Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 June 2017

Title and Author of Paper:

Pharmacy and Medicines Optimisation Strategy 2017-2022

Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Decision

Key Points to Note:

- Medicines remain the most commonly used therapeutic intervention in the NHS
- However half of prescribed medicines are not taken as intended; this can lead to avoidable relapse and admission to hospital
- Hospital pharmacy services and the optimisation of medicines are intrinsically interwoven and from a value perspective can't be separated; the best use of medicines requires comprehensive patient-facing pharmacy services (Carter Review)
- This strategy makes a step change in our approach from medicines management ('process-focussed') to medicines optimisation ('outcomes-focussed')
- In this document, key themes are mapped directly to the new Trust Strategy, to readily identify the priority areas for supporting medicines taking, working within new skill-mix care models, and in managing polypharmacy and co-morbidity
- It describes how we will develop pharmacy services to support the attainment of our strategic ambitions over the next 5 years
- If the ambitions outlined within the Trust strategy are to be realised, the organisation must maintain a confident and bold approach in extending the innovative patient-facing roles described for pharmacy staff within the Trust workforce strategy, the Carter Review, RPS and NICE guidance

Risks Highlighted to Board:

- Medicines to the value of around £5m per annum are prescribed by NTW clinicians
- However the opportunity costs of sub-optimal medicines use, associated with added ill health and avoidable referrals and in-patient admissions, are likely to be significantly higher

Does this affect any Board Assurance Framework/Corporate Risks?:

- That we do not implement service model changes as planned, failing to realise the benefits of improved quality and better outcomes (SA1.1)

Equal Opportunities, Legal and Other Implications: Nil

Outcome Required: The Board is asked to approve this strategy and note the actions to led by the Pharmacy Service in optimising the use of medicines within the organisation

Link to Policies and Strategies:

- Medicines Management Policy NTW(C)17
- Pharmacological Therapies Policy NTW (C) 38
- Trust Workforce Strategy 2016-2021
- Medical Strategy 2017 - 2022
- NICE Medicines Optimisation Guideline (NG5)
- Royal Pharmaceutical Society: Medicines Optimisation: Helping patients to make the most of medicines
- Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Lord Carter of Coles)

PHARMACY AND MEDICINES OPTIMISATION STRATEGY 2017- 2022

Abstract

This document describes the service developments which pharmacy team will lead in supporting the delivery of our strategic ambitions over the next five years.

Tim Donaldson, Trust Chief Pharmacist

Contents

Some Key Facts

In England

- In 2015, the NHS spent **£15bn** on medicines, including **£6bn** in hospitals
- **50%** of prescribed medicines are not taken as intended
- **5-8%** of unplanned hospital admissions are due to preventable medication issues
- **Almost 9%** of hospital prescriptions include an error

In NTW

There are 25 pharmacists within our staffing establishment, approximately 1 for every 20 doctors and 150 nurses in the organisation. We have 19 pharmacy technicians and 13 pharmacy assistants in our team

On average each month Pharmacy:

- Completes around **700 ward visits** making a total of **4000 patient specific interventions**.
- Dispenses around **20,000 items** with an average error rate of 0.04%. This includes managing **1700 dosette boxes.**
- Around **200 inpatient medication reconciliations** completed on patient admission to hospital
- Places **2200 orders** with our suppliers to procure medicines valued at around **£400k**; and at any given time we stock medicines valued at around **£250k**
- Reviews over **100** medication incidents and attends **four** serious incident panels
- Responds to **40** medicines information enquiries and **50 out of hours** calls
- Supplies antipsychotic depots injections valued at around **£115,000**, botulinum toxin around **£50,000** and clozapine approx. **£30,000**
- Sends out **70 FP10** prescription pads to prescribers

Contexts

This Pharmacy & Medicines Optimisation strategy sets out the key areas of service development that will ensure that the organisation continues to receive high quality and safe pharmacy services that meet the challenging clinical and financial agenda which lies ahead.

