst meeting legal requirements.

The team are also lead on distribution of paper editions of the British National Formularies (BNFs) throughout the Trust. We are currently working with the workforce team to ensure the process for this is reliable and robust, thereby supporting frontline clinicians in making evidence based prescribing decisions.

Pharmacy Positive Workplace Group and Staff Award Scheme

Pharmacy has, in recent years, worked hard to improve staff engagement within our service. This has been enhanced by an ongoing commitment to reduce workplace-related stress factors. Having completed Health and Safety Executive 'Stress in the Workplace' surveys for three consecutive years, pharmacy managers felt that it was unable to identify further improvements. Consequently a new internal task group was established to focus on the issues facing our staff on a daily basis. The new Pharmacy Positive Workplace (PWG) group meets on a quarterly basis and has thus made a number of changes and interventions which have enhanced the working lives of our staff.

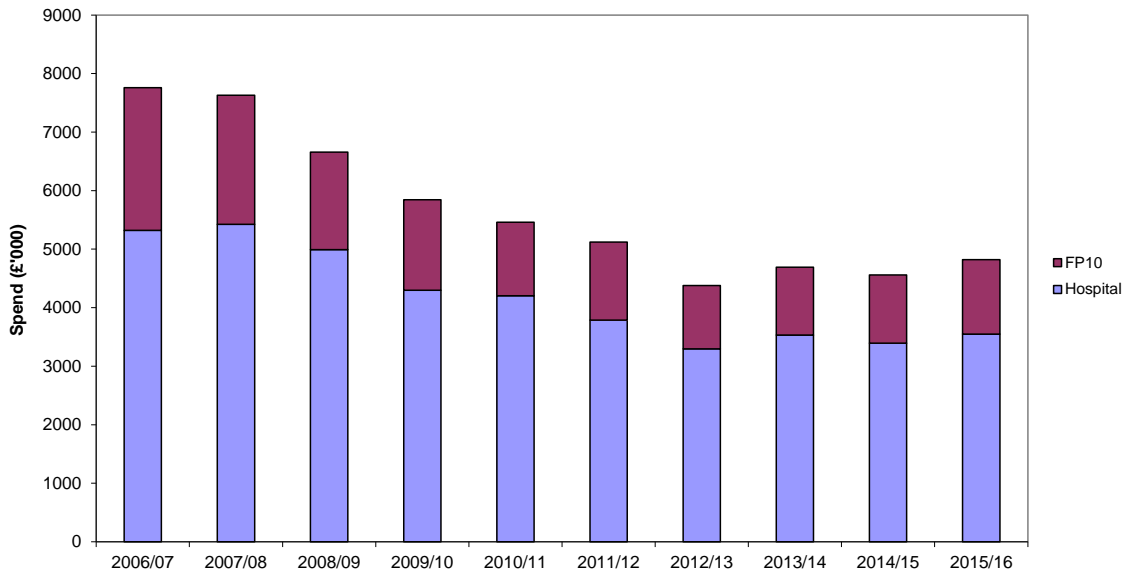
The group also felt that we could do more to recognise pharmacy staff that 'go the extra mile'. Consequently, a Pharmacy Staff Award scheme (termed the 'Pharmacy Star') was established. The award is judged by the PWG group, which includes representatives from all pharmacy staff groups, and is based on nominations from pharmacy colleagues.

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. An aggregate cost improvement of over £2.1m in annualised medicines expenditure was achieved across the 7-year period to 2015/16 (Figure 6).

Figure 6: Trust Medicines Expenditure, 2006/7 – 2015/16



Year-on-year annual medicines expenditure increased by £262k (6%) compared to 2014/15. This compares favourably to average annualised NHS hospital medicines expenditure, which rises annually by around 15% (source: Health and Social Care Information Centre)

