NHS
South West Yorkshire Partnership
NHS Foundation Trust

Pharmacy and Medicines Optimisation Strategy 2018/19 to 2023/24

Medicines – you and us – together

January 2018 / Kate Dewhirst and Petra Brown

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www.southwestyorkshire.nhs.uk

With **all of us** in mind.

South West Yorkshire Partnership NHS Foundation Trust

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Abbreviations

APC	Area prescribing committee
BDU	Business delivery units
CCG	Care commissioning groups
CQC	Care quality commission
D&T	Drug and Therapeutics sub-committee
ECT	Electroconvulsive therapy
ECTAS	Electroconvulsive therapy accreditation scheme
EIA	Equality impact assessment
FP10	Family Practitioner 10 prescription form
IPCTAG	Infection prevention and control trust action group
MSO	Medicines safety officer
NHS	National Health Service
NICE	National institute for health and social care excellence
NPSA	National Patient Safety Agency
NRLS	National reporting and learning service
POMH-UK	Prescribing observatory for mental health – United Kindgom
SWYPFT	South west Yorkshire Partnership NHS Foundation Trust

Introduction

The Trust's pharmacy and medicines optimisation strategy is an essential framework to support the Trust meeting its strategic objective; to maximise the benefits of medicines whilst minimising the clinical and financial risks.

Medicines are central to the provision of quality health care. The effective use of medicines contributes significantly to achieving successful outcomes for service users, is usually the mainstay of treating patients with severe health problems, and is known to significantly reduce relapse, and improve quality of life when used appropriately.

Publications illustrate that 98% of inpatients are prescribed medicines. The average number of prescription items per year for any one person in England increased from 13 in 2003 to 19 in 2013.

The optimal outcomes of medicines use can be affected by adverse drug reactions, side effects, adherence and medication incidents. Medicines use can have significant impacts on patient safety and physical health.

It has been estimated that between 30% and 50% of medicines prescribed for long term conditions are not taken as intended.

6.5% of admissions to hospital have been attributed to patient harm caused by adverse drug reactions, 80% of which are judged to be avoidable either in the form of inappropriate prescribing or medicines errors. The projected annual cost of these admissions to the NHS is £466 million.

Estimated total NHS spending on medicines in England has grown from £13 billion in 2010/11 to £17.4 billion in 2016/17 – an average growth of around 5 per cent a year. (Ref Kings fund)

The current spend on medicines within SWYPFT is just under £3million pounds per year (excluding stop smoking services) and has remained relatively consistent in recent years.

The first medicines management strategy for the Trust was approved by the Trust Board in 2003. The subsequent revisions sought to keep medicines management high on the Trust agenda and to build on the Trust's established medicines management systems and processes. The last strategy kept in line with the Trust's strategic objectives and Quality Accounts, and focussed on three major strategic objectives: Sustainability and Effectiveness; Safety and wellbeing; Service user's experience.

This revised strategy is aligned to the Trust's strategic objectives, improving care, improving health and improving the use of resources. This strategy brings together the Pharmacy strategy and medicines optimisation strategy. This strategy includes aims and objectives related to optimising the safe and cost effective use of medicines as an integral part of person centred care, active engagement and empowerment of user and carer's experience with clear clinical leadership and accountability. The strategy also ensures that workforce as a key objective is addressed within this document.

There are defined responsibilities and accountabilities within the strategy for the Chief Executive, Medical Director, Chief Pharmacist and Operational Mangers. Healthcare professionals involved in medicines

optimisation have defined responsibilities and standards through professional bodies and organisational policies and procedures. Effective medicines optimisation delivery also requires input from information management and technology teams, finance teams and workforce development.

Development of the SWYPFT medicines optimisation and pharmacy strategy

Our strategy has been developed with the help of the whole pharmacy team, drug and therapeutics subcommittee, other staff groups within the organisation and service users and carers - speaking with people individually and in workshops.

The strategy has been informed by a number of national documents and recommendations, the previous pharmacy strategy 2015- 17 and the previous medicines management strategy. This is also shaped by the overarching Trust strategy refresh.

The documents consulted are

- The Royal Pharmaceutical Society guide: Medicines optimisation: helping patients make the most of medicines (2013)
- NICE guideline 5: Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes 2015
- Royal Pharmaceutical Society Professional standards for Hospital pharmacy services 2017.
- Mental health benchmarking undertaken March 2018.
- SWYPFT strategy: Refreshed April 2018
- NHS operational productivity: unwarranted variations Mental health services Community health services (Carter 2) May 2018
- Royal College of Psychiatry Standards for inpatient mental health services. 2017
- Royal College of Psychiatry Standards for Community-based mental health services. 2017

The table below summarises the recommendations from each of the main documents identifying how national publications will be linked to the trusts strategy. This will ensure that the SWYPFT medicines optimisation strategy delivers both trust and national objectives.

Document	Standards and recommendations					
Trust Strategy	**Improving health** People at the centre	**Improving health** Joined up care	**Improving care** Safety first	**Improving care** Compassionate leadership	**Improving resources** Operational excellence	**Improving resources** Digitally enabled
Royal Pharmaceutical Society Professional standards for Hospital pharmacy services	**Standard 1** Putting patients first. **Standard 2** Episode of care	**Standard 3** Integrated transfer of care (Standard 4.3 Digital technology and informatics to support medicines use	**Standard 4** Medicines governance	**Standard 6** leadership **Standard 8** Workforce	**Standard 5** Efficient supply of medicines **Standard 7** systems governance and financial management **Standard 8** Workforce	**Standard 4.3** Digital technology and informatics to support medicines use
NICE Medicines Optimisation	Medicines reconciliation and medication review. Self-management plans. Patient decision aids	Medicines-related communication systems for when patients move from one care setting to another. Medicines related models of organisational and cross sector working	Systems for identifying, reporting and learning from medicines-related patient safety incidents	Clinical decision support	Medicines related models of organisational and cross sector working	Medicines-related communication systems for when patients move from one care setting to another. Clinical decision support
Carter 2	Trusts should develop plans to ensure their pharmacists and other pharmacy staff spend more time with patients and on medicines optimisation with a particular emphasis on supporting community teams and services					
The Royal Pharmaceutical Society produced a guide Medicines optimisation: helping patients make the most of medicines (2013)	Aim to understand the patient's experience Evidence based choice of medicines		Ensure medicines use is as safe as possible	Evidence based choice of medicines	Make medicines optimisation part of routine practice'	