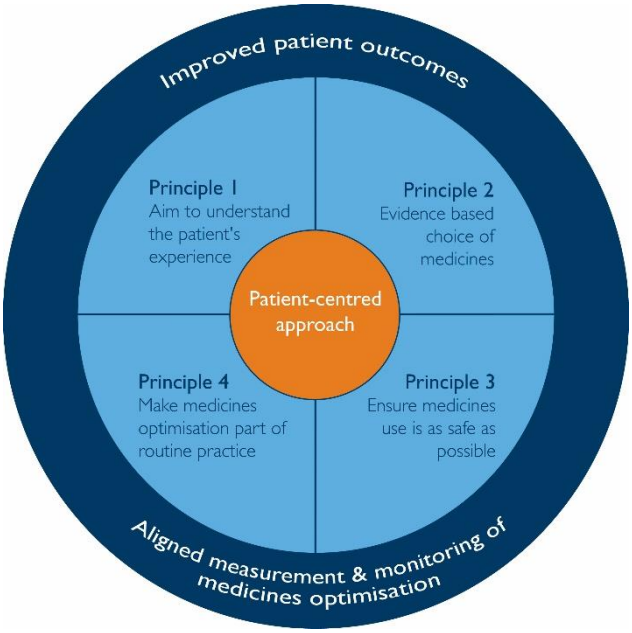
The NHS White Paper "Equity and Excellence: Liberating the NHS" outlined two key challenges for the NHS: (1) to put patients at the heart of everything it does and (2) the need to focus on continuously improving patient outcomes. To achieve these goals, it stated: "pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health".

The Trust's vision is to "to be a leader in the delivery of high quality care and a champion , care and support to the people who need our services to empower them to live well and wherever possible, in their local community".

This plan is designed to help deliver these aims over the next five years.

Medicines remain the most commonly used therapeutic intervention in the NHS. They account for an annual spend of £15bn, including around £6bn in hospitals. It is estimated that medicines waste in primary care costs the NHS around £300m p.a. They play a vital role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is essential that patients get the best quality outcomes from medicines. However, published evidence shows that up to 50% of prescribed medicines are not taken as intended and that between 5-8% of unplanned hospital admissions are due to preventable medication issues. Furthermore, medication safety data indicate that the NHS could do better at reporting and preventing avoidable harm from medicines.

In May 2013, the Royal Pharmaceutical Society (RPS, the pharmacy professional support body) published "Medicines Optimisation: Helping patients to make the most of medicines - good practice guidance for healthcare professionals in England". This marked a step change shift in focus from process ('medicines management') towards a recognition that getting the best from medicines requires a more holistic approach and a partnership between prescribers and patients ('Medicines Optimisation'). The guidance outlined four guiding principles for medicines optimisation, in empowering patients and the public. These are outlined in the diagram below:



In March 2015, NICE published a medicines optimisation guideline for the NHS, "Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes". Pharmacy completed a baseline assessment and developed an action plan designed to address any identified gaps, reported through the Trust governance structure. This was linked to an existing improvement plan that was produced in response to the RPS "Professional Standards for Hospital Pharmacy Services" (2014).

The NHS efficiency review led by Lord Carter of Coles published its report, 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations' in Feb 2016. The 'Carter Phase 1' improvement programme included a Hospital Pharmacy and Medicines Optimisation project, for which metrics and indicators were developed enabling services to be benchmarked, to form the basis of a model hospital. Through the Hospital Pharmacy Transformation Programme, acute Trusts are required to develop Board-level HPTP plans by April 2017, to ensure hospital pharmacy services achieve their benchmarks. These include increasing the numbers of pharmacist independent prescribers, e-prescribing and administration (EPMA) systems, new coding systems for medicines and consolidating medicines stock-holding, to release more pharmacy staff time for new patient-facing medicines optimisation roles, such as pharmacist independent prescribers, pharmacy technicians in clozapine clinics and ward-based medicines management assistants to support nurses with medicines administration. The Carter programme was moved into NHS Improvement and its scope extended, from September 2016, to include community and mental health Trusts. To drive these changes with MHTs, an adapted version of the acute sector improvement model will be produced and implemented during 2017/18.