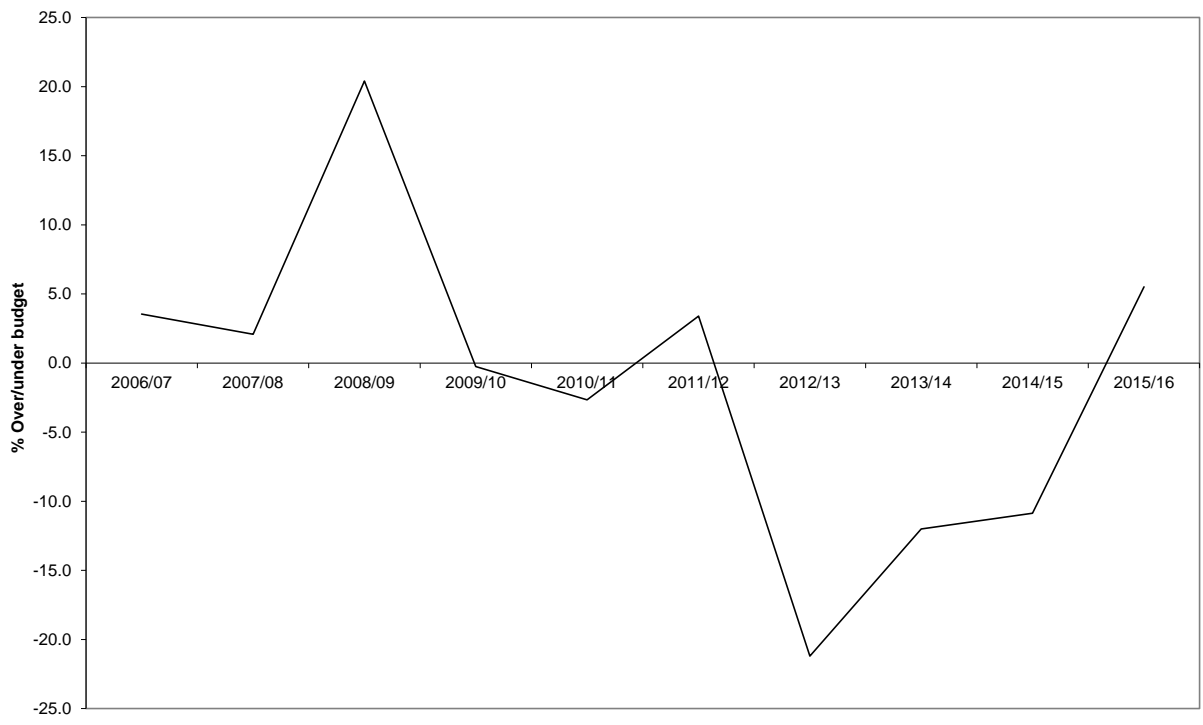
This was achieved through a number of initiatives, for example:

- 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

Cost pressures included the increasing use of long-acting injection forms of second generation antipsychotics (e.g. paliperidone, aripiprazole), for which additional funding has not been agreed by commissioners.

Following a £546k (11%) reduction in the Trust medicines budget for 2015/16, the year-end out-turn on medicines was 6% over-budget (Figure 7)

Figure 7: Medicines Expenditure, % Over/under Budget, 2006/7 – 2015/16



APPENDIX 1: AWARDS, PUBLICATIONS AND CONFERENCE PRESENTATIONS

Awards

Winner (joint) – NTW Staff Awards, Patient Safety

Finalist – Health Service Journal Value in Healthcare Awards

Publications

Supporting Work Placements For Young People With Learning Disabilities Or Autism – A Case Study. *Pharmacy Management*. July 2015

Conference presentations

Ward Based Automation to support safe, high quality patient focused medicines management. The Future of Patient Safety Conference 2015 – Delivering Quality Care for All. Manchester, May 2015.

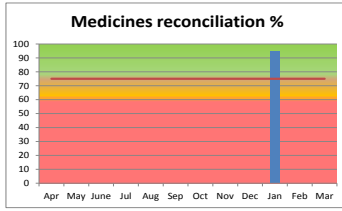
Incorporating the Mental Health Act and the views of staff & patients in the development of pharmacist led training to support a planned smoke free mental health trust.