The strategy will use the principles of medicines optimisation as listed above and align these with trust priorities and objectives referred to within the 2018 SWYPFT strategy. This document describes the service developments which the pharmacy team will lead in supporting the delivery of our strategic ambitions over the next five years.

Current pharmacy services: where are we now

Background to pharmacy services

Since the establishment of the trust in 2002 the provision of pharmacy services has changed significantly from being provided mainly under service level agreements with local acute trusts to being provided by a team of directly employed mental health and specialist pharmacists and dedicated technical staff in all localities.
The trust has a hub dispensary providing services to Calderdale, Dewsbury, Huddersfield and Wakefield and works with a private provider for supply in Barnsley.
The procurement of medicines and management of the dispensary computer and stock control system was also brought in house during 2017.

Current pharmacy service

There are 18 pharmacists within our staffing establishment including the Chief pharmacist and lead BDU pharmacists. This equates to approximately 1 for every 17 doctors and 140 nurses in the organisation. We have 18 pharmacy technicians, 5 pharmacy assistants and 1 secretary and 1 administration assistant in our team. We support 2 pre-registration pharmacists and 2 pre-registration technicians. The pharmacy team comprises 1 per cent of the trusts workforce

Many of our team work part-time or flexibly.

On average each month Pharmacy:

- Completes around 600 ward visits making a total of 620 patient specific interventions of which 19 have the potential for preventing major or life threatening harm.
- Dispenses or orders around 8,500 individual items. This includes managing 140 multi-compartment compliance aids (Dosette© boxes).
- Places 115 orders with our suppliers to procure medicines valued at around £131,000; and at any given time we stock medicines valued at around £101,634.97
- Conducts around 150 inpatient medication reconciliations completed on patients admission to hospital
- Reviews about 80 medication incidents, reviews one serious incident report and writes one greenlight safety alert
- Responds to about 600 medicines information enquiries and 16 out of hours calls
- Sends out 40 FP10 prescription pads to prescribers
- Supplies antipsychotic depots injections valued at around £195,000 and clozapine to an approximate value of £23,000 per month.

Vision: where do we want to get to

Our vision is a pharmacy and medicines optimisation service which works collaboratively and compassionately with all services and service users to provide integrated, high quality, person centred pharmacy care and services to all.

Aims

- We provide a quality, individualised, person centred, appropriate, accurate, respectful and non-judgemental service at all times.
- We define and continuously improve and develop our service offer
- We work collaboratively with, and use our resources efficiently and sustainably to, support our stakeholders (services users and carers, nursing and medical colleagues, trust board, commissioners) and to optimise medicines use.
- We provide the organisation with robust systems of medicines management governance, monitoring safety and optimising resources.
- We have an embedded process of continual quality improvement
- We support and develop the pharmacy workforce to use the most cost effective skill mix of staff working at their highest skill level.
- We attract and retain motivated staff with the right skills and values
- We will have clear oversight and provide assurance of all medicines related activity within the Trust

Ambitions

To be regarded as a critical clinical service within the organisation.
To work in partnership with other organisations and stakeholders to optimise medicines use and safety in the health economy and for the individual
To empower service users and carers in shared decision making about medicines use.

Objectives of the medicines optimisation strategy linked to Trust strategy

The following objectives link to the trusts strategy and identify how medicines optimisation will support the delivery of the trust strategy.

A detailed prioritisation and implementation plan can be found in appendix 4: these actions are where we want to get to, how we will get there and by when.

1. **Improving health: Person first and in the centre**

- Pharmacy and medicines optimisation services enable service users to be fully involved in their own care and to make shared decisions about their treatments and their medicines.
- The principle of "no decision about me without me" underpins the design and delivery of pharmacy services and medicines optimisation.
- Service users have access to information and support in order to make shared decisions about the use of medicines or the implications of choosing not to take them.
- Systems are in place to identify patients who may need support, or to allow service users to request support with medicines choice and use.
- Patient's medicines requirements are regularly assessed and responded to in order to keep them safe and to optimise their outcomes from medicines, throughout the whole episode of care in all care settings

2. Improving health: Joined up care

- We will work with partners to ensure safe and effective use of medicines for mental health and community services in whichever care setting they are within the health economy or integrated care system.
- Health and social care practitioners receive and share relevant information about the service user and their medicines when transferring from one care setting to another.

3. Improving care: Safety first, quality counts

- Medicines Policy and governance aims to improve service user outcomes both on an individual and population basis maximising safety, effectiveness and the value obtained from medicines use.
- Health and social care staff prescribing, handling, administering and monitoring the effects of medicines have relevant and up to date, evidence based information, policies and pharmaceutical advice available to them at the point of care.
- The Chief pharmacist and Controlled Drugs Accountable Officer ensures policy, process and assurance are in place to ensure the quality and safety of all aspects of medicines management.

- The Medicines Safety officer is a statutory requirement responsible for medicines safety across the trust. The MSO ensures that medicine safety has a high profile both within the organisation and with partners including those providing outsourced services.

