

# Pharmacy Strategy 2009 – 2012



Better health, excellent pharmacy care.

 <p><b>PROFESSOR JAMES BARBOUR</b>  <b>CHIEF EXECUTIVE,</b>  <b>NHS Lothian</b></p>	<p>NHS Lothian's Pharmacy Service is committed to providing outstanding patient-centred pharmaceutical care. NHS Lothian's vision is to be one of the top 25 healthcare providers in the world and the delivery of this strategy will contribute to this goal.</p>
 <p><b>MR JAMES McCAFFERY</b>  <b>CHIEF OPERATING OFFICER,</b>  <b>NHS Lothian</b></p>	<p>I welcome this strategy which will ensure that NHS Lothian's pharmacy services deliver best access and equitable pharmaceutical care and thereby supporting patient safety and best value.</p>
 <p><b>PROFESSOR PAT MURRAY</b>  <b>DIRECTOR OF PHARMACY,</b>  <b>NHS Lothian</b></p>	<p>I recognise the key role that pharmacy staff plays in the delivery of safe and effective pharmaceutical care. My colleagues and I, in partnership with others, have worked hard to identify how we will contribute to the delivery of key service developments in line with national guidance on healthcare. I am proud to present this document on behalf of my team.</p>
 <p><b>MR EDDIE EGAN</b>  <b>EMPLOYEE DIRECTOR /</b>  <b>NON-EXECUTIVE DIRECTOR,</b>  <b>NHS Lothian</b></p>	<p>I am delighted to support the Pharmacy Strategy. The actions and direction of travel it sets out will enable our pharmacists to continue to deliver high quality services that meet the developing pharmaceutical care needs of patients across NHS Lothian.</p>

## EXECUTIVE SUMMARY

### The Challenge for Pharmacy

There are one hundred and eighty community pharmacists serving the needs of patients in NHS Lothian. In parallel, there is a primary and secondary care pharmacy service, with a workforce of 328 staff.



The vast majority of individuals who seek medical advice and treatment will access pharmacy services. The challenge for pharmacy in NHS Lothian is to sustain and improve on the excellent care we provide in a constantly changing environment. Advances in medicines, new methods of medicine delivery and redesign of healthcare services all demand a flexible yet focused service. This strategy prioritises the key themes for pharmacy. NHS Lothian, and with it the pharmacy service, aspires to be considered in the top twenty five healthcare providers in the world.

A survey carried out by the Patients Association in September 2008 provided some useful insight into community pharmacy.\* The report highlighted that the public perception of pharmacy services and expertise may not match the pharmacy profession's view of itself. Selected findings from the survey included:

- Pharmacy services are not always used when there is difficulty of access to General Practitioner services
- Patients are willing to seek a wider range of services from pharmacy, for example screening, if these services are integrated with General Practitioner services
- Patients want more resources put into pharmacy services to enable them to make a stronger contribution to their care.

\* Community Pharmacist – Here to Help. A survey of members and e-members. The Patients Association. September 2008. [www.patients-association.org.uk](http://www.patients-association.org.uk)

### Patient Experience

Pharmacy puts patients at the centre of everything it does. It will further develop systems to seek out the opinions of patients whenever redesign of services is planned, will ask for the views of patients on existing services and input their specialist skills to programmes of work designed to ensure equitable access to, and the safe use of medicines.

### Safe Systems

Prescribing, dispensing and supply of medicines involves complex processes. Quality assured and standardised operating procedures are necessary to ensure that patients and staff are not at risk of harm. In NHS Lothian there will continue to be a focus on ensuring that systems are properly designed, developed and updated in line with local and national standards.

### **Efficiency**

The Pharmacy team is a relatively small resource within a large organisation but has a track record of effective and efficient working practices. Medicines account for ten per cent of the total NHS budget and systems for ensuring effective procurement and prescribing will continue to be refined, in collaboration with others, to support this large budget. Effective team working will be a priority to maintain and improve patient care.

### **Pharmacy Workforce**

To maintain our excellent service a clear career structure and transparent pathway requires to be established for all staff. This must be done within national frameworks to ensure recruitment and retention rates that allow us to continue to provide the high level of service expected within NHS Lothian.

### **Innovation and Development**

Pharmacy is directly involved with, and leads on, innovative developments within and outside of their profession within a constantly changing environment. New medicines, new methods of delivery and new technologies all require to be assessed and prioritised in a planned manner. This strategy will support the production of a prioritised plan for the introduction of new technologies. Pharmacy will also further develop its culture of improvement and research through use of 'Lean' methodology (an innovative management programme which helps to improve the quality of patient care) and by contributing to the NHS Lothian research strategy.

### **Conclusion**

Every strand of this plan will encourage further improvements in the pharmacy service by setting challenging targets while still delivering excellent pharmaceutical care on a daily basis.



## **CONTENTS**

### **STRATEGY DOCUMENT**

Supportive Statements from Organisation	<b>1</b>
Executive Summary	<b>2</b>
Contents	<b>4</b>
Introduction, vision and ambition	<b>5</b>

### **CORE REFERENCES** **6**

### **5 Key Themes** **6**

Theme 1. Patient Experience	<b>7</b>
Theme 2. Safe Systems	<b>8</b>
Theme 3. Efficiency	<b>9</b>
Theme 4. Pharmacy Workforce	<b>10</b>
Theme 5. Innovation and Development	<b>11</b>

### **DELIVERY PLAN**

Theme 1. Patient Experience	<b>12</b>
Theme 2. Safe Systems	<b>17</b>
Theme 3. Efficiency	<b>22</b>
Theme 4. Pharmacy Workforce	<b>26</b>
Theme 5. Innovation and Development	<b>28</b>

### **APPENDICES**

1. Glossary	<b>31</b>
2. Acronyms	<b>32</b>
3. Pharmacy Organisational Chart	<b>34</b>
4. Description of Pharmacy Services	<b>35</b>
5. Acknowledgements	<b>48</b>

## **INTRODUCTION, VISION AND AMBITION**

All patients deserve to have access to the finest pharmaceutical care provided in an equitable manner and making the best use of available resources, whenever and wherever they present for care.

The design and development of future pharmacy services builds on strong foundations underpinned by a history of delivery, implementation of legislation, national, regional and local strategies and explicit standards of care. The Scottish Government Health Department is developing an action plan, which will be published at the end of 2009. This action plan is based on Better Health, Better Care (see core references, below), which set out the Scottish Government's programme to deliver a healthier Scotland. The plan aims to help people to sustain and improve their health, especially in disadvantaged communities, ensuring improved, local and equitable access to health care. The Lothian Pharmacy strategy reflects these principles.

The NHS Lothian Pharmacy Service provided from secondary, primary care and community pharmacy settings is committed to provide outstanding patient-centred pharmaceutical care. This is achieved by working jointly with patients, carers, health, social care and partnership colleagues. The pharmacy service will build on the experience of working with patients and carers, for example in assessing the effectiveness of patient education, the development of the waste medicine campaigns and on how to improve the repeat prescribing process.

In setting out this strategy, the NHS Lothian Pharmacy service will seek to clarify where and how the service will deliver its goals to provide the patients of NHS Lothian with a service designed to meet their developing pharmaceutical care needs. This strategy will mature over the next three years in support of objectives and targets set by NHS Lothian. In order to accomplish this, our strategy will focus upon patient experience, safe systems, efficiency, pharmacy workforce and innovation and development. It outlines a statement of intent aligned with how and when this will be achieved.

In developing the Strategy, meetings have taken place with patient groups. A number of themes emerged, including:

- the need for greater clarity and understanding of the role of the community pharmacist in caring for patients
- concern about lack of confidentiality in pharmacies and therefore unwillingness to discuss health matters
- concern about the length of time for discharge from hospital, due to lack of information on what is involved in the discharge process
- the expectation that patients take greater responsibility for their health, while not providing them with user-friendly, large font size information, which enables them to understand the effects of medicines and interactions and make informed choices.

The patient groups appreciated the detailed work behind each statement of intent and how delivery would improve the patient experience. They indicated a willingness to be involved in the implementation of the strategy and to work collaboratively on the various themes that emerged in discussions.