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

Name of Trainer	Title of Training	Date Delivered	Roles of Attendees	Venue	No. of Attendees
chris fyfe	Pharmacology in mental health- affective	07/05/2015	nurses	Northumbria	20
Martina Khundakar	Recovery college	01/07/2015	Service users	Fulwell centre	3
Sanjay Gohil	Depot / IR2 training	23/04/2015	nurses	Newcastle north east CMHT	14
Martina Khundakar	SHO induction, HWP	05/08/2015	doctors	HWP	26
Laura Stavert	Medicines Management - SHO Induction	05/08/2015	Junior Doctors	Wolfson Centre, CAV	25
Martina Khundakar	Psychotropic medication session	19/08/2015	Support workers, nurses	Clearbrook ward, HWP	7
Tim Donaldson	Evidence Based Practice	14/09/2015	NE hospital pre-registration pharmacists	Holiday Inn, Seaton Burn	34
Venessa Echanique	Depot / IR2 training	12/03/2015	nurses	Newcastle West CMHT	14
Sanjay Gohil	Medicines information	01/06/2015	nurses	Benton House, Newcastle	8
Venessa Echanique	IRS/ADR reporting & safe,secure handling of me	28/07/2015	nurses	Monkwearmouth	15
Anthony Young	RT/HDAT/T forms	14/10/2015	nurses	Roselodge	10
Kamron Ashtiani	Covert administration policy	21/10/2015	Nurses and ward manager	Cresswell	8
Martina Khundakar	Cardiometabolic effects of psychotropic drugs	11/11/2015	Community physical health champion nurses	Northgate	23
Martina Khundakar	PBL schizophrenia case for Durham University	18/11/2015	3rd year pharmacy students	Durham University	35
Hannah Bayes	Medicines information	16/11/2015	pharmacists/Tech	SNH	12
Hannah Bayes	Medicines information	23/11/2015	pharmacists	HWP	3
Martina Khundakar	SHO induction, HWP	04/02/2016	Junior Doctors	HWP	4
Martina Khundakar	NMP course Northumbria University	28/01/2016	Nurses	Northumbria University	35
Anthony Young	Dementia	05/11/2015	Junior pharmacists	Gateshead College (CPPE)	40
Martina Khundakar	NRT presentation	04/03/2016	Nurses, support workers	Clearbrook ward, HWP	4
Martina Khundakar	NRT presentation	05/02/2016	Nurses, support workers	Aldervale Ward, HWP	5
Martina Khundakar	NRT presentation	12/02/2016	Nurses, support workers	Aldervale Ward, HWP	9
Chris Fyfe	Prescribing issues for junior doctors	25/02/2016	Doctors	Hadrian Clinic	
Angela Tetersell	NRT presentation	04/02/2016	Nurses, doctors	Springrise	6
Angela Tetersell	NRT presentation	02/02/2016	Nurses	Bridgewell	4
Angela Tetersell	NRT presentation	09/02/2016	Nurses	Bridgewell	9
Angela Tetersell	NRT presentation	11/02/2016	Nurses	Springrise	6
Angela Tetersell	atypical depot preps		Nurses, support workers	Doxford CTT	6
Amy Johnson	NRT presentation	01/02/2016	Nurses, SHOs, support workers	Longview	9
Amy Johnson	NRT presentation	01/02/2016	Nurses, SHOs, support workers	Rosewood	3
Tim Donaldson	Pharmacy what you need to know	02/06/2015	Consultants	Angel View Inn	
Tim Donaldson	Pharmacy what you need to know	10/12/2015	Consultants	Angel View Inn	
Dave gerrard	Recovery College	23/03/2016	Service users	Broadacre House	6
Dave gerrard	Recovery College	25/02/2016	Service users	Broadacre House	4
Dave gerrard	NRT presentation	12/02/2016	Nurses	Northgate Tyne Unit	25
Sarang Zendeerooh	NRT presentation	17/02/2016	Nurses	MWM	10
Sarang Zendeerooh	NRT presentation	10/02/2016	Nurses	MWM	12
Sarang Zendeerooh	NRT presentation	06/02/2016	Nurses	Hadrian Clinic	3
Sarang Zendeerooh	NRT presentation	04/02/2016	Nurses	Akenside	3
Sarang Zendeerooh	NRT presentation	04/02/2016	Nurses	Hadrian Clinic	2

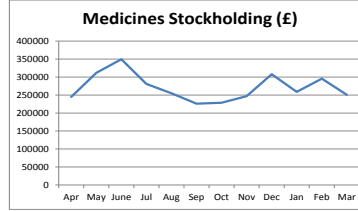
Appendix 3: Pharmacy service performance management indicators, 2015/16

Pharmacy Service Performance Metrics

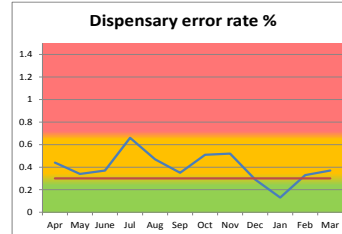


The % of medicines reconciled within a 72 hour period of admission

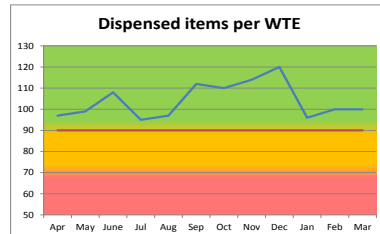
The data represented here indicates performance against an agreed target. In some cases (e.g. dispensing errors) this comes from published national evidence or benchmarking data. Others relate to a specific undertaking in the medicines policy. There are some that are marked as Aspirational. This indicates that the Pharmacy department see this as a developmental target and are undertaking work to achieve this, but results below this level should not be viewed as 'failure'



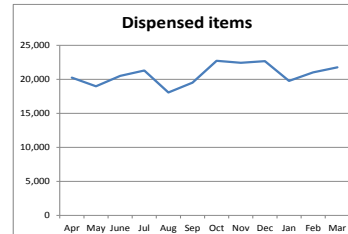
The overall value of medicines being held in pharmacy at any one time.



