



# Supporting your pharmacy and medicines optimisation journey

# Award winning

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The award-winning Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) pharmacy team has a proven track record in delivering high quality, safe pharmaceutical services. We offer professional advice and support on medicines supply, clinical pharmacy and clinical governance functions.

Our innovative and progressive approach to service design and delivery has been recognised and commended by the Care Quality Commission (CQC), the Royal Pharmaceutical Society, Pharmacy Management and the Health Services Journal.

## Background

The Pharmacy team provides patient-centred medicines supply, medicines governance and clinical pharmacy services to patients and CNTW staff across the N Cumbria, Northumberland Tyne and Wear areas.

The Pharmacy team includes around 117 staff, comprised of pharmacists, pharmacy technicians, pharmacy assistants and administrative support across 4 sites (St Nicholas Hospital, St Georges Park, Hopewood Park Hospital and Carleton Clinic). St Nicholas Hospital pharmacy is our operational and administrative centre, with all 4 sites providing clinical pharmacy services, on a hub-and-spoke basis.



## Medicines Supply

We operate an in-house medicines supply service, across the entire Cumbria, Northumberland, Tyne and Wear footprint. To optimise productivity and enable service redesign, we have invested in leading edge pharmacy technologies, including telepharmacy and wardbased automated medicines cabinets (Omnicell), for which we have won a national efficiency award.

To support better medicines adherence, we have implemented pharmacy automation, to dispense medicines within 7-day compliance aids (monitored dosage systems, MDS).

Enabling more efficient and safer dispensing, this will release more pharmacy staff to provide front-line pharmaceutical care to patients.

## Clinical Pharmacy

We provide pharmacy and medicines optimisation services to all our mental health, learning disability and neuro-rehabilitation inpatient areas, as well as community mental health teams, crisis teams, psychiatric liaison teams, medical education teams and a variety of other specialist areas.

We have pharmacist independent prescribers and specialist pharmacy technicians who are active within a range of clinical services. Pharmacy staff at CNTW are valued members of the multi-disciplinary team and our service is highly regarded within the organisation.

The team has been developed using a successful workforce strategy ensuring mental health placements are provided for pharmacy students in the region along with mental health placements for foundation trainee pharmacists in the North-East and North Cumbria region as well as establishing our own training program for foundation trainee pharmacists and pre-registration trainee pharmacy technicians. We've also established rotational pharmacist posts with 3 of our neighbouring acute trusts ensuring exposure to mental health for early careers pharmacists which has supported some of our recruitment.

Our team delivers patient services including medicines reconciliation, medication review, prescribing and discharge planning. With new investment we continue to expand our portfolio to include pharmacy technician-led clozapine clinics and pharmacists working as part of our community mental health teams.



## Medicines governance

In their last comprehensive inspection report, the CQC identified that medicines are managed safely across our organisation. This evidences the effectiveness of our clinical governance systems for medicines. Our Medicines Management policy, with its detailed accompanying practice guidance for all healthcare professionals, is underpinned by a robust monitoring framework. This includes clinical audit and risk assessments, which provides 'ward to board' assurance regarding medicines handling, use and clinical effectiveness. This framework is managed by the Pharmacy department, but is delivered with multidisciplinary engagement across the Trust, and supporting our organisational view that medicines are everyone's business.



# Transformation journey

CNTW started life as an amalgamation of a number of predecessor Trusts. This brought together a mix of service models, some with an in-house medicines supply service and others managed under Service Level Agreements from other organisations. The Trust made a decision at that point to in-source the medicines supply and clinical pharmacy service on quality and cost grounds. This decision laid the groundwork for a service which has gone on to demonstrate quality and efficiency in line with the recommendations in the Carter Report and has supported the organisation's overall 'Outstanding' CQC rating.



## **Insourcing the medicines supply service**

Unlike many other Mental Health Trusts, CNTW has an entirely insourced Medicines Supply service. Maintaining the relationship between, and control over, medicines supply, clinical pharmacy and governance/assurance has provided the organisation with a high level of confidence in the efficiency, effectiveness and quality of the service.

A comprehensive set of metrics provide ongoing assurance of the pharmacy service performance which are compared with local and national benchmarks. These indicate a service which is productive, safe, efficient and cost effective.

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## **Reduction in Drug Spend**

Insourcing the medicines supply service has allowed the organisation to maintain a level of control over the drug spend and take a number of innovative approaches, including local contracting arrangements.



# Using technology



## Using technology to enhance productivity

The Trust has adopted a number of innovative technologies to deliver safety, efficiency and quality benefits:

### Automated drug cabinets (ADCs)

ADCs, provided by Omnicell, are present on approximately 80% of inpatient units. CNTW became the first Mental Health setting in the UK to utilise this technology. This has streamlined the medicines supply chain and allows the service to use all groups of pharmacy staff for more patient-facing clinical roles.

Other benefits of using the ADCs include:

- Reduction in ward stock drug spend
- Nursing time saved per ward
- Reduction in medicines related incidents
- Automation of controlled drug security checks

Automated drug cabinets (ADCs) have been deployed in approximately 80% of in-patient units.