4. **Improving care : Compassionate leadership** (workforce)
   - The Chief pharmacist, supported by the medicines optimisation and workforce strategies, will identify and ensure the availability of the appropriate type and level of resources required to deliver:
     - safe, effective and efficient pharmacy services
     - safe, effective and efficient medicines optimisation
     - and to support the safe and secure use of medicines.
   - The pharmacy team is recognised as medicines experts and lead on medicines use and innovations in medicines technology both within the organisation and across the healthcare system.
   - The pharmacy team is developed to meet the needs of the service user across health and social care system.
   - The pharmacy workforce is planned to ensure sustainability
   - Operational policies, procedures and plans are in place to ensure that the pharmacy workforce is managed appropriately in order to support service quality, productivity and safety.

5. **Improving resources: Operational excellence**

   - Medicines and pharmacy services are available or can be readily made available to meet service user and service needs whenever they need them.
   - A pharmacy service offer will be agreed across the organisation.
   - Systems of work for medicines optimisation and safe and secure handling of medicines will be maintained or established. These are safe, productive, support continuous quality improvement are regularly audited and comply with relevant regulations.
   - Robust business planning, cost improvement plans, risk management, business continuity and reporting are undertaken.
   - Medicines use and expenditure reports are interpreted and used to support budget management, monitoring of clinical practice and waste management
   - The pharmacy team regularly engages with commissioners and primary care to review prescribing in order to deliver value across the health system.

6. **Improving resources: Digitally enabled**
   - Digital systems and automation will be used to underpin and transform the delivery of medicines management, optimisation and pharmacy services.
   - These will include but are not limited to electronic prescribing and administration systems, stock control and dispensing systems, clinical record system and smart technology.

Appendix 1:
Trust duties and responsibilities in relation to medicines optimisation and governance
The Trust recognises that medicines management is an integral part of the care provided to service users. Responsibility for medicines management at a corporate level rests with the Medical Director at Executive Board level and the Chief Pharmacist. Delivery of effective medicines management requires close collaboration between medical, pharmacy and nursing staff. The Medical Director, Chief Pharmacist and Director of Nursing and Clinical Governance and Safety are committed to the integration of safe and cost effective medicines use into Trust practices and business plans. Responsibility for implementation is accepted at all levels of the organisation.

The Trust has a clear medicines management accountability structure defined in the Drug &Therapeutic Subcommittee's Terms of Reference. This includes the responsibility of the Chief Executive, Medical Director and Chief Pharmacist. This also includes accountability arrangements for medicines through the D&T Subcommittee and the Clinical Governance and Clinical Safety Committee.

The Business Delivery Units (BDUs) are required to ensure that medicines management policies and procedures are implemented. The interface between the BDUs and the Drug and Therapeutic subcommittee is essential to ensure the safe and cost effective use of medicine through established links between the D&T Subcommittee and BDU governance groups.

The Drug & Therapeutic Subcommittee is responsible for the clinical governance aspects of medicines management through the development of policies, procedures and guidance to support clinical practice. These are in keeping with national guidance in response to alerts, new evidence and national policy.

The terms of reference of the D&T Subcommittee are available as Appendix 3. The D&T Subcommittee is the equivalent of the Medicines Management Committee in other Trusts as described by the HCC report "Talking about Medicines".
The D&T Subcommittee provide support in all areas of medicine optimisation including education and training and cost effective prescribing.

2.1 The Medicines Code supports the safe and secure handling of medicines within the organisation. The sections cover an extensive range of medicine related activities such as prescribing, administration, transport and storage. This policy is reviewed, audited and updated every three years and in response to new national guidance and regulation.

2.2 Policies and procedures
Policies and procedures for medicines related activities are in place and subject to audit. These include

- clinical use of medicines
- safe and secure handing of medicines and
- procurement and supply of medicines.

The D&T subcommittee has a list of approved policies, clinical guidelines, communications, shared care guidelines and newsletters. These are all available on the intranet and are developed in line with NICE guidance and national alerts.

2.3 Clinical queries mechanism
The D&T subcommittee provides advice and support to clinicians in the management of complex cases and off licence prescribing if required. This is outlined in section 17 of the medicines code

2.4 Management of controlled drugs
There are a number of legal and best practice requirements relating to how NHS Trusts manage controlled drugs. It is important that these are regularly audited to ensure that controlled drugs are being used appropriately and all stock can be reconciled. A Controlled Drugs Manual including standard operating procedures has been established and approved for all aspects associated with the use of controlled drugs within the Trust. The Shipman enquiry has also resulted in the requirement to improve monitoring and collaboration with partner agencies on trends and patterns of controlled drug use.
It is the requirement upon the organisation to have an "Accountable Officer for controlled drugs". This is currently the Chief Pharmacist who also attends the Local Intelligence Networks. The Deputy Chief Pharmacist deputises for the Accountable Officer role in the absence of the Chief Pharmacist. A performance report on incidents and activities is presented with performance monitoring every three months.

2.5 Non medical prescribing
Nurses, pharmacists and allied health professionals can prescribe through the Department of Health approved non-medical prescribing scheme. The Trust has a non-medical prescribing policy and strategy which is reviewed every two years. In order to improve access to medicines and Trust services the Non-Medical Prescribing Steering Group has developed a non-medical prescribing strategy.

2.6 Working with partners
D&T Subcommittee has established links and appropriate representation into the two Area prescribing committees (APC), South West Yorkshire and Barnsley.

2.7 Safety and Wellbeing
The D&T Subcommittee oversees the Trust's medicine management system, and ensures that systems are in place for safe and effective use of medicines these include reporting and recording incidents and near misses to enable learning lessons, amongst these:

2.8 Medicines Safety
Medicine incidents are reported via the Datix web and included in reports sent to the National Reporting and Learning System (NRLS).