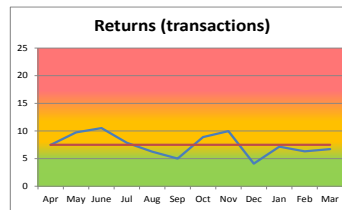
The % of errors made in dispensing. NB these errors were identified by the pharmacy 'internal checking' processes
Target Source: Local and national benchmarking



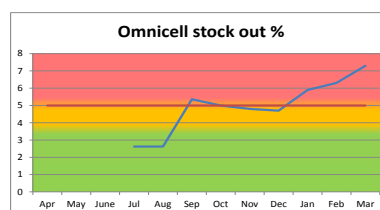
The number of items dispensed by each Whole Time Equivalent dispenser
Target Source: Local and national benchmarking



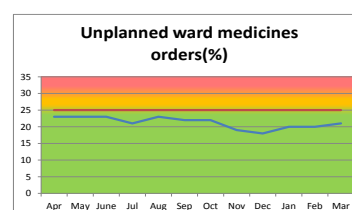
The total number of items dispensed by pharmacy at all sites



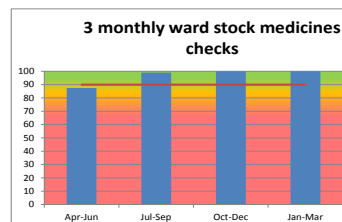
Returns of medicines from wards into pharmacy stock as a % of total pharmacy medicines transactions



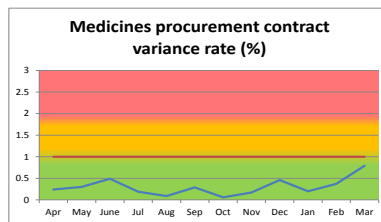
The % of items within Omnicell cabinets that 'stocked out' i.e. reached a stock level of 0



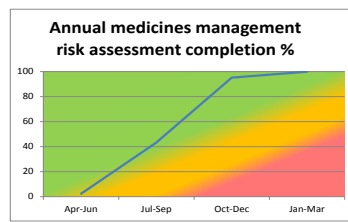
The % of orders received by pharmacy that were ad-hoc i.e. unplanned reactive. This is a measure of how well the medicines supply chain predicts medicines needs
Target Source: Aspirational



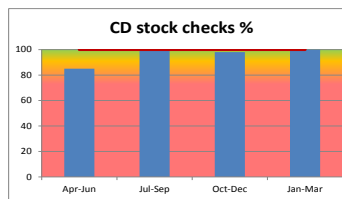
% of wards which have had a review of their stock lists in the last 3 months
Target Source: Medicines Policy



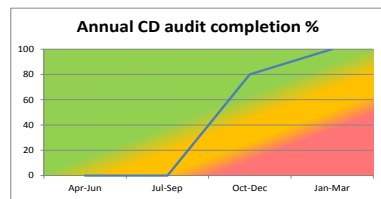
% of medicines procured by pharmacy which have been bought 'off contract'. Buying items which are off-contract is usually more expensive
Target Source: Regional Benchmarking



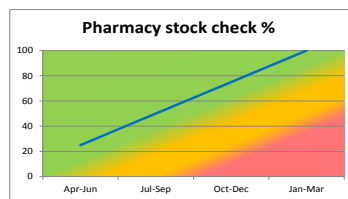
% of clinical areas which have had an annual Medicines Management Risk Assessment completed
Target Source: Medicines Policy



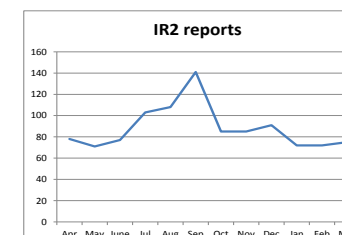
% of clinical areas which have had a 3 monthly Controlled Drug stock check
Target Source: Medicines Policy



% of clinical areas which have had an annual Controlled Drug audit
Target Source: Medicines Policy



% of pharmacy stock items which have been stock checked in the financial year
Target Source: Pharmacy SOP



The total number of medicines incidents reported. NB this