In this document, these themes are drawn together and mapped to the new Trust Strategy, to identify priority areas for developing pharmacy and medicines optimisation in supporting our strategic ambitions.

Key Challenges for Pharmacy and Medicines Optimisation in Mental Health and Disability

1. Increasing service demand, acuity and complexity

The North East region has amongst the highest prevalence of long term mental and physical health problems in England. Demand for secondary care services is escalating, in the context of increasingly constrained financial resources. Treatment guidelines and access targets promote earlier screening and intervention, to reduce progression to more serious outcomes. Greater levels of acuity are being seen in both in-patient and community teams. Patient complexity is increasing as more people live longer with multiple co-morbid health conditions.

2. Polypharmacy

These factors are driving the concurrent prescribing of medicines for multiple conditions in individual people, for which the term 'polypharmacy' has been developed. This may be either appropriate or problematic, depending on (1) whether or not they are prescribed according to best evidence and (2) their intended benefits are being realised. Medicines for mental health problems can interact with many physiological systems and also with medicines prescribed for physical health conditions. The reverse is also true – some medicines for physical health conditions may cause adverse psychological side effects. It is now commonplace for older people and those with complex needs to be prescribed more than 10 medicines, often initiated by prescribers acting independently across different healthcare settings and specialities. Patients and Caregivers are driving the increasing use of multi-compartment 7-day medication compliance aids (e.g. 'Medidose'), elevating risks of potentially inappropriate prescribing and dispensing errors in pharmacies. NHS England have launched separate 'Call to Action' to address polypharmacy in people with learning disability and dementia. A major challenge for today's prescribers is to keep up-to-date with new medicines and updated treatment guidelines, in both mental and physical conditions. And in being aware of potential interactions between them, to avoid preventable harms in people receiving pharmacological treatments for multiple medical problems.

3. Medication Adherence

Medicines are the mostly commonly used therapeutic intervention in mental healthcare. Although over 80% of the general population have a positive attitude towards them (MIND), many also have understandable concerns about side effects. Medication non-adherence is common in all long term conditions, including serious mental health problems and disabilities. Poor relationships with prescribers, perceptions/experience of coercion during in-patient stays, and diminished insight are predictive of negative attitudes toward medicines taking. Whilst prevalence estimates vary, it is generally recognised that around half of all patients do not take medicines as intended. Non-adherence is approximately equally divided between intentional and non-intentional. Person-focussed interventions which address the concerns and needs of individual patients, delivered by pharmacists and other healthcare professionals, may improve medication adherence and reduce relapse rates (NICE Medicines Adherence guidance, CG76). However published evidence shows that treatment adherence is not routinely monitored or recorded in clinical records in MH out-patient settings (BJPsych, 2017).

4. Medication errors

In hospitals (inc MHTs) the General Medical Council EQUIP study demonstrated a prescribing error rate of almost 9%. There are fewer pharmacy resources in mental health services than in acute care and they are focussed largely upon in-patient services. This may increase the risk of medication

errors (Safety in Doses report, NPSA). Medicines reconciliation across the primary–secondary care interface has been identified as a high risk area, also incidents involving methadone and clozapine may be serious. Although mental health services are predominantly based in the community, there are relatively few reported incidents from this sector. To improve learning and understand failures in medication processes in mental health settings, more adverse incidents in community teams need to be captured and reported. This adds further to the case of need for pharmacists to be integrated within the multi-professional community skill-mix.

5. Workforce

The Carter report concluded that the more time pharmacists and pharmacy technicians spend on clinical services (vs 'infrastructure' services such as medicines supply), the more likely medicines use is optimised. Also, importantly, that the delivery of hospital pharmacy services and the optimisation of medicines are intrinsically interwoven and, from a value perspective, can't be separated. Trusts should therefore ensure pharmacy staff are optimally deployed within front–line services, working more closely with patients, clinicians and independently, to deliver pharmaceutical care, promote shared decision making about medicines, secure better value, and drive better patient outcomes.