The Safe Medicines Practice Group (sub group of the D&T subcommittee chaired by the Medicines Safety Officer) reviews all medicine incidents and work with multidisciplinary teams in the BDU to establish any necessary actions to prevent re-occurrence. All incidents rated as either amber or red will undergo an incident review in line with the incident management policy. The Safe Medicines Practice Group reviews trends across the Trust and promotes cross directorate learning of good practice. Incidents relating to medicines use in primary care will be shared with our CCG colleagues to ensure effective learning across the local health economy.

The Safe Medicines Practice Group coordinates national learning from adverse drug reaction reporting (yellow card system).

The Trust promotes a culture of openness where staff feel confident that they can report incidents and that the lessons from these incidents are learnt and used to improve systems and practice. An open culture is promoted through training on safe medicines practice on the Trust induction programme, at undergraduate level for nursing staff and ongoing medicine management training to doctors and nurses.

Medicines with respect
"Medicines with respect" has been established as an assessment of competence for nursing in clinical practice.

2.9 Integrated Governance
2.9.1 Physical Health Monitoring for Service Users on Psychotropic Medication
This is essential for all service users who are prescribed psychotropic medication. The D&T have an approved reference document titled "Physical health monitoring for service users prescribed psychotropic medicines".

2.9.2 Infection Control
Medication issues also form part of the working of the infection prevention and control (IPC) TAG with links to infection control. An annual audit of antibiotic prescribing is carried out. Measures for managing influenza and potential flu pandemics are considered.

2.9.3 Resuscitation
The use of oxygen and pulse oximetry and the treatment of anaphylaxis are part of the training for resuscitation in line with NICE violence and aggression guidance and the NPSA oxygen safety alert. Nursing staff are to be trained in the management of anaphylaxis.

2.9.4 Pharmacological management of acute behavioural disturbance (Rapid Tranquillisation)
The policy is compliant with national standards and recommendations. D&T subcommittee organises training through its D&T Education and Training subgroup.

2.10 Assurance Framework
The progress against the medicines optimisation strategy can be seen in:

- Minutes of the D&T Subcommittee
- Annual report of the D&T Subcommittee and its subgroups
- Annual business plan of pharmacy and D&T
- Minutes of the Clinical governance group

The D&T Subcommittee reports progress and activities bi-monthly to the Clinical Governance and Clinical Safety Committee and submits an annual report.

2.11 Compliance and external monitoring
Evidence of compliance against national standards is provided through:

- Assessment against the medicines management standards of the CQC.
- Compliance with NHS Resolution medicines related standards.
- Compliance with the Medicines Code carried out by internal auditors and local audits for the prescription chart, medicines reconciliation and missed doses.

- Benchmarking practice through subscription to POMH-UK and ECTAS and with NHS England benchmarking.

2.12 Service users experience

2.12.1 Meaningful engagement with service users, carers and local community

Many service users take medication for long periods of time, often indefinitely. Therefore service users and carers demonstrate a great interest in medication related issues, consequently placing very high importance on receiving appropriate information and support to enable them to better understand their medication and improve adherence. Ease of access to information on medicines and access to help in the event of problems with medication helps to improve the experience in relation to medicines. Evidence is taken from the results of the National Patient Survey questions relating to medicines.

These questions include:
- Did you have a say in medicines you take?
- Were the purposes of medicines explained to you?
- Were you told about possible side effects?

2.12.2 D&T Action to Improve Service User Participation

- D&T Subcommittee has a service user/ carer representative and benefits from their membership.
- Access to appropriate medicines information for service users, carers and practitioners.
- Participation in mental health medicines and public health promotion and support expert patient programme.
- Medicine management as a formal part of care programme approach.
- D&T Subcommittee has oversight of medicines-related education events for service users, carers and local communities.
- Promoting the use of web-based information about medicines such as www.choiceandmedication.org/swyp/ , www.nhs.uk/Pages/homepage.aspx and www.medicines.org.uk

2.12.3 System to Improve Service User Experience

- Service user access to information, advice and support about medicines to support informed choice and shared decision making.
- Offering service users opportunities to self-administer medicines.
- Systems to ensure rapid access to discharge medicines.
- Systems in place to ensure medicine reconciliation on admission to hospital.
- Policies, procedures and systems to provide convenient and safe access to clozapine including community initiation if and when appropriate.

Appendix 2

DRUG & THERAPEUTIC SUB COMMITTEE (D&T)

TERMS OF REFERENCE
(January 2018, updated annually at the D&T Away Day)

1. Main aims and functions

- To advise the Trust on policy related to appropriate use, availability and cost of medicines, related products and ECT to be used within the Trust. With consideration to relevant up to date evidence, standards including NICE guidance, National strategies and other government directives.

- To develop and regularly review the Trustwide Medicines Management Strategy.

- To advise the Trust on the requirements for national regulators such as the Care Quality Commission.

- To manage the entry/exit of new medicines, new licensed indications and related products into the Trust, making reference to the impact on patient care, experience, effectiveness, safety, workload and cost implications to the Trust and local health economy.

- To develop and manage the Trust Formulary.

- To promote evidence based, cost effective medicines management by:
    - Developing and updating medication and therapeutic related guidelines and protocols.
    - Regulating and advising on unlicensed medicines and unlicensed indications.
    - Regulating medicines management with special consideration to vulnerable groups.
    - Regulating medicines management within non-medical prescribing.

- To ensure safe and effective use of all medicines in complex situations e.g. treatment resistance, off licence, occasional unlicensed and outside BNF use of medication by providing peer support, guidance and review, under the clinical queries mechanism.

- To ensure safe and effective use of medicines, review of medicine related incidents, regularly refining systems and leading on learning and the sharing of lessons learnt.

- To regularly review the Medicines Management risk register.