This service recognises the importance of the full implementation of the community pharmacy contract which is pivotal to supporting access to medicines and healthcare information for patients in their local environment.

## **CORE REFERENCES**

- Better Health, Better Care: Action Plan. NHS Scotland. The Scottish Government. August 2007. [www.scotland.gov.uk](http://www.scotland.gov.uk)
- The Right Medicine: A Strategy for Pharmaceutical Care in Scotland. Scottish Executive Health Department. February 2002.
- Medicines, Ethics and Practice: A guide for pharmacists and pharmacy technicians. Royal Pharmaceutical Society of Great Britain. No.33, July 2009.
- Local Delivery Plan. NHS Lothian. 2008. [www.nhslothian.scot.nhs.uk](http://www.nhslothian.scot.nhs.uk)
- Safe Use of Medicines Policy. NHS Lothian. November 2009.

## **5 KEY THEMES**

This strategy is set out around five key themes:

- 1. Patient Experience**
- 2. Safe Systems**
- 3. Efficiency**
- 4. Pharmacy Workforce**
- 5. Innovation and Development**

## 1. PATIENT EXPERIENCE

**Patients will be at the heart of everything we do. We believe that patients deserve access to the best pharmacy service wherever and whenever they present.**

### Strategic intents

#### Over the next three years we will:

- 1.1 Ensure that throughout the delivery of their care, the patient will have access to the right medicines and pharmaceutical care, at the best time and in the best place for them.
- 1.2 Ensure that patient safety is at the heart of practice to guarantee the highest possible standard of care.
- 1.3 Improve patient and public understanding of pharmacy and how it benefits their lives.
- 1.4 Contribute to the development of the knowledgeable patient, improving the provision and understanding of information about their medicines in a language and medium that is appropriate for them.

#### TO ACHIEVE THIS

Patients will be at the centre of any redesign of pharmacy services to help support a continuous improvement in patient-focused care.



## 2. SAFE SYSTEMS

**We will ensure that patient safety is at the centre of pharmacy services wherever they are delivered.**

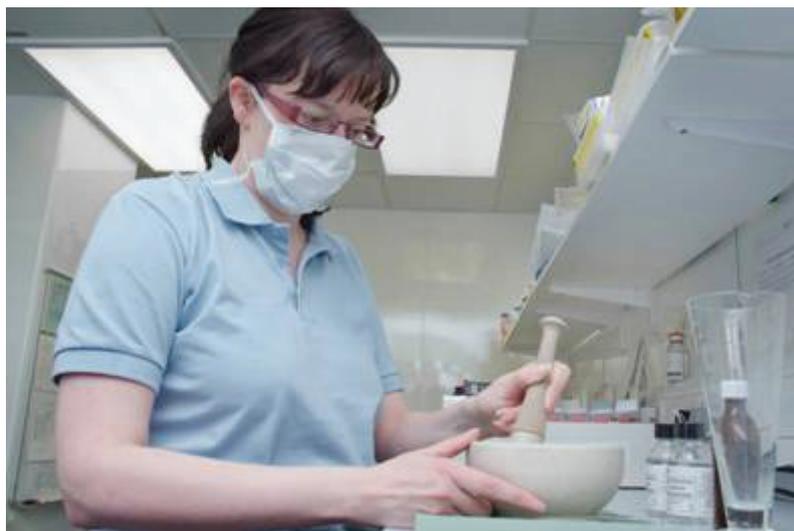
### Strategic intents

#### Over the next three years we will:

- 2.1 Lead on the safe use of medicines. Our processes will ensure that all patients will get the right medicine, at the right dose, at the right time and understand why and how to take it.
- 2.2 Continue to develop and apply our knowledge and skills to ensure that a safe, effective, efficient and high quality service is provided to our patients and customers.
- 2.3 Continue to work with colleagues in other health and social disciplines to ensure that patients' medicines meet highest safety standards.
- 2.4 Lead on the development of technologically modern efficient planning and monitoring systems for pharmaceutical services that reflect local, regional and national priorities.

#### TO ACHIEVE THIS

We will lead by example to provide the highest standard of pharmaceutical care, sensitive to patients' needs, with continuous improvement to deliver a service that exceeds expectations.



### 3. EFFICIENCY

**We will use skills and resources effectively to provide value for money and improve patient care.**

#### **Strategic intents**

#### **Over the next three years we will:**

- 3.1 Measure and report on key aspects of pharmacy services in order to provide objective information on our performance and contribution to the achievement of current Lothian targets.
- 3.2 Continue to ensure that medicines are prescribed effectively, wastage is minimised and best use is made of available resources to achieve value for money.
- 3.3 Further develop communication between hospital, community and primary care pharmacists enabling them to improve patient care by working together.
- 3.4 Maximise the potential of the pharmacy workforce by providing training and support leading to the best use of knowledge and skills and improved patient care.

#### **TO ACHIEVE THIS**

We will work together to ensure services are designed to work efficiently and effectively.



## 4. PHARMACY WORKFORCE

**We will establish a workforce plan that is flexible and responsive to the changing healthcare needs of the NHS in Scotland.**

### Strategic intents

#### Over the next three years we will:

- 4.1 Establish a clear career structure linked to the national pharmacy action plan, maximising the unique skill set of the pharmacy workforce to create attractive rewarding careers.
- 4.2 Improve staff development through commitment to national education and training frameworks, which will lead to consistent delivery of care by highly proficient, knowledgeable and skilled staff.

### TO ACHIEVE THIS

We will motivate and empower our staff by providing development opportunities for individuals and teams.



## 5. INNOVATION AND DEVELOPMENT

**We will develop a culture that values and supports innovation.**

### **Strategic intents**

#### **Over the next three years we will:**

- 5.1 Support the development and implementation of new technologies leading to improved patient care.
- 5.2 Explore and define the impact of biotechnology and other innovative treatments.
- 5.3 Contribute to the NHS Lothian Research Strategy with the aim of being at the forefront of health service developments, especially pharmaceutical care.
- 5.4 To embed a culture within the workforce of continuous improvement through empowering staff to contribute to and lead health service developments.

### **TO ACHIEVE THIS**

We will explore and deliver new ways of working, setting high standards for our service and empowering staff to work towards them.



# Delivery Plan

## Theme 1 Patient Experience

**Statement of Intent**  
 1.1 Ensure that throughout their journey, the patient will have access to the right medicines and pharmaceutical care, at the best time and in the best place for them.

<b>How will we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
A defined pathway for the introduction of new medicines or new uses for old medicines	The pathway is defined and the policy written	December 2009	Medicines Management Team
Define a pan-Lothian process to gather intelligence on future medicines, which may have a significant clinical, service and financial impact within Lothian and business plans formulated and submitted as necessary	Policy implemented and communicated across NHS Lothian to all healthcare professionals All pharmacy staff can articulate their role in the pathway	April 2010 April 2010	Medicines Management Team Pharmacy Senior Management Team
Coherent plan for cross-sector service development to support the patient journey	This process is already in place, but will be further defined and implemented	December 2009	Medicines Management Team
Involve patients in the redesign of pharmacy services through consultation processes, using for example, focus groups and questionnaires	Plan to be agreed and signed off by Pharmacy Quality Improvement Team and communicated System in place to ensure patients are consulted	April 2010 October 2010	Pharmacy Quality Improvement Team Pharmacy Senior Management Team