In context of developing workforce constraints, the Trust workforce plan (2016) has outlined some of the major challenges we face if operating models remains unchanged, given the reducing supply of doctors and registered nurses, in the face of increasing service demand. Innovative patient-facing roles for pharmacy staff were described, including pharmacist independent prescribers, pharmacy technicians in clozapine clinics and pharmacy assistants involved in medicines administration on wards. However the pharmacy team is currently resourced mainly for core services to in-patients only. Dispensing activity levels have remained steady despite significant bed reductions. Internal productivity gains and successful service development bids have added additional capacity to support CHRT and a few community teams. However there are currently only 25 pharmacists within our establishment, approximately 1 for every 20 doctors and 150 nurses in the organisation. Furthermore there is growing competition between health sectors for highly-skilled clinical pharmacists. This follows a £100m investment by NHS England in new clinical pharmacists to work in emergency departments and general practice, to mitigate the impact of medical staffing shortages in these areas.

Despite these challenges, NTW pharmacy has developed a strong record in recruiting and retaining many high-calibre pharmacists and pharmacy technicians over the past 7 years. Mental health pharmacy services offer the challenge of complexity and time with patients to make a difference, within a team and organisation regarded in local hospital pharmacy networks as supportive, progressive and caring. We are further developing our links with local University Schools of Pharmacy. In particular, the transfer of the Durham University School of Pharmacy to Newcastle during 2017 offers good opportunity to recruit pharmacist graduates from a local Russel Group university. These factors combine synergistically to offer a highly attractive proposition for new recruits to our team.

To support the transformation agenda, the focus of the future development of the pharmacy service will be around optimising medicines in the settings in which most patients are seen. This will include working within new skill-mix care delivery models, managing polypharmacy, medication non-adherence and medical co-morbidity. If the ambitions outlined within the Trust strategy are to be realised, the organisation must maintain a confident and bold approach in implementing the innovative patient-facing roles described for pharmacy staff within the Trust workforce plan, the Carter Review, RPS and NICE guidance.

STRATEGIC AMBITION ONE

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to health and wellbeing.

WHERE ARE WE NOW?

During the 2016 comprehensive inspection, the CQC concluded that medicines were effectively managed within the organisation, making an important contribution to the 'outstanding' rating. We need to shift our development focus towards improving patient outcomes ('medicines optimisation'). A baseline assessment of the NICE medicines optimisation guidance found that 85% of recommendations were already being met. An action plan have been developed, for monitoring through the MMC. All RPS Hospital Standards recommendations have been rated green/amber, with an action plan monitored regularly by the Pharmacy Managers Group.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Service users and carers have a positive experience of our services and recommend the care delivered by the Trust.	Develop business case for accessible patient-focussed medicines information resources	√				
	Maintain and develop pharmacy support for recovery colleges	√	√	√	√	√
	Undertake a satisfaction survey of pharmacy service users	√	√	√	√	√
	Complete a review of the Trust rapid tranquillisation eLearning module to support the Positive and Safe strategy	√	√			
Our services comply with national and local access, quality and 24/7 crisis response standards.	Extend clinical pharmacy support to all crisis, IRS and PLS teams as pharmacy resources are developed through service reconfiguration and new investment	√	√	√	√	√
WHERE WE WANT TO BE	**HOW WE WILL GET THERE**	**PROPOSED TIMELINE**				
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
A comprehensive set of care pathways are established.	Complete review of NICE MO/RPS recommendations until 100% are met; actively engage with Carter 'phase 2' and development of HPTP plans	√	√	√	√	√
	Pilot and evaluate RiO electronic prescribing and medicines information system (dependent upon RiO V7 rollout)	√	√			
	Provide pharmacy support for e-pathways rollout, ensuring inclusion of medicines optimisation principles	√	√			

Deliver meaningful outcomes which demonstrate effectiveness.	Develop medicines optimisation dashboard to support performance and assurance framework	√	√			
Building the right support	We will develop and embed the role of Advanced Pharmacist Practitioners in community services with enabling investment, beginning in Sunderland Learning Disability and Northumberland community teams	√	√	√	√	√
Improving Health and Wellbeing	Provide strategic and operational pharmacy support for delivery of the medicines optimisation actions within the Trust Strategy for Improving Physical Health	√	√	√	√	√

STRATEGIC AMBITION TWO

With people, communities and partners, together we will promote prevention, early intervention and resilience.