- To ensure safe and effective use of ECT in keeping with national guidance and benchmarking our practice through subscription to ECTAS.

- To work collaboratively with partners in the local health economy at all levels of medicines management including policies, procedures, guidelines and clinical governance.
- To identify the priority list for each year of the medicine related audits for the Trust including national benchmarking audit activity such as POMH. To review audit findings, make recommendations and

oversee the BDU implementation of action plans across the Trust by receiving assurance that they are being delivered by the BDUs.

- To set and review the framework for education and training in medicines management for the Trust and education activities aimed at service users, carers and the local community eg by the Recovery Colleges.
- To develop and provide information in a suitable format for the use of service users and carers.
- To involve and encourage contribution from service users, carers and other members of the public into the Trust's medicines management strategy.
- To collaborate internally with other TAGs and externally with the local health economy including the two APCs and the two Local Intelligence Networks.

2. The D&T Subcommittee is accountable to:

The Trust Board via the Clinical Governance and Clinical Safety Committee and Executive Management Team.

- An annual report will be sent to the Executive Management Team and Clinical Governance & Clinical Safety Committee.
- The medicines management strategy is to be reviewed and ratified by Clinical Governance & Clinical Safety Committee annually.

3. The D&T collaborates with:

The local health economy, including the two APCs, and develops guidelines and protocols together with South West Yorkshire Area Prescribing Committee and the Barnsley Area Prescribing Committee.

4. The D&T develops its strategy and responsibilities through several Sub-groups including:

i. Psychotropic medications requiring special monitoring sub group
ii. Safe medicines practice sub group
iii. ECT sub group
iv. Education and training sub group
v. Non-Medical prescribing steering group

A large number of staff who are not formal members of the D&T sub committee contribute to these sub groups.

5. Membership

The Drugs and Therapeutics Sub Committee will have the following membership:

- Medical Director (Chair)
- Chief Pharmacist and Accountable Officer for Controlled Drugs (Deputy Chair)
- Medicines Safety Officer (Deputy Chief Pharmacist)
- Representative of Director of Finance
- Assistant Director for AHP's
- Medical representation from Community services
- Consultant Psychiatrists (minimum of two)
- Trainee medical staff
- SAS/Trust grade medical staff
- Senior BDU Lead/ Principal Pharmacists
- Service user/carer and member of Members council
- Executive Board member (if not one of the above)
- Non medical prescriber
- Nurse consultants
- Clinical Governance Team representative
- CCG representative

A quorum will be at least seven people including one medical, one pharmacy member and one nursing member.

Secretarial support will be provided through the Chief Pharmacist.

6. Frequency of meetings

The group will meet monthly normally on the first Tuesday afternoon of the month. The annual Away Day is held in January (in line with the Trust's annual planning process).

7. Responsibilities of Members

Members must declare conflicts of interest to the chair in writing at least once a year or if a new conflict occurs.

If an individual fails to attend three meetings consecutively without apology the Chair will write to the individual to ask if they wish to continue to serve on the subcommittee.