## Delivery Plan

<p>Customer satisfaction audit covering specific patient groups, e.g. carers, gender, ethnicity, age-related</p>	<p>Schedule in place for routine audit</p>	<p>August 2010</p>	<p>Associate Director of Pharmacy, Pharmaceutical Public Health</p>
<p>Develop the skills and methods used to assess the pharmaceutical care needs of patients</p>	<p>Development of pharmaceutical care service plan in line with national requirements</p>	<p>April 2010</p>	<p>Pharmacy Operations Group</p>
<p>Where appropriate, standardise the information available throughout patient journey</p>	<p>Minimum data set agreed standardised, standards for patients counselling utilising a NHS Lothian Framework</p>	<p>January 2011</p>	<p>Pharmacy Operations Group</p>
<p>Improved cross sector communication with aid of IT improvements</p>	<p>Development of pharmacy intranet pages</p>	<p>April 2011</p>	<p>Information Management and Technology Facilitator</p>
<p>Work to ensure input into relevant forums, e.g. Managed Clinical Networks (MCNs) and other strategy groups</p>	<p>Pharmacy representation and leadership on all appropriate clinical and strategy groups</p>	<p>April 2010</p>	<p>Pharmacy Senior Management Team Clinical Management Team Pharmacists CHP/CHCP Pharmacists</p>

# Delivery Plan

## Theme 1 Patient Experience

<b>Statement of Intent</b>	
1.2 Ensure that patient safety is at the heart of practice to guarantee the highest possible standard of care.	
<b>How will we get there?</b>	<b>Measure of Progress and Success</b>
<p>Need to further develop current policies and systems for medicines reconciliation in Lothian and nationally in line with Scottish Patient Safety Programme (SPSP) recommendations</p> <ul style="list-style-type: none"> <li>• Share learning regarding medication-related incidents</li> <li>• Engage where necessary with the SPSP</li> <li>• Scope out current input and highlight areas for future input into multidisciplinary undergraduate training on prescribing</li> <li>• Co-ordinated approach to pharmacist prescribing</li> </ul>	<p>To ensure good practice is implemented and spread throughout NHS Lothian.</p> <p>System in place for central review and dissemination of learning points from medication related incidents</p> <p>Pharmacy has representation on all relevant strands of work</p> <p>Current input is clarified and recorded and potential future developments for input into multidisciplinary training are recognised and highlighted</p> <p>Pharmacy prescribing strategy in place and communicated to staff</p>
<b>By When</b>	<b>Who</b>
April 2010	Director of Pharmacy / Pharmacy Senior Management Team / Pharmacy Operations Group
December 2009	Quality Improvement Teams
December 2009	Pharmacy Quality Improvement Team
October 2010	Education, Research and Development Team
April 2010	NES specialist pharmacist / Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development

# Delivery Plan

## Theme 1 Patient Experience

<b>Statement of Intent</b>		<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
1.3	Improve patient and public understanding of pharmacy and how it benefits their lives.	A communication plan written and implemented	August 2010	Pharmacy Locality Group Co-ordinator/ Associate Director, Pharmaceutical Public Health
	Help patients understand their medication to a level they desire to allow an informed choice	Routine use of a validated tool to assess individual patient information needs. This tool will be validated with patients	December 2010	Associate Director, Pharmaceutical Public Health
	Target information for specific patient groups and carers	Pharmacy staff know where to access information on specific patient groups	April 2010	Medicines Information
	Improve signposting by provision of up to date information on other services	Awareness of signposting resources raised	December 2010	Associate Director for Contracted Community Pharmacy Services and Community Healthcare Partnership Development

# Delivery Plan

## Theme 1 Patient Experience

<b>Statement of Intent</b>	<p>1.4 Contribute to the development of the knowledgeable patient, improving the provision of information about their medicines in a language and medium that is appropriate for them.</p>
----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>How we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Identify and review work already ongoing within this area	Contact relevant agencies to identify current services available, e.g. NHS24; report to Pharmacy Senior Management Team on current position and recommendations for the future	April 2010	Medicines Information
Enter into collaborative working to develop information resources	Evidence of collaborative working with relevant agencies	Ongoing	Pharmacy Senior Management Team
Harmonised policy for signposting for patients	Single system directory available on NHS Lothian Intranet for staff and Internet for patients	August 2011	Medicines Information

# Delivery Plan

## Theme 2 Safe Systems

<b>Statement of Intent - Safe Systems – Patients and their Medicines</b>	
2.1	Lead on the safe use of medicines. Our processes will ensure all patients receive the right medicine, at the right dose, at the right time and understand why and how to take it.
<b>How do we get there?</b>	<b>Measure of Progress and Success</b>
<p>The 'Safe use of Medicines' policy is implemented across NHS Lothian</p> <ul style="list-style-type: none"> <li>• On admission</li> <li>• Ongoing inpatient care</li> <li>• At discharge</li> <li>• At home (primary care, home care)</li> </ul>	<p>Included in performance review objectives Audit tool validated and utilised across NHS Lothian</p> <p>Percentage of patients who receive a medication review in acute and primary care services Medicine Reconciliation Plan in place for all patients Workload statistics / Key Performance Indicators (KPIs)</p> <p>Workload statistics / KPIs</p> <p>Percentage of patients counselled on their medicines prior to discharge Patients go home with the correct medicines – SNAP audits</p> <p>Medication Review Level 1 and 2 Training</p> <p>Core services for community pharmacy services are fully utilised, e.g. Minor Ailment Service (MAS, increased access to advice and treatment for self-limiting conditions), Chronic Medication Service (CMS, increased input to pharmaceutical care provided from the community pharmacy), Public Health Service (PHS, smoking cessation service contributes to overall delivery of HEAT targets; other services include improved access to sexual health services)</p>
<b>By When</b>	<b>Who</b>
August 2010	Pharmacy Senior Management Team
Year on year targets	Pharmacy Senior Management Team
Year on year targets Year on year targets - % increase or decrease	Clinical Management Team Pharmacists Clinical Management Team Pharmacists
2009	Primary Care Pharmacists Lead Pharmacist
2009	Pharmacy Locality Groups and Associate Director, Pharmaceutical Public Health
2010-11	
2009-10	

# Delivery Plan

## Theme 2 Safe Systems

### Statement of Intent - Safe Systems - Pharmacy Staff

2.2 Continue to develop and apply our knowledge and skills to ensure that a safe, effective, efficient and high quality service is provided to our patients and customers.

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Knowledge & Skills Framework (KSF) implemented	100% of pharmacy staff have their KSF development reviews completed and recorded on eKSF (in line with HEAT target)	March 2011	Pharmacy Senior Management Team and Pharmacy Operations Group
Continued development of safe systems	Quality measures using nationally accredited systems (BS EN ISO 9001:2000, Standard Operating Procedures (SOPs), policies, community pharmacy quality programme)	Ongoing	Pharmacy Quality Assurance and Quality Improvement Teams
	Risk registers established and maintained	December 2009	Pharmacy Quality Improvement Team

# Delivery Plan

## Theme 2 Safe Systems

### Statement of Intent - Safe Systems – the Wider Team

2.3 Continue to work with colleagues in other health and social disciplines to ensure that patients' medicines meet highest safety standards.

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
<p>Ensure that all pharmacy staff can define roles, responsibilities and remits of individuals, teams, groups and committees with respect to drug safety</p> <p>Implement the NHS Lothian Medicines Governance Strategy</p>	<p>All healthcare staff can describe their own role and where this fits into the whole system.</p> <p>Strategy implemented and evidence of implementation available; key strands:</p> <p>Development and co-ordination of Lothian prescribing recommendations, guidelines and policies, aligned with Scottish Government recommendations, the Scottish Medicines Consortium (SMC) and other national bodies (e.g. NHS Quality Improvement Scotland (QIS), NHS National Services Scotland (NSS), and in line with NHS Lothian Procedures</p>	<p>September 2010</p> <p>August 2010</p> <p>Ongoing</p>	<p>Pharmacy Senior Management Team and Medicines Management Team</p> <p>Medicines Management Team</p> <p>Primary Care Pharmacists</p> <p>CMT Pharmacists</p>
<p>Production, maintenance and development of the Lothian Joint Formulary (LJF) in multiple formats to underpin prescribing in NHS Lothian</p>	<p>Production, dissemination and development of the Lothian Prescribing Bulletin</p>	<p>Ongoing</p>	
<p>Ensure the best use of available resources (including scientific and pharmacoeconomic evidence, personnel and money) to ensure patients receive equitable, appropriate and timely access to medicines</p>		<p>Ongoing</p>	