WHERE ARE WE NOW?

All CHRT teams receive clinical pharmacy support. Locally agreed shared care/primary care protocols are in place for all key psychotropic medicines (e.g. antipsychotics, drugs for dementia and ADHD, lithium). Although a Pharmacy Medicines Helpline is available and promoted to teams, it is under-used. Medicines are effective in preventing relapse, however medication non-adherence is commonly seen and is a risk factor for hospitalisation. Research suggests that it is not routinely screened for or recorded in clinical records by community teams. There is limited access to clinical pharmacy support for children and young people, at tier 4 (in-patient) service level only and no formal arrangements for Early Intervention Psychosis (EIP) and Initial Response Services. Pharmacy developed a Patient Decision Aid to support shared decision making in antipsychotic choice, distributed with the BNF. However survey evidence suggests that awareness about it is lacking amongst NTW prescribers.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Children and young people to have quick access to high quality mental health and learning disability services when they need it.	Scope requirements for strategic clinical pharmacy support for children and young people's services	√	√			
	Extend patient-facing clinical pharmacy support to EIP teams, with new investment	√	√	√		
	Enhance access by users of children and young peoples' services to independently evaluated sources of medicines information in a form that is appropriate for their needs	√	√			
Easy access to medicines information for people who need it.	Increase access to patient decision aids and promote their use within front-line teams	√	√			
WHERE WE WANT TO BE	**HOW WE WILL GET THERE**	**PROPOSED TIMELINE**				
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
More people living with mental health problems and disabilities to find or stay in work.	Develop links with service user/carer networks and third sector providers to enhance awareness of locally available sources of support for medicines taking, including community pharmacists	√	√			
Improvements in the quality of life	Extend and enhance clinical pharmacy input to recovery colleges	√	√	√		

outcomes for people living with mental health problems and disabilities						
Reduction in suicides	Develop links with the National Poisons Information Service to enhance local awareness of recent developments in self-poisoning and medical toxicology	√	√			
Easy access to crisis response services.	Extend enhanced level clinical pharmacy support to all CHRT services, as capacity is enabled through in-patient bed reductions/new investment	√	√			
	Develop clinical pharmacy/medicines information services for Initial Response Services	√	√	√		
An end to the stigma around mental ill health and disabilities.	Be actively engaged with local, regional and national pharmacy networks in promoting parity of esteem and tackling stigma	√	√	√	√	√

STRATEGIC AMBITION THREE

Working with partners there will be "no health without mental health " and services will be "joined up"

WHERE ARE WE NOW?