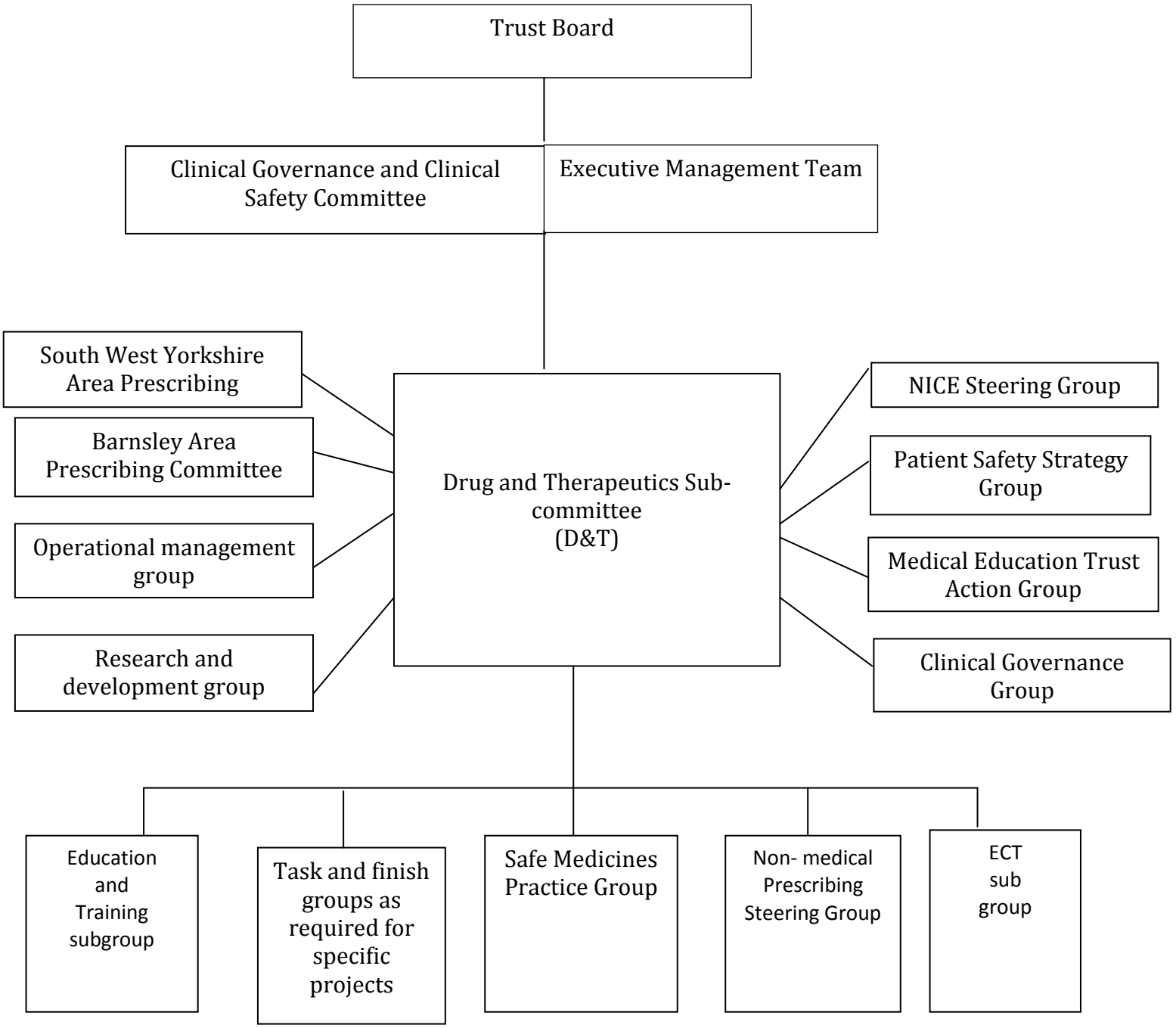
8. Authority and Decision Making

Any medicines related guidelines, procedures, protocols or prescribing stationary developed must be approved by D&T.
Medicines Policy, such as the Medicines Code, must be approved by the Executive Management Team.

Clinical queries that cannot be approved at BDU level are approved by the Chief Pharmacist/ Medical Director.

Documents that require approval outside the D&T meeting will be circulated to D&T members for comment within two weeks then signed off by Chief Pharmacist/ Medical Director.

Issues requiring an urgent decision will be considered by the chair and/ or deputy chair and reported at the next meeting under chairs action.


Trust Board
Clinical Governance and Clinical Safety Committee
Executive Management Team
South West Yorkshire Area Prescribing
Barnsley Area Prescribing Committee
Operational management group
Research and development group
Drug and Therapeutics Sub-committee (D&T)
NICE Steering Group
Patient Safety Strategy Group
Medical Education Trust Action Group
Clinical Governance Group
Education and Training subgroup
Task and finish groups as required for specific projects
Safe Medicines Practice Group
Non- medical Prescribing Steering Group
ECT sub group

Appendix 3

Definitions

Medicines Management encompasses the entire way that medicines are selected, procured, transported, stored, prescribed, ordered, dispensed, administered or taken and destroyed. Medicines management can be separated roughly divided into the clinical use of medicines and the systems and processes by which they are handled/ managed. Medicines Management is a multidisciplinary activity primarily involving doctors, nurses, pharmacists and pharmacy technicians.

Medicines Optimisation – a person centred approach to getting the most from medicines for both patients and the NHS ,ensuring the safe and effective clinical use of medicines to deliver informed and optimal outcomes and relates to the Trusts overall mission of '**Enabling people to reach their potential and live well in their community**'.

Medicines Management Processes – are the 'how' of medicine selection, procurement, transport, storage, prescribing/ ordering, dispensing, administration and destruction. Much is described in law such as the Medicines Act and professional standards but also includes ensuring value for money and compliance with other legal frameworks such as waste regulations.

Pharmacy Services – the services coordinated and provided by the SWYPFT pharmacy team

Appendix 4: Action and implementation prioritisation as at January 2019

1. Improving health: Person first and in the centre

Action	How	When				
		Yr 1	Yr2	Yr3	Yr 4	Yr5
Treatment will be individualised.	• Policies and procedures will give general guidance for the population but allow for individualised decisions. • review of formulary and clinical queries mechanism • consider online formulary	x x	x x	x	x	x
Treatment will be based on choice, co-morbidity, physical health and supported by the development of clinical pharmacy services for inpatients and in the community.	• pharmacy workforce plan developed as part of trust workforce plan	x	x	x	x	x
	• Survey pharmacy staff direct patient facing time	x				
	• source clinical prioritisation tools • pilot clinical prioritisation tools. • Embed tools if useful		x	x x	x	
	• Upskill technicians and release pharmacist time for direct patient facing time as part of workforce planning		x	x	x	
	• Discharge planning including provision of information and on-going supply information	x	x	x	x	x
Adherence support will continue into community	• Consider follow up after care to ensure all information needs are met and offer advice regarding on-going treatment. • utilise electronic communication systems • explore use of systmone for follow up appointments			x x x		
Service users and carers will have appropriate,	• Ensure information is available within the trust which is accessible to all.	x	x	x	x	x
	• Raise awareness of the	x	x	x	x	x

accessible written and verbal information	information outside pharmacy • Consider use of iHub and twitter to share information.	x	x	x	x	x
	• Update the medicines optimisation and pharmacy pages on both the internet and intranet	x	x			
	• implement MAPPS	x	x			
	• Increase number of recovery college sessions provided		x			
	• Consider the introduction of a telephone/email helpline for service user queries			x		
Treatment choices and review will consider reducing potentially inappropriate prescribing and reducing side effect burden / risk of adverse effects	• Use of stop start tools. • Development of mental health specific tool		x	x		
service users will be supported to ensure appropriate physical health monitoring	• Ensure user friendly information is provided on monitoring requirements.		x	x	x	x
Increased self-administration to maintain skills and improve outcomes	• Review policy and use across trust services	x	x	x	x	x
staff and service user feedback	• surveys	x	x	x	x	x
Ensure staff have clinical / professional supervision	• Train pharmacy staff as supervisors and plan introduction of regular clinical as well as management supervision.		x			