## Delivery Plan

<p>Healthcare Associated Infection (HAI)</p> <ul style="list-style-type: none"> <li>• Develop and implement policies</li> <li>• All NHS Lothian staff aware of policies</li> </ul>	<p>Prescribing budget setting mechanisms, for both primary and secondary care, are strengthened to ensure joint financial planning with defined timescales</p> <p>Annual prescribing pressures reports will be collated and presented to the Director of Finance to fit with NHS Lothian planning cycles</p> <p>Horizon scanning - systematic forecasting of expenditure on new drugs and new drug developments</p> <p>Antimicrobial Policies in place</p> <p>An implementation and communication plan published</p>	<p>February 2010</p> <p>Ongoing</p> <p>Ongoing</p> <p>October 2009</p> <p>December 2009</p> <p>December 2009</p>	<p>Antimicrobial Management Team</p> <p>Antimicrobial Management Team, Medicines Management Team and Pharmacy Operations Group</p> <p>Controlled Drug Governance Team</p>
<p>Implement 'Safer Management of Controlled Drugs' Regulations</p>	<p>Self-assessments / Inspections</p> <p>Incident monitoring and reporting</p> <p>Monitoring and reporting of prescribing information</p>	<p>December 2009</p>	<p>Controlled Drug Governance Team</p>

# Delivery Plan

## Theme 2 Safe Systems

<b>Statement of Intent - Safe Systems – Planning and Monitoring</b>	
2.4	Lead on the development of technologically modern efficient planning and monitoring systems for pharmaceutical services that reflect local, regional and national priorities.

How do we get there?	Measure of Progress and Success	By When	Who
Pharmacy Planning in line with NHS Lothian Local Delivery Plan	Expenditure within budget Financial efficiencies / LRP achieved	March 2010 March 2011 March 2012	Pharmacy Senior Management Team
Development of pharmacy KPIs in line with HEAT target	HEAT Targets and Pharmacy KPIs achieved	Ongoing	Pharmacy Operations Group

# Delivery Plan

## Theme 3 Efficiency

### Statement of Intent - Performance Management

3.1 Measure and report on key aspects of pharmacy services in order to provide objective information on our performance and contribution to the achievement of current Lothian targets.

How do we get there?	Measure of Progress and Success	By When	Who
<p>Performance reporting</p> <ul style="list-style-type: none"> <li>• Agree purpose of performance reports and who we are reporting to</li> <li>• Establish KPIs with reference to current Lothian targets and how information will be presented</li> <li>• Agree how KPIs are to be measured</li> <li>• Decide who will collate information and how/when data is submitted</li> <li>• Decide how information will be reviewed, checked and narrative added</li> <li>• Communicate and implement</li> </ul>	<p>Consistent information generated to produce KPI reports that are relevant and reported to the right person to measure success and correct any deviation from trajectory</p> <p>Evidence presented to UHD Senior Management Team in a timely manner</p>	<p>October 2009</p> <p>December 2009</p>	<p>Director of Pharmacy and Pharmacy Operations Group</p>

# Delivery Plan

## Theme 3 Efficiency

### Statement of Intent – Resources

3.2 Continue to ensure that medicines are prescribed effectively, wastage is minimised and best use is made of available resources to achieve value for money.

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Complete 'Lean in Lothian' repeat prescribing project	Pilot completed; report produced and a proposal agreed for the next steps in the project	August 2009	Director & Associate Directors of Pharmacy
Extend the concept of dispensing for discharge and self administration	Audit if the right service is provided by the right person in the right place	March 2010	Director & Associate Directors of Pharmacy
Continue effective monitoring of medicines budget by clear working with primary care Medicines Management Team and acute sector pharmacists	Annual review of expenditure versus budget; Annual report to be produced	May 2010	Medicines Management Team Primary Care Pharmacists CMT Pharmacists

# Delivery Plan

## Theme 3 Efficiency

### Statement of Intent - Single System/Communication

3.3 Further develop communication between hospital, community and primary care pharmacists enabling them to improve the patient experience by working together.

How do we get there?	Measure of Progress and Success	By When	Who
<p>Sign posting</p> <ul style="list-style-type: none"> <li>Identify key contact figures within particular areas of pharmacy for referral and advice</li> </ul>	Published list (see section 1.4)	August 2011	Medicines Information
<ul style="list-style-type: none"> <li>Identify and electronic system with appropriate search systems</li> </ul>	System in place and in use	August 2011	Medicines Information and Management and Technology Facilitator
<ul style="list-style-type: none"> <li>Explore ways of developing a culture of pharmacists crossing over between primary and secondary care to meet individual patient needs</li> </ul>	Pilot models of care exploring feasibility of hospital pharmacists seeing patients in community pharmacies and community pharmacists seeing patients in hospital. Report findings	August 2011	Director and Associate Directors of Pharmacy
<p>Single patient pharmacy record</p> <ul style="list-style-type: none"> <li>Establish parameters and how to link with current systems</li> <li>Explore systems of communication to support a single patient record</li> </ul>	Consider the place of the electronic care summary and other developments for Pharmacy	August 2011	Pharmacy Senior Management Team

# Delivery Plan

## Theme 3 Efficiency

<p><b>Statement of Intent - Appropriate Use of Staff</b></p> <p>3.4 Maximise the potential of the pharmacy workforce by providing training and support, to make the best use of knowledge and skills and improve patient care.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

How do we get there?	Measure of Progress and Success	By When	Who
Identify service gaps	Service gaps are identified and documented	December 2011	Pharmacy Senior Management Team
Define pharmacy roles and agree who is most appropriate to undertake them	A skill mix plan is established	December 2010	Pharmacy Senior Management Team
Identify training gaps and develop training programmes with formal qualifications to fill them	Report to Pharmacy senior management team on how and when new training programmes were established	December 2010	Education, Research and Development Team; Associate Directors of Pharmacy; Clinical Management Team Pharmacists; Primary Care Pharmacists
Cross sector training/experience to increase the understanding of roles and responsibilities (see 3.3)	Pilot models of training exploring feasibility of cross-sector training and report findings	August 2010	Education, Research and Development Team

# Delivery Plan

## Theme 4 Pharmacy Workforce

<b>Statement of Intent</b>	4.1 Establish a clear career structure linked to the national pharmacy action plan, maximising the unique skill set of the pharmacy workforce to create attractive rewarding careers.
----------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Learn from and inform other workforce strategies, e.g. Scottish Government, Royal Pharmaceutical Society of Great Britain (RPSGB), Universities and Colleges	Partnerships developed and organisational reputation enhanced	Ongoing	Pharmacy Senior Management Team
Engage with Workforce Planning to establish a workforce plan	Regular dialogue with NHS Lothian workforce development team Staff consultation, participation and consensus	April 2010	Pharmacy Senior Management Team
Develop and pilot a model for redesign using toolkits that can be applied and adapted across the single system	An implementation plan for two to three years is in place and fully supported by the NHS Lothian workforce planning team	February 2010	Pharmacy Senior Management Team
Training needs and resources identified to maximise use of staff groups	Training needs informs training and development processes	August 2010	Education, Research and Development Team
Create job plans to meet the service redesign requirements within the Agenda for Change framework	Completed Job Plans	October 2010	Associate Directors of Pharmacy

# Delivery Plan

## Theme 4 Pharmacy Workforce

<b>Statement of Intent</b>	4.2 Improve staff development through commitment to national, education and training frameworks, which will lead to consistent delivery of care by highly proficient, knowledgeable and skilled staff.
----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Establish a standard approach to Personal Development Planning and Review (P DPR) using KSF outlines	100% staff have a P DPR	October 2009	Pharmacy Operations Group
Identify education/training opportunities relevant to different staff groups	Training portfolio of mandatory and recommended national and local opportunities	Ongoing	Pharmacy Senior Management Team
Influencing national education/training programmes by contributing service needs falling out of network groups for different staff groups	Network groups set up and attendance evidenced	June 2010	Pharmacy Senior Management Team / Education, Research and Development Team
Develop other education/training communication networks through nominated individuals on each site	Feasibility of this proposal to be scoped out, including financial implications. The endpoint, if funded, would be to have individuals as co-ordinators to feedback to site leads.	October 2010	Pharmacy Operational Group / Education, Research and Development team