### Electronic Prescribing and Medicines Administration (ePMA)

The Trust continues its journey to implement a closed-loop medication system and the adoption of ePMA in all areas will be a key milestone. ePMA is fully integrated within the electronic care record.

ePMA is used on all inpatient wards, making the prescribing and administration process 'paper free'. The ePMA system allows us to capture and report on a wide variety of medicine-related data, used for audits and improving medication safety and efficiency. The Trust is also in the process of testing and implementing an Electronic Prescription Service (EPS) system which will enable outpatient prescriptions to be sent electronically to nominated pharmacies for dispensing.

### Automated Dispensing

CNTW was the first NHS Trust in the country to implement automated dispensing technology (the Omnicell Vandenbrink Blistering Machine) which, with a single operator, allows compliance aids to be dispensed at a rate of 40 trays per hour and self-checks the final product.



# Patient centred

## Comprehensive Clinical Pharmacy Services supporting in-patient areas

A clinical pharmacy service is provided to all in-patient areas, and consists of:

- Medicines reconciliation on admission for all patients
- Comprehensive medicines review including the management of high-risk medicines such as clozapine, lithium and valproate
- Electronic patient medicines administration records and in-patient prescription chart accuracy checks
- Prescribing and medicines optimisation advice to MDT during in patient stays
- Discharge planning, including patient assessment for compliance aids and liaison with primary care HCPs (e.g. care homes, GPs and community pharmacists). This includes exploring any interface issues around medicines which have a shared care arrangement.

- Comprehensive medication review
- Patient counselling and motivational interviewing to maximise adherence and engagement with treatment
- Shared decision making, providing patients and carers with medicines related information and facilitating discussion and decision making about treatment choices
- Undertaking side effect monitoring for patients
- Supporting the teams with medicines related physical health monitoring



## Specialist Clinical Pharmacy services in the out-of-hospital setting

Clinical Pharmacy teams are embedded in Crisis Resolution Home Treatment (CRHT) teams, supporting out-of-hospital care and preventing admissions through:

- Structured medication reviews and pharmacist prescribing
- Initiation and monitoring of lithium and clozapine
- Patient counselling and motivational interviewing
- Facilitating seamless, joined up care and minimising shared care prescribing issues.

In addition to these, there are a number of specialist roles pharmacy staff are funded for in the out-of-hospital setting.

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### Clozapine Clinics

Clinical pharmacy technicians lead clozapine monitoring clinics, ensuring a consistent and safe link between blood monitoring and medicines supply.

This also allows patient counselling and side effect monitoring and reduces the reliance on nursing staff in this setting.

### Psychiatric Liaison

Advanced pharmacist practitioners are embedded into our Psychiatric Liaison Teams at our local acute trusts. This allows patients with mental health issues who have concurrent physical health conditions to be treated in the appropriate setting whilst still having all aspects of their care considered holistically. Our Pharmacist both provides advice on patients known to us that are admitted, but also identifies other patients who may benefit from our specialist advice and promotes high quality prescribing.



## Patient Safety Learning and Improvement Panel support

All Patient Safety Learning and Improvement Panels have senior pharmacist representation. This focus on the use of medicines has added an extra layer of organisational learning from incidents and encourages rapid and sustainable improvements to practice.

## Prescribing guidelines

In addition to the medicines management governance systems described above, we have published a comprehensive range of local secondary care and shared care prescribing guidelines, including for:

- Higher-risk medicines, such as clozapine, lithium, high-dose antipsychotic therapy and valproate
- Antipsychotics
- Drugs for ADHD
- Drugs for dementia

To support the effective use of shared care prescribing guidelines we work collaboratively with colleagues across the NENC ICB.

We have developed an implementation model built around data analysis, transparency and strong working relationships with commissioners and ICB colleagues.

## Developing an assurance framework for CQC registration

A comprehensive medicines management assurance framework provides the organisation and regulator with evidence that medicines are being used safely and effectively.

This has been developed over the last 10 years and provides data on prescribing quality, administration and safe and secure handling of medicines across all in-patient ward and community team settings.

A full programme of clinical audit and participation in the Prescribing Observatory for Mental Health (POMH) benchmarking programme provides further evidence of local improvement actions made to support the safe and effective prescribing of medicines.



# Attracting, developing and retaining talent

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**Attracting, developing and retaining high quality pharmacy staff to Mental Health can be challenging, particularly in the current environment.**

CNTW pharmacy have adopted novel approaches to futureproof our workforce allowing a strong pipeline of trained pharmacists and pharmacy technicians in mental health.

This has included cross-sector trainee pharmacist and trainee technician training schemes and rotational placements for newly qualified pharmacists with local acute Trusts. This has also included outreach events at schools and colleges and careers events across the region highlighting the importance of all roles within pharmacy. This, along with a comprehensive induction and development opportunities, an ever growing high quality service and the development of new roles has resulted in a department which is well regarded locally and is able to recruit and retain high calibre staff from across the country.

Our latest workforce plan involved the approval of a consultant pharmacist post which is a trailblazing initiative for the region. Our strategy for “growing our own” staff from trainee to consultant pharmacist ensures we have a skilled pharmacy workforce ready to collaborate across the wider system. All staff are offered the opportunity to develop and progress along their own chosen career path and we continue to work closely with all sectors across the region, increasing and enhancing the pharmacy technician workforce.

Furthermore, we have developed effective arrangements for listening and supporting the well-being of our staff, which have helped to achieve very low rates of staff sickness and turnover within the pharmacy team and allows for demonstration of appreciation for all staff and the roles they play within the department.



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