Pharmacy provides comprehensive support for better physical health and health and wellbeing of service users at both strategic (e.g. MMC, Physical Health Group) and patient-facing (e.g. smoking cessation, flu vaccination, clinical medication review) levels. Despite the inclusion of a clinical pharmacist MDT member being an RCPsych quality standard for Psychiatric Liaison Services, this is currently available only within the Sunderland team. Pharmacy is actively engaged with local clinical networks, prescribing committees and guideline development groups to promote parity of esteem in physical healthcare for people who use our services. Effective links with neighbouring Trusts are well established and are developing with the Northumberland Vanguard and NHSE-funded GP Clinical Pharmacist workforce; however there are opportunities for more joined-up working with community pharmacy contractors ('High Street Chemists') and NHS-employed primary care pharmacists, in delivering safer clinical handovers and more joined-up pharmaceutical services.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Improve the physical health of those with severe mental illness or a learning disability	Extend pharmacy medicines optimisation support to more community teams, with new investment	√	√			
Improve the mental health of those suffering with long term medical conditions.	Support collaborative work with acute hospitals and community providers to develop integrated medicines optimisation pathways	√	√	√	√	√
Support the resilience and wellbeing of carers.	Promote accessible medicines information services and resources to carers	√	√			
WHERE WE WANT TO BE	**HOW WE WILL GET THERE**	**PROPOSED TIMELINE**				
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Improve access to specialist mental health services to those presenting with mental health problems in acute hospitals.	Further develop pharmacy support to ensure that all psychiatry liaison service MDTs include a clinical pharmacist	√	√	√	√	
	Work with acute hospital providers to improve clinical handovers on transfer from NTW hospital to acute sector in-patient settings	√	√			
Improve the physical health of patients with severe mental illness	Working through the MMC and physical health-related groups (including obesity, smoking	√	√	√	√	√

in our inpatient services.	cessation, influenza and resuscitation committees) pharmacy will support the development of better physical healthcare and health promotion for patients within our inpatient services.					
	Further develop the role of Advanced Pharmacist Practitioners in providing enhanced physical health and wellbeing services to in-patients	√	√	√	√	√
Improve access to specialist perinatal mental health care for mothers, infants and young children.	Seek new investment to extend clinical pharmacy support to community perinatal mental health services,	√	√	√	√	√
	Support implementation of medicines-related actions within NICE perinatal MH guideline (CG192) action plan	√	√			
Improve the mental health and wellbeing of older people in residential care homes.	Promote NTW medicines information service to pharmacy teams working into care homes within new models of care (e.g. Northumberland)	√	√			
	Work with local partners to integrate NTW Clinical Pharmacist support within applications for next phase rollout of the NHSE GP Clinical Pharmacist programme	√				

STRATEGIC AMBITION FOUR

The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.

WHERE ARE WE NOW?

Pharmacy has a strong track record of delivering value added services and in supporting the financial performance of the organisation. Since NTW was established, five SLAs with acute sector Trust have been retracted and all services brought in-house. This has improved the quality and sustainability of pharmacy services for our patients. It has secured controls which have enabled the delivery of assurance for registration purposes and efficiency/productivity gains for re-investment in front-line clinical services. After five consecutive years of delivering efficiencies in medicines expenditure (via procurement, stock management, clinical pharmacy and shared care prescribing initiatives), overall spend has been increasing steadily since 2014/15, through the increasing prescribing of higher cost medicines. Although it currently remains at around 2011/12 levels (£5m p.a. approx), ongoing vigilance by the Groups is required in managing future prescribing costs. The pharmacy team continues to develop and innovate in managing service delivery costs and ensuring that optimal value is obtained from the use of medicines across the organisation.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
Financially sound and meet all of our financial targets	Centralise medicines supply services and introduce automated dispensing technologies	√	√			
Provide services that offer real value to the people that use them and are sustainable in the long term	Proactively engage with the Carter programme to shape the development of pharmacy and medicines optimisation benchmarking measures for MHTs	√	√			
	Develop a new Hospital Pharmacy Transformation Plan, to meet the objectives of the Carter programme	√	√			
	Work with the informatics and finance teams to develop a medicines optimisation dashboard for front-line services	√	√			
	Upgrade the pharmacy computer system to (1) streamline the process for updating medicines procurement contracts and (2) introduce the new NHS standard drug coding system (DMD+)	√	√			
	Implement electronic prescribing and medicines administration	√	√	√		
WHERE WE WANT TO	**HOW WE WILL GET THERE**	**PROPOSED TIMELINE**				