2. **Improving health: Joined up care**

Action	How	When				
		Yr 1	Yr2	Yr3	Yr4	Yr5
Explore how mental health is represented in pharmacy integration fund posts, RPS policy, acute trust liaison services	• Work with NHS England and AHSN to develop practice pharmacists, care homes and NHS111 • Work with acute trusts on liaison roles • Work with CCGs, APC, PLG to consider actions for the MH RPS pharmacy report • Consider support to SPA to provide advice to GPs	x x x	 x			
Carter 2 recommendation: Trusts should increase the numbers of specialist pharmacy working in multidisciplinary teams to better lead and co-ordinate medicines use for cohorts of patients across health and social care systems	• actions by 2020/21 • report Hospital Pharmacy Transformation Plan to D&T		x x	x		
carter 2 recommendation: Trusts to identify local opportunities for the innovative use of pharmacy staff, systems and technologies using case	• report to D&T		X			

studies provided by NHS England and NHS Improvement during 2018/19. This should include reviews into CAMHS, use, clozapine and antipsychotics, medicines administration, automation and polypharmacy						
Transfer of care: Psychotropic prescribing pathways	• Clarify shared pathways for psychotropic prescribing • Consider use of independent pharmacist prescribers	x	x			
deliver pharmacy annual audit programme	• agree and deliver audit programme • agree audit lead	x x	x	x	x	x
Work with BDUs to ensure medicines optimisation embedded in their plans and assurance systems	• Share strategy at OMG and BDUs • contribute to annual plans	x x	x	x	x	x
Ensure services to Barnsley are reviewed to continue to provide best care.	• review of pharmacy provider and implementation of any service changes		x	x	x	
clozapine clinic support	• increase clinical pharmacy input to clozapine clinics.		x			

3. Improving care: Safety first, quality counts

Action	How	When				
		Yr 1	Yr2	Yr3	Yr4	Yr5
Launch pharmacy and medicines optimisation strategy linked to updated trust strategy.	• strategy in development • review strategy • develop KPIs for clinical pharmacy	x	 x	 x x		
deliver any quality priorities such as CQC, CQUIN, MHA monitoring	• CQC / CQUIN actions plans	x	x	x	x	x
Agree pharmacy reporting and input into board, transformation meetings, OMG, BDU, governance and risk meetings	• map critical meetings and agree attendance.	x				
Medicines safety programme incorporating the range of medicines safety actions.	• MSO, national alerts and guidance. • Role of safe medicines practice group. • Protected medicines time • Medicines management champions • Medicines incident review toolkit including reflection tool for clinical pharmacy incidents • Competence assessments for dispensing and clinical functions • High risk medicines such as lithium and antipsychotics • Assurance checklists for safe	x x x x x x x x	x	x	x	x

	and secure handling for medicines.					
Review dispensary staffing, use of technology and skill mix for safety	• Consider outcomes of Yorkshire clinical Pharmacy group report into skill mix. • Consider band 4 technicians accuracy checking and transcription. • Consider dedicated staffing for ward and dispensary functions. • Use JAC to record batches for batch recalls		x x x x	x x x x		
Identify measures of quality, competence and behaviour change for clinical pharmacy staff	• Consider intervention/ contribution database or use of coding on system one. • Introduce AHSN bronze level human factors approach e-learning.		x	x	x	
prescribing Policies and guidance	• Carter 2 NHSE specialist pharmacy services to review what can be produced at a national level during 18/19 • Develop system of review and update of policies • review relevant NICE guidelines , produce and monitor action plans	x x x	x			
monitor and manage use of unlicensed	• Monitor and provide feedback to		x			

medicines	prescribers using refine/define system					
Research and development	• develop R&D capacity and capability		x	x	x	
training and education on medicines optimisation	• Ensure all staff groups have access to medicines optimisation training and updates. • Consider the new staff groups such as nursing associates	x x	x	x	x	x
NHS benchmarking for mental health trusts	• Establish information needs • Complete benchmarking	x	 X			

4. **Improving care : Compassionate leadership** (workforce)

Action	How	When				
		Yr 1	Yr2	Yr3	Yr4	Yr5
Pharmacy to be part of workforce and transformation planning workstreams	• Establish links with workforce • Review use of NMP via workforce planning • Review use of advanced practitioners	x x x				
Pharmacy to be part of annual training needs analysis and agreement on use of centralised training budget.	• Establish links with TNA and training team • Review MO training	x	 x			
Development and training of pharmacy staff, review of skill mix, enhanced role and utilise findings of Carter 2: Services are	• Foundation level pharmacist competency framework in use for all pharmacy staff			x		
	• Review skill mix to increase clinical pharmacy input to		x	x		

delivered by staff who are competent and trained in medicines optimisation and working to the best of their ability in the appropriate role	community teams					
	• Develop medicines optimisation teams for wards and services to include, pharmacists, technician and medicines management champion.			x		
	• Technician competency framework to be developed for Mental Health specific technicians		x	x	x	x
	• Technician clinical diploma to be considered for technicians working within the team		x	x	x	x
	• NMP and further qualifications in Psychiatric pharmacy to be considered by all pharmacists.	x	x	x	x	x
	• Consider Pre-registration pharmacist shared with Lloyds or other community provider	x	x			
	• Work with acute trusts and HEE to ensure MH is part of the core training in hospital pharmacy	x				
	• Monthly CPD for Medicines Management Team Meeting	x	x	x	x	x
	• take 5 clinical pharmacy checklist		x			
	• Competency	x				

	assessment ongoing for all nursing staff (medicines with respect) • Monitor figures and report to BDU	 x				
	• work with HEE on roles including consultant pharmacist by 2020 and CPPE CPD programmes during 18/19	 x	x	x		
Job planning	• Clarify job roles and support job satisfaction by ensuring mix of aspects to individual roles		x	x	x	x
Communications	• Review current means of communication and develop strategy to improve both communication and engagement. • Consider means to ensure staff feel valued.	x x				
Health and wellbeing	• Review results of health and wellbeing survey • Review flexible working • Ensure management are supportive • Monitor sickness • Link to trust wide wellbeing work	x x x x x	x x x x x	x x x x x	x x x x x	x x x x x