# Delivery Plan

## Theme 5 Innovation and Development

<b>Statement of Intent</b>	5.1 Support the development and implementation of new technologies leading to improved patient care.
----------------------------	------------------------------------------------------------------------------------------------------

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Set up NHS Lothian Pharmacy IT Strategy Group	Group established - chair of group sits on NHS Lothian e-Health Strategy group and national Pharmacy IT group	December 2009	Pharmacy Operational Group
Support development of TRAK IDL, the single electronic patient record and other IT software systems. Review pharmacy process for integration into existing IT systems	Pharmacy membership/representation on development forums to define and test specification. Safe use of IDL (application) <ul style="list-style-type: none"> <li>• Updates and sharing of national/local progress</li> </ul>	March 2010  Ongoing	Pharmacy Operational Group  Associate Director of Pharmacy, Acute Services
Support single care/record development and electronic prescribing systems	Representation on local and national strategy groups evidenced by attendance	August 2010	Pharmacy Senior Management Team
Introduce automation (robotics) into service as part of procurement review	Appoint Project Manager Implementation plan agreed Robotics in new department(s)	March 2010 August 2010 February 2012	Pharmacy Operational Group
Evaluation of technological advances that are highlighted to, or from within the Pharmacy service	Evaluation completed and communicated	January 2011	Pharmacy Operational Group

# Delivery Plan

## Theme 5 Innovation and Development

<b>Statement of Intent</b>	5.2 Explore and define the impact of biotechnology and other innovative treatments.
----------------------------	-------------------------------------------------------------------------------------

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Scope implications of gene therapy and other biotechnology treatments in NHS Lothian using external expertise	Business case for scoping exercise to define the requirements for preparation, supply and administration of these agents Employ external consultant	August 2010	Pharmacy Senior Management Team

## Statement of Intent

5.3 Contributes to the NHS Lothian Research Strategy with the aim of being at the forefront of health service developments, especially pharmaceutical care.

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Explore the opportunities for collaboration with other research and partner organisations	Establish relationship with leaders of Bioquarter and R&D Director Report to SMT on opportunities and plan for development of links and joint-working projects	August 2010	Director of Pharmacy
Maintain and develop partnerships with academic institutions	Partnership links evidenced	January 2011	Director of Pharmacy / Education, Research and Development Team

# Delivery Plan

## Theme 5 Innovation and Development

<b>Statement of Intent</b>	5.4 To embed a culture within the workforce of continuous improvement through empowering staff to contribute to and lead health service developments.
----------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

<b>How do we get there?</b>	<b>Measure of Progress and Success</b>	<b>By When</b>	<b>Who</b>
Encourage staff to be innovative as part of individual personal development plans	Staff to take leadership role in service redesign. Evidence of the generation of ideas for health service research and service evaluation projects	April 2010	Pharmacy Senior Management Team
Develop process to capture, evaluate and implement innovative ideas from staff and service users	Database developed to capture this information.	August 2010	Education, Research and Development team
Utilise 'Lean' methodology for improving service delivery	Staff trained in LEAN methodology LEAN methodology applied to service improvement plans	June 2010	Pharmacy Senior Management Team
Ensure that the right member of pharmacy staff attends the appropriate committee(s)	All CMT/CHP/CHCP/MCN have pharmacist as part of management team  Evidence of review of current attendance at National, Regional and local committees	December 2009  September 2010	Pharmacy Senior Management Team  Pharmacy Senior Management Team

## APPENDICES

### 1. Glossary

 A black silhouette of a mortar and pestle. The mortar is a bowl-shaped base with a white 'Rx' symbol on its front. The pestle is a long, tapered rod with a rounded end, resting inside the mortar.	The mortar and pestle, a symbol recognised throughout the world as representing the pharmacy profession.
<b>Pharmacy</b>	From the Greek φάρμακον 'pharmakon' (drug), pharmacy is the health profession responsible for ensuring the safe and effective use of medicines.
<b>Pharmacy Services</b>	The services co-ordinated and provided by the pharmacy profession within a healthcare organisation.
<b>Pharmaceutical Care</b>	The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life.

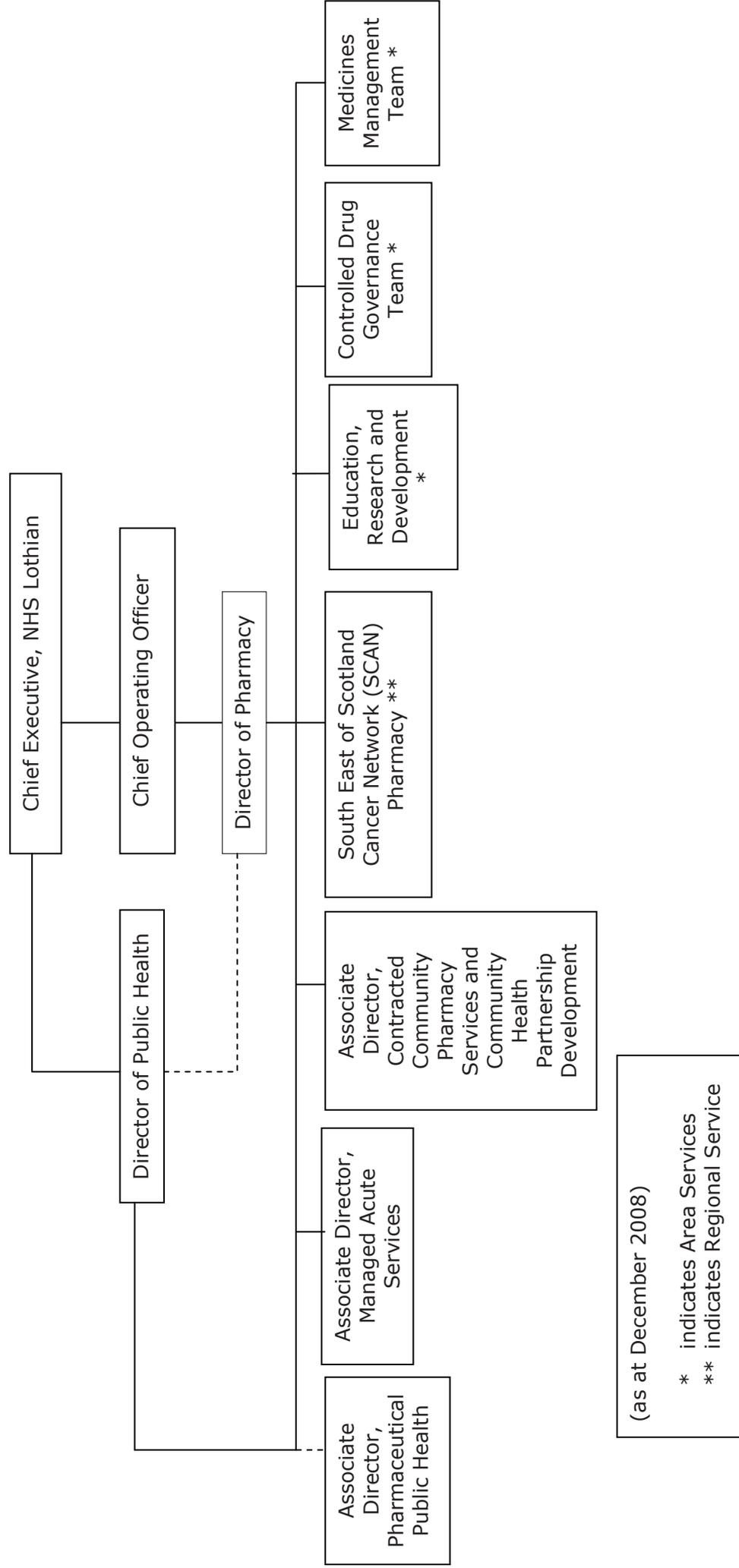
## 2. Acronyms

ADTC	Area Drug and Therapeutics Committee
AMT	Antimicrobial Management Team
CDGT	Controlled Drug Governance Team
CDPS	Community Drug Problem Service
CHP	Community Health Partnership
CHCP	Community Health Care Partnership
CMS	Chronic Medication Service
CMT	Clinical Management Team
eMAS	Minor Ailment Service
ePHS	Public Health Service
eAMS	Acute Medication Service
ERD	Education, Research and Development
HAI	Healthcare Associated Infection
HEAT target	Health Improvement, Efficiency, Access and Treatment
IT	Information Technology
KSF	Knowledge and Skills Framework
KPI	Key Performance Indicator
LICAC	Lothian Infection Control Advisory Committee
LHP	Local Health Partnership
LJF	Lothian Joint Formulary
LRP	Local Reinvestment Programme
MAS	Minor Ailment Service
MCN	Managed Clinical Network
MI	Medicines Information
MMT	Medicines Management Team
NES	National Education Scotland
NSS	National Services Scotland
PCP	Primary Care Pharmacist
PDPR	Personal Development and Planning Review
PHS	Public Health Service
PSMT	Pharmacy Senior Management Team