BE		Year 1	Year 2	Year 3	Year 4	Year 5
Part of a financially sustainable and thriving Sustainability and Transformation patch, operating collaboratively and transparently to deliver high value pathways of care across organisational barriers and mutual organisational sustainability across the patch.	Re-invest pharmacy resources released through new productivity initiatives and funding bids towards patient-facing roles, to reduce reliance on agency staff	√	√	√	√	√
	Collaborate with neighbouring provider organisations to drive efficiency gains and attract investment to increase pharmacy staff participation in patient-facing roles	√	√	√	√	√
	Implement a new clozapine contract to widen access to high quality point-of-care blood monitoring technology	√	√			
Growing our service offering where this supports the underlying sustainability of our organisation and our existing services.	Support the understanding of the pricing of medicines and pharmacy services for existing and new services.	√	√	√	√	√
	Grow the pharmacy service by releasing resources and generating income through collaborative working with neighbouring providers (Carter)	√	√	√	√	√

STRATEGIC AMBITION FIVE

The Trust will be a centre of excellence for mental health and disability.

WHERE ARE WE NOW?

The pharmacy service is recognised within the organisation and the region as providing high-quality, safe and efficient services. In addition to our contribution to the 2016 CQC rating of Trust services as "outstanding", the General Pharmaceutical Council subsequently rated our registered pharmacy at St Nicholas Hospital as 'Good', placing it amongst the top 10% of over 14,000 pharmacies registered by the pharmacy professional regulator.

We are actively engaged with the Academic Health Sciences Network for the North East and North Cumbria (NENC), with the Chief Pharmacist representing NE Senior Pharmacy Managers within the steering group for Medicines Optimisation programme

A commissioned review of hospital pharmacy support for clinical trials across the Clinical Research Network: NENC, led and reported by Professor Ruth Plummer in 2015, concluded that organisational R&D requirements have been successfully met by retaining capacity for clinical trial dispensing within our in-house pharmacy service model. However the service currently lacks the capacity required to undertake pharmacy practice research.

We are developing a proposal for the Trust Innovation Group to enable provision of advice and consultancy on pharmacy and medicines optimisation within the offer to the wider NHS and beyond.

In our approach to the adoption of new technologies (e.g. Telepharmacy, Omnicell), we have been recognised by the HSJ Value in Healthcare Awards programme as a leader in efficient medicines management services. In recognition of our novel clinical pharmacy services, we have been selected a finalist at the Royal Pharmaceutical Society Pharmaceutical Care Awards have won awards at the annual Pharmacy Management National Forum.

We are aware however that the rapidly changing NHS environment brings new service demands and development needs. We will continue to strive for excellence by developing partnerships with local Universities, AHSN, professional networks and in driving our engagement with the Royal Pharmaceutical Society Faculty professional development programme.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
A leader in research, embedding research into practice.	Enhanced pharmacy professional and operational support for clinical research within the organisation.	√	√	√	√	√
	Further develop our successful partnerships with local University schools of pharmacy and other organisations and be a proactive partner in the Academic Health Science Network for the North East and North Cumbria.	√	√	√	√	√
	Increase our service capacity to enable pharmacy practice research to be undertaken	√	√			

	Engage our pharmacist workforce with the Royal Pharmaceutical Society Faculty programme, towards portfolio membership of the Advanced Pharmacy Framework	√	√			
A centre of excellence for mental health and disability services, developing Trust Innovation to both export and draw in expertise, knowledge and innovation nationally and internationally.	Develop a proposal for the Trust Innovations Group to include pharmacy and medicines optimisation support within the TIG offer	√				
WHERE WE WANT TO BE	**HOW WE WILL GET THERE**	**PROPOSED TIMELINE**				
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
A leader in using technology to connect and empower service users, carers and staff, and in driving increasing value by supporting and enabling continual improvement in productivity.	Implement: (1) Pharmacy automation (2) Electronic Prescribing and Administration	√ √	√	√		
A key partner within our Sustainability and Transformation footprint, breaking down information barriers across organisations, enabling the delivery of seamless timely and effective care to people and communities.	Scope and implement digital technologies to enable secure clinical handovers to community pharmacies, reducing unintended treatment changes and reduced waste	√	√			
Engaging widely with our population through the widespread use of digital communications	Develop a business case for a web-based, accessible medicines information resource to empower service users and carers	√				

STRATEGIC AMBITION SIX

The Trust will be regarded as a "great place to work"

WHERE ARE WE NOW?