5. Improving resources: Operational excellence

Action	How	When				
		Yr 1	Yr2	Yr3	Yr4	Yr5
Agree drugs budget management and delivery of CIPs	• Agree budget • Monitor and report using refine and define	x x	x x	x x	x x	x x
review dispensary efficiency	• Ward orders at ward level. • Prescription tracker system. • Dispensary pharmacist cover provided across trust through use of EPMA and Skype. • Reduce interruptions through development of interactive service map with personal contact details. • Improved systems access (e.g. ICE) • Review stockholding on wards and in dispensary. • Review procedures for receipt and storage • Use of patients own medicines • E-rostering • Implement FMD	X	X	X		
review technical hub efficiency	• Review of hub model for technical staff deployment to ensure cost effective use of staff across the trust. • Consider technology to support.	x	x x			
Agree service offer	• Review pharmacy		x			

	input into teams and services; from single point of access, through inpatient to discharge and into the community. • Considering out of hours and on call and 7 day services • Engage with stakeholders • Develop options appraisal • Business case development • Review workload		x x x x	x x		
Review of infrastructure: NHS Benchmarking review stakeholders. carter recommendations:	• 2018/2019 review of value for money of infrastructure • work with NHSI 18/19 to streamline processes incl homecare and FP10s. • review stores and ordering by 20/21	x	x	x		
optimal and legal use of medicines in all areas	• Waste reduction • work with estates to ensure environment is suitable for medicines storage and administration. • any licences required in place • community bases appropriate	x x x x				

6. Improving resources: Digitally enabled.

Action	How	When				
		Yr 1	Yr2	Yr3	Yr4	Yr5
Best use of IM&T to support medicines optimisation. **SystmOne**	• Ensure design encompasses medicines optimisation tool	x				
	• Training and implementation	x				
	• Define access rights	x				
	• Procedures for input of clinical information	x				
	• Use for development of key performance indicators by using coding		x			
Best use of IM&T to support medicines optimisation. **EPMA**	• Pharmacy input into development of system		x			
	• Policies and procedures		x			
	• Formulary		x			
	• Monitoring reminders		x			
	• Interactions		x			
	• Safety allergies		x			
	• Electronic transmission of prescriptions to community pharmacy and trust dispensary			x		
	• Clinical prioritisation/ targeted service provision			x		
Best use of IM&T to support medicines optimisation. **JAC**	• For off-site dispensing and one stop dispensing		x			
Best use of IM&T to support medicines optimisation. **Define / refine**	• Use of data to analyse costs and cost savings. • Use of data to		x x			

	analyse risks relating to controlled drugs and antimicrobials					
Review of medicines information sources and accessibility on line	• Consider options available, need and cost		x			
Review NHS supported sites including app technology	• Use of smart technology and apps for prescribers and service users • Mobile technology for recording monitoring such as post rapid tranquilisation		 x	x		
Use of telephone technology to ensure appropriate person contacted	• Consider expansion of dispensary "switchboard"		x			
Consider smart storage and dispensing solutions such as Omnicell and robots	• Visit sites such as NTW • Review systems available • Add to business cases			x x x	 x	

Appendix 5

Equality Impact Assessment template to be completed for all policies, procedures and strategies

Date of assessment: 17.12.18

	Equality Impact Assessment Questions:		Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing		Medicines Optimisation and pharmacy strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?		The Trust's Pharmacy and medicines optimisation strategy is an essential framework to support the Trust meeting its strategic objective; to maximise the benefits of medicines for service users whilst minimising the clinical and financial risks.
3	Who is the overall lead for this assessment?		Medical Director and Chief Pharmacist
4	Who else was involved in conducting this assessment?		Drug and Therapeutics sub-committee
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?		Yes Incorporated key priorities of each group into the strategy
6	What equality data have you used to inform this equality impact assessment?		Consideration of trust population and trust strategy
7	What does this data say?		
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group	Yes/No	Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact.

	unfavourably:		
8.1	**Race**	**NO**	
8.2	**Disability**	**No**	
8.3	**Gender**	**NO**	
8.4	**Age**	**No**	
8.5	**Sexual orientation**	**No**	
8.6	**Religion or belief**	**No**	
8.7	**Transgender**	**No**	
8.8	**Maternity & Pregnancy**	**No**	
8.9	**Marriage & civil partnerships**	**No**	
8.10	**Carers (Our Trust requirement)**	**No**	
9	**What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-**		**The strategy aims to ensure equality of access to medicines and medicines information and will be monitored through Drug and therapeutics subcommittee and pharmacy management board. Other data may come from the national audits and friend and family feedback.**
9a	**Promotes equality of opportunity for people who share the above protected characteristics;**		**N/A**
9b	**Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;**		
9c	**Promotes good relations between different equality groups;**		
9d	**Public Sector Equality Duty – "Due**		

	Regard"	
10	**Have you developed an Action Plan arising from this assessment?**	
11	**Assessment/Action Plan approved by** **(Director Lead)** **Dr S Thiyagesh**	**Sign:** **Date:** **Title:**
12	***Once approved, you must forward a copy of this Assessment/Action Plan to the partnerships team:*** **partnerships@swyt.nhs.uk** **Please note that the EIA is a public document and will be published on the web.** **Failing to complete an EIA could expose the Trust to future legal challenge.**	

Appendix 5

Checklist for the review and approval of procedural document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	N/A	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	N/A	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	N/A	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	Yes	

Appendix 6

Version control sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1	Jan 2019	Kate Dewhirst Petra Brown Interim Chief Pharmacist	Final draft for ratification	