### Acronyms, continued

QAS	Quality Assurance Service
QIS	Quality Improvement Scotland
R&D	Research and Development
RHSC	Royal Hospital for Sick Children
RIE	Royal Infirmary of Edinburgh
RPSGB	Royal Pharmaceutical Society of Great Britain
SCAN	South East of Scotland Cancer Area Network
SCP	Shared Care Protocol
SJH	St John's Hospital
SMC	Scottish Medicines Consortium
SMD	Substance Misuse Directorate
SMT	Senior Management Team
SNAP	Scottish National Audit Project
SOP	Standard Operating Procedure
SPSP	Scottish Patient Safety Programme
Trak	A patient management system
TRAK IDL	TRAKhealth Immediate Discharge Letter
UHD	University Hospitals Division
WGH	Western General Hospital

### 3. Pharmacy Organisational Chart



## 4. Description of Pharmacy Services

### Dispensing Services

NHS Lothian hospital-based pharmacy dispensing services are delivered on nine sites, namely: The Royal Infirmary of Edinburgh, Princess Alexandra Eye Pavilion, Lauriston Building, Royal Hospital for Sick Children, St John's Hospital, Western General Hospital, Edinburgh Cancer Centre, Royal Edinburgh Hospital and Roodlands Hospital. The aim of the NHS Lothian hospital-based pharmacy dispensing services is to deliver a safe and effective service to ensure quality of patient care in the provision of treatment with medicines. This is carried out within the legislative framework whilst ensuring continuous systems improvement within the context of clinical governance.<sup>1</sup>

A large number of dispensing services are provided across the sites including:

- Dispensing of inpatient discharge prescriptions
- Dispensing of inpatient prescriptions in support of One Stop Dispensing (OSD); OSD refers to the practice of combining inpatient and discharge dispensing into a single supply labelled for discharge.
- Pre-packing medicines in support of One Stop Dispensing including supply to the Lothian Unscheduled Care Service (LUCS)
- Dispensing outpatient prescriptions for patients attending multi-specialty outpatient departments
- Dispensing of clinical trial materials
- Extemporaneous dispensing
- Dispensing of named patient medicines
- Supply of emergency boxes for ward areas
- Dispensing of oral cytotoxic medicines
- Dispensing of controlled drugs

The management of dispensing services is supported by a NHS Lothian dispensary managers group made up of the dispensary managers from each of the sites. The purpose of the group is to maintain a consistent approach to operational management of dispensing services. The key areas of focus are quality improvement, delivery against key performance indicators and service development in line with local<sup>2</sup> and national policy<sup>3</sup>.

#### Key references

1. Medicines, Ethics and Practice: A guide for pharmacists and pharmacy technicians. Royal Pharmaceutical Society of Great Britain. No.33, July 2009.
2. Safe Use of Medicines Policy. NHS Lothian. November 2009.
3. A Scottish prescription: Managing the use of medicines in hospitals. Audit Scotland. July 2005.  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

## **Procurement and Distribution of Medicines**

Procurement and distribution of medicines services are provided by pharmacy stores based at the Royal Infirmary, Western General Hospital, St John's Hospital, Roodlands Hospital and the Royal Edinburgh Hospital. Supplies and distribution to wards, clinics, theatres and other specialised units is administered through a pharmacy computer stock control system which allows tracking and costing of all medicines, intravenous fluids, medical gas cylinders, medicated dressings and some diagnostic agents to each of these locations.

The quality of medicines purchased is managed by working in collaboration with pharmacy quality assurance services to purchase only from approved suppliers and via national procurement contracting systems.

The Area Pharmacy Store is located in St John's Hospital and acts as a regional store offering a range of procurement and distribution services to customers, Lothian and non-Lothian. The store provides:

- Emergency planning holding site of agreed medicines for Scotland in the event of a terrorist attack
- Contracting and supply of a range of medicines across Lothian and to the East of Scotland Zone
- Procurement, control and supply of vaccine services and campaigns to NHS Lothian public and staff, including childhood vaccines, seasonal flu and human papillomavirus (HPV).

Procurement practice and maintenance of standards for Area Store activities and business is guaranteed by regular audit and successful retention of a wholesale dealer's licence.

Regular review of purchase and issues data enables pharmacy store and distribution services in Lothian to forecast and anticipate customer needs. This ensures access to medicines when required and links to formulary and medicines management. The principles of efficient stock control, best price, and service effectiveness are managed, measured, monitored and reviewed using quality management systems.

### **Key references**

1. Safe and Secure Handling of Medicines, a Team Approach. Royal Pharmaceutical Society of Great Britain. March 2005.
2. Vaccine Cold Chain Monitoring (Summary Report) EEV/945/1 Advisory Panel on Evaluation of Medical and Scientific Equipment and Health Service Supplies. Common Services Agency Supplies Division. March 1994.
3. Procurement, Distribution and Storage of Medicinal Products. Action Plan 19. Scottish Health Management Efficiency Group (SCOTMEG). 1989.
4. Pharmaceutical Products Procurement – Objectives and Strategy for the NHS in Scotland. 1993.

## **Clinical Pharmacy**

Clinical pharmacy is an area where pharmacists and pharmacy technicians provide direct patient care to individuals which optimises the use of medication and promotes health, wellbeing and disease prevention. Clinical Pharmacy staff contribute to the care of patients in all health care settings. They routinely provide medication therapy reviews and recommendations to patients and other healthcare professionals. Clinical pharmacists ensure appropriate use of medicines by working with other health care professionals or in some cases by prescribing themselves. This is undertaken by providing robust scientific information and advice regarding the safe, appropriate and cost-effective use of medicines. In addition, this expertise is used proactively to ensure and advance rational medication therapy, thereby averting medication therapy misadventures. Advice is given to medical staff, other healthcare professionals, patients and carers. Activity includes:

- Prescription review
- Patient counselling
- Transfer of information between healthcare settings
- Advising medical and nursing staff
- Advising on Therapeutic Drug Monitoring
- Answering queries from healthcare staff and the public
- Teaching other pharmacy staff, other healthcare staff and the public
- Pharmaceutical Practice research and development
- Contributing to the evaluated introduction of new drugs into clinical practice.

Clinical pharmacist researchers generate, disseminate and apply new knowledge that contributes to improved health and quality of life. A number of pharmacists in Lothian are qualified prescribers and run various clinics in primary and secondary care settings.

### **Key references**

1. Clinical Pharmacy in the Hospital Pharmaceutical Service. A Framework for Practice. Clinical Resource and Audit Group (CRAG). Scottish Office. 1996.
2. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. American Journal of Health Systems Pharmacy 1990;47:533-43.
3. Statement on Pharmaceutical Care. United Kingdom Clinical Pharmacy Association (UKCPA). 1996. [www.ukcpa.org](http://www.ukcpa.org)

## **Aseptic Services**

Five Pharmacy Aseptic Units operate on four sites in Lothian, namely: Royal Hospital for Sick Children, Royal Infirmary of Edinburgh, St John's Hospital, Western General Hospital and the Edinburgh Cancer Centre. Dispensing on all sites takes place within purpose-built pharmaceutical cleanrooms and clean-air devices by specialist pharmacy staff and utilising consistent procedures. These teams adhere to a variety of national and local guidelines with all units receiving quality assurance support from Pharmacy QAS.

The units provide aseptically dispensed parenteral medicines for named inpatients and outpatients. These include antibiotics, antivirals, antifungals, cytotoxic chemotherapy, parenteral nutrition, intrathecal medication, monoclonal antibodies and miscellaneous other medicines including those for clinical trials and oral drugs too hazardous to prepare in clinical areas.

All sites are audited, against the aseptic dispensing services national audit schedule, in a continual cycle of service improvement.

The aseptic management specialists come together to form a NHS Lothian group, which provides a single system approach to aseptic dispensing and the integration of National policies and quality standards into the service.

### **Key references**

1. Farwell J. Aseptic Dispensing for NHS Patients [The Farwell Report]. Department of Health. 1995.
2. Quality Assurance of Aseptic Preparation Services, 4<sup>th</sup> Edition, NHS Quality Control Committee. Ed. A Beaney. Pharmaceutical Press. London. 2006.
3. Good Practice Statement for the Preparation of Injections in Near-Patient Areas, including Clinical and Home Environments. Clinical Resource and Audit Group (CRAG). Scottish Executive. December 2002.

## **Radiopharmacy**

The Radiopharmacy service is provided from a purpose-built unit located in the Department of Pharmacy, The Royal Infirmary of Edinburgh. The unit incorporates an aseptic suite, a facility for radiolabelling of autologous blood cells and laboratories, and operates under a Manufacturer's 'Specials' Licence granted by the Medicines and Healthcare Products Regulatory Agency.<sup>1</sup> It is the only such facility in the area and prepares radiopharmaceuticals for use in diagnosis and therapy. A daily service is provided to ten departments in five hospitals: Royal Hospital for Sick Children, Royal Infirmary of Edinburgh, St John's Hospital, Victoria Hospital, Kirkcaldy and the Western General Hospital. A full programme of quality assurance operates according to national guidelines.<sup>2</sup>

In addition to this routine clinical service, radioactive and non-radioactive materials are prepared for clinical research and a small number of radiopharmaceuticals are supplied to the University of Edinburgh's Large Animal Hospital at Easter Bush. The radiopharmacy also undertakes research and development into radiopharmaceuticals and radiopharmacy practice.<sup>3</sup>

### **Key references**

1. Rules and Guidance for Pharmaceutical Manufacturers and Distributors ['Orange Guide']. Compiled by the Inspection and Standards Division, Medical and Healthcare products Regulatory Agency (MHRA). Pharmaceutical Press. 2007. Updated January 2009.
2. Quality assurance of radiopharmaceuticals – Report of a joint working party: the UK Radiopharmacy Group and the NHS Pharmaceutical Quality Control Committee. Nuclear Medicine Communications 2001; 22: 909-916.
3. Beattie LA, O'Brien LM, Waight CC, Homer NZ, Andrew R, Millar AM. Preparation of <sup>99m</sup>Tc-MAG<sub>3</sub>: The effect on radiochemical purity of using sodium chloride injection from plastic ampoules that have been exposed to light. Nuclear Medicine Communications 2008;29:649-53.

## Quality Assurance Services (QAS)

The aim of the NHS Lothian hospital pharmacy service is to assure quality of patient care in the provision of treatment with medicines. The QAS supports the service in the achievement of its objectives across all of NHS Lothian through the provision of agreed services and other initiatives within available resources and according to national recommendations. The core services provided are:

- Support quality management system for five hospital pharmacy departments
- Quality assurance support to six aseptic preparation services
- Medical gas testing as required including quarterly testing of medical air compressors
- Expert advice on the full range of specialist (quality) issues
- Provide specialist input into Pharmacy risk management and governance strategies.

QA Services evolves by anticipating and responding to the changing roles of pharmacy in healthcare.

### Key references

1. BS EN ISO9001:2008 Quality Management System. Requirements. British Standards Institute. November 2008.
2. Quality Assurance of Aseptic Preparation Services. 4<sup>th</sup> Edition. Alison M Beaney (ed.). Pharmaceutical Press. 2006.
3. Medical Gases. Health Technical Memorandum 02-01 Medical gas pipeline systems. Department of Health. The Stationery Office. 2006.

## CHP/CHCP Primary Care Pharmacy Services

There are eight primary care pharmacist (PCPs) posts across NHS Lothian, one for each LHP in Edinburgh and for the CH(C)Ps in East, West and Midlothian. The PCPs contribute to the safe, effective and economic use of medicines through the development of pharmaceutical services in order to ensure the delivery of high quality pharmaceutical care within the LHPs / CH(C)Ps, in line with the NHS Lothian Delivery plan. This involves the strategic planning and developing of a Prescribing Management Plan for the CH(C)Ps to promote the clinical and cost effective use of medicines.

There continues to be a focus to promote sharing and dissemination of the work of the PCPs across the CH(C)Ps. The primary care pharmacists role is varied and includes:

- Providing independent advice on managing prescribing budget
- Promoting cost-effective and quality, evidence-based prescribing
- Developing, implementing and reviewing prescribing policies
- Review repeat prescribing policies
- Contributing to the development of patient information and education/training for various groups of health staff, including community Pharmacists

The team is supported by prescribing support pharmacists and pharmacy technicians and each PCP works closely with their GP Prescribing Lead and local management teams.

### Key references

1. Supporting prescribing in general practice – a progress report. Audit Scotland. 26 June 2003. [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)
2. Managing Long-Term Conditions. Audit Scotland. August 2007. [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)
3. CH(C)Ps Prescribing Management Plans 2009-10. NHS Lothian.

## **Cancer Services**

NHS Lothian hosts the cancer centre for the South East Scotland Cancer Network (SCAN). The pharmacy team within the network are dispersed across six sites with their focus being the safe use of chemotherapy and biological therapy while supporting the strong multidisciplinary governance structure around the prescribing, pharmaceutical verification and administration of these medicines. Pharmaceutical care planning is fundamental to this process and specialist clinical pharmacists provide this service to all cancer patients. In addition we strive to improve local access to treatments and ensure medicines usage is cost-effective.

The main operational aspects can be divided into the technical (provision of oral and parenteral medicines) and clinical side areas (ensuring the medicines are used safely and cost-effectively). Technical provision occurs from the oral dispensary and an aseptic preparation unit, both located adjacent to the day-case unit in the Edinburgh Cancer Centre. The clinical service is patient-focused and serves inpatient, day case, outpatient and clinical trial patients. The pharmacists, as part of a dynamic multidisciplinary process ensure that patients receive the optimal medicinal regimes including supportive medications.

The pharmacy staff at the ECC are utilised nationally, regionally and locally to provide expert advice and consultancy to various groups. In addition, they are involved in a considerable commitment to teaching and research and development.

### **Key references**

1. Better Cancer Care, An Action Plan. The Scottish Government. October 2008.
2. Living and Dying Well: A national action plan for palliative and end of life care in Scotland. The Scottish Government. October 2008.

## **Children's Service**

The Children's Service provides secondary care to all children in NHS Lothian. It is mainly provided from the Royal Hospital for Sick Children (RHSC) and also from St John's Hospital. RHSC also provides the base for Regional and National Specialist Children's Services, such as Paediatric Intensive Care Unit (including Scottish Retrieval Service), Children's Cancer, Scoliosis Surgery, Gastroenterology, Neurology, Respiratory and Rheumatology in addition to General and Community Paediatrics.

The Children's Pharmacy Service, based at the RHSC, provides dispensing services, aseptic services, clinical pharmacy, clinical trials and medicines management, including significant liaison with primary care healthcare professionals for all children in NHS Lothian and other Health Boards for specialist Children's Services. The staff in the Children's Pharmacy Service are frequently asked to provide expert advice and consultancy nationally, regionally and locally.

A strategic focus for the Children's Pharmacy Service over the next three years is the reprovision of RHSC services to the Little France site in order to maintain and build upon the strengths of the pharmacy service to children and adolescents.

### **Key references**

1. Building a Health Service Fit for the Future: A National Framework for Service Change in the NHS in Scotland ['The Kerr Report']. Scottish Executive Health Department. May 2005.
2. National Delivery Plan for Children and Young People's Specialist Services in Scotland. Scottish Government. March 2008
3. Introduction to Paediatric Pharmaceutical Care. NHS Education for Scotland (NES) Pharmacy – Distance Learning. 2005. [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

## Diabetes Cardiovascular Risk Reduction Clinics

Established in 2004, the Diabetes Cardiovascular Risk Reduction clinics run in five primary and secondary care centres based in the Royal Infirmary of Edinburgh, Western General Hospital, St John's Hospital, Roodlands Hospital and Leith Community Treatment Centre. These pharmacist-led clinics treat patients with diabetes whose cardiovascular risk factors are not at target and approximately 200 patients per year are treated. The clinics have been very successful in achieving substantial reductions in patients' blood pressures and lipid levels both in the short and longer term with benefits being sustained for a minimum of 12 months.

Research activities have resulted in numerous presentations and publications at both a local and international level.

### Key references

1. Management of Diabetes. A national clinical guideline. SIGN Publication No.55. Scottish Intercollegiate Guidelines Network. November 2001. [www.sign.ac.uk](http://www.sign.ac.uk)
2. McGowan N, Cockburn AJ, Strachan MJ, Padfield P, McKnight JA. Initial and sustained cardiovascular risk reduction in a pharmacist-led diabetes cardiovascular risk reduction clinic. *British Journal of Diabetes and Vascular Disease* 2008;*8(1)*:34-37.
3. Cockburn AJ, Kinnear M, Warnock CA. Pharmaceutical care needs of diabetic patients attending a pharmacist-run cardiovascular risk clinic. Presented at the European Society of Clinical Pharmacy (ESCP), Edinburgh 2007. *Pharmacy World and Science* 2009;*31*:43.

## Clinical Trials

The role of the clinical trials service is to ensure the safe and effective use of clinical trial medication in accordance with all local, national and international standards. Currently there are approximately 200 interventional medicine trials ongoing in NHS Lothian. Half of these studies are at the Edinburgh Cancer Centre with the balance split between the WGH (non-cancer) and RIE.

Protocol review is a key role for the pharmacists within the trials team, which helps with workload planning for the various dispensaries. Control of the investigational medicines is still a critical function but the key to this service is the utilisation of clinical pharmacists across NHS Lothian to provide rigorous clinical review for each study. The clinical trials team is a key source of information on medicine supply, labelling, storage, medicine destruction and documentation. The team ensures compliance with standards of clinical trials management and has a longstanding and close working relationship with the ACCORD (Academic and Clinical Central Office for Research and Development) which ensures clear processes across the academic-NHS boundary. The increasingly stringent requirements in relation to the conduct of clinical trials mean that the service is always changing. The future of the service is to have one clinical trials team working within single system Pharmacy in NHS Lothian.

In addition, there are approximately 32 open clinical trials, mainly children's cancer and support, being undertaken at the RHSC.

### Key reference

1. Statutory Instrument 2004 No.1030. The Medicines for Human Use (Clinical Trials) Regulations 2004. [www.opsi.gov.uk](http://www.opsi.gov.uk)

## Medicines Information

The Medicines Information (MI) Service provides support for medicines management by leading in medicines evaluation, production of guidelines and training and supporting pharmaceutical care of individual patients by providing an enquiry answering service for medicine-related issues in individual patients.

There are currently four MI Centres across Lothian answering approximately 3500 enquiries per year for healthcare professionals working in both primary and secondary Care. Two of the MI Centres have a specialist interest in paediatrics and mental health.

The Pharmacy SMT in 2009 supported the following developmental recommendations for the MI service:

- The MI service for Lothian should be provided from one centre
- An electronic system should be used for the recording and storing of enquiries
- A closer working relationship between the MI and Medicines Management teams is proposed with a view to integrating these services.

### Key references

1. Effective Information for Managing Medicines - A Strategy for the UK Medicines Information Network in the NHS. UK Medicines Information (UKMi) Service. September 2007.
2. Delivering for Health. Scottish Executive. November 2005.
3. Better Information for Managing Medicines – A Strategy for Pharmacy’s Medicines Information Service in the NHS. UK Medicines Information (UKMi) Service. April 2000.

## Medicines Management

Medicines management aims to ensure that all patients who require drug therapy receive the most clinically and cost-effective medicines. The use of medicines is optimised by achieving financial efficiency in prescribing (attaining value for money and reducing waste) and providing high quality, safe and appropriate prescribing (maximising therapeutic benefit, minimising medication errors, and avoiding drug interactions and adverse events). It is a multidisciplinary activity involving doctors, pharmacists, nurses and managers who are involved in prescribing medicines and/or the implementation of prescribing policies. Those who are involved in the medicines management process in NHS Lothian have developed expertise and knowledge in data interpretation, prescribing regulations, the pharmaceutical industry, critical appraisal of drug trial information and skills in prescribing behaviour modification and communication.

The Medicines Management Team for primary care (MMT) works closely with the primary care pharmacists and with the CHPs. The MMT is responsible for maintaining and developing the Lothian Joint Formulary (LJF [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)) in response to new developments in therapeutics. The substantial number of committees responsible for the LJF promotes ownership by all sectors and allows it to be responsive to new treatments, new guidelines and supporting best prescribing practice.

### Key references

1. The Lothian Joint Formulary. NHS Lothian. [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)
2. Supporting prescribing in general practice – a progress report. Audit Scotland. June 2003. [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)
3. A Scottish prescription: Managing the use of medicines in hospitals. Audit Scotland. July 2005. [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

## **NHS Lothian Antimicrobial Management Team(AMT)**

The AMT is responsible for the implementation of the Scottish Management of Antimicrobial Infection Action Plan and encompasses a clinician-led multidisciplinary team. The AMT has established clear lines of responsibility and accountability, being a subgroup of the ADTC and providing progress reports to the LICAC. The AMT works closely with the Infection Control team, prescribers and healthcare staff to facilitate HAI reduction strategies. Prudent use of antimicrobials and principles of antimicrobial stewardship are endorsed, with the aim of optimising clinical outcomes while minimising unintended consequences of antimicrobial use.

The AMT provides robust monitoring and feedback of antibiotic use in primary/ secondary care in addition to surveillance of infection rates. There is collation, analysis and interpretation of data at local and national level. Antimicrobial performance indicators are reviewed by risk management and clinical governance bodies to ensure best standards of good quality and safe care. The AMT have responsibility for implementation and monitoring of antibiotic prescribing policies at local and national level.

### **Key references**

1. The Scottish Management of Antimicrobial Resistance Action Plan [ScotMARAP]. Healthcare Associated Infection Task Force. The Scottish Government. March 2008.
2. Antimicrobial Prescribing Policy and Practice in Scotland: Recommendations for Good Antimicrobial Practice in Acute Hospitals. Scottish Medicines Consortium and the Healthcare Associated Infection Task Force. The Scottish Government. August 2005.
3. A Revised Framework for National Surveillance of Healthcare Associated Infection and the Introduction of a New Health Efficiency and Access to Treatment (HEAT) Target for Clostridium Difficile Associated Disease (CDAD) for NHS Scotland. CEL 11(2009). The Scottish Government. 8 April 2009.

## **Controlled Drug Governance Team**

The Controlled Drug Governance Team (CDGT), under the guidance of the Accountable Officer, has specific responsibility for ensuring that all activities involving the management and use of controlled drugs within NHS Lothian are both legal and appropriate. This responsibility extends to ensuring adequate monitoring, inspection and auditing processes are available and employed.

The CDGT undertakes inspection visits in all appropriate areas in NHS Lothian where controlled drugs are held to ensure that they are stored, recorded and destroyed in line with current legislation. The team works alongside colleagues in other bodies to strengthen and enhance existing monitoring and inspection arrangements. The team also has responsibility for the