Building on improvements identified through the NHS Staff Survey and HSE Stress in the Workplace assessments, an internal task group has been established to focus upon the issues facing our staff on a daily basis. A Pharmacy Positive Workplace (PWG) group, which includes representatives from all pharmacy disciplines, meets on a quarterly basis to develop new interventions that enhance the working lives of our staff. These have included a Pharmacy Staff Award scheme, judged by the PWG group, based on nominations from pharmacy colleagues.

Pharmacy staff turnover is low and there are no long-term vacant posts. Significant reductions in sickness-related absence have been achieved - the 12 month rolling average during 15/16 was 3.2%, well below the Trustwide average for clinical services.

We offer professional development opportunities which includes post-graduate education (e.g. Diploma in Clinical Pharmacy, Pharmacist Independent Prescribing) and active support for CPD. Senior Pharmacists participate within leadership development programmes delivered by the Trust (e.g. Collective and Clinical Leadership Programme), also external schemes offered by The Health Foundation, the NHS Leadership Academy and the College of Pharmacy Post-graduate Education.

Our next aim is to develop a comprehensive workforce development plan which encompasses the training and education needs of all pharmacy staff groups.

WHERE WE WANT TO BE	HOW WE WILL GET THERE	PROPOSED TIMELINE				
		Year 1	Year 2	Year 3	Year 4	Year 5
An organisation with an increasingly flexible workforce, working across health and social care, delivering excellence in patient care with greater provision of recovery focused self and whole person care.	Develop an overarching workforce development plan which encompasses the training and education needs of all pharmacy staff groups	√				
	Increase the number of clinical pharmacists in patient-facing roles who are qualified independent prescribers	√	√	√	√	√
	Increase number of our pharmacy technician and pharmacy assistant workforce in patient-facing medicines optimisation roles	√	√	√	√	√
	Develop our expertise in consultation skills and clinical supervision	√	√	√	√	√
To be an organisation with senior leaders	Continue to enrol senior pharmacists in leadership development programmes	√	√	√	√	√

who have the capacity and competency to lead and support organisational and cultural change and make the most of their skills and qualities						
Individuals and teams are highly engaged, members of highly effective teams and problem solve at a local level when issues arise, in the context of the Trust's devolved decision making and Accountability Framework	Continue to deliver monthly pharmacy site engagement & communication meetings	√	√	√	√	√
	Arrange at least one pharmacy service wide engagement event each year.	√	√	√	√	√
	Continue to encourage pharmacy staff to address concerns at a local level through site meetings and in monthly 1:1s with line managers	√	√	√	√	√
WHERE WE WANT TO BE	**HOW WE WILL GET THERE**	**PROPOSED TIMELINE**				
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
The Trust is regarded as a "great place to work" with more applicants than jobs available, embedded values based recruitment, limited vacancies/ low use of Agency Staff and reductions in turnover.	Develop recruitment packs for pharmacy technicians and support staff	√				
	Build upon existing partnership training arrangements for pre-registration pharmacists employed by Northumbria HealthCare FT, to include new schemes for pharmacists working in general practice settings		√	√	√	√
We have strong partnerships with trade unions, people feel safe to raise concerns and there are low levels of bullying and harassment.	Promote membership of the Guild of Healthcare Pharmacists (affiliated to Unite)	√	√	√	√	√
	Promote the role of the Freedom to Speak Up Guardian to pharmacy staff networks within site meetings and staff newsletters	√	√	√	√	√
Exemplary support systems are in place to support the health and wellbeing of our staff.	Continue to undertake regular service level HSE Stress Risks Assessments and promote Trust Wellbeing initiatives to pharmacy staff	√	√	√	√	√
	Continue to engage actively with Trust HWB and organisational development workstreams e.g. IIP	√	√	√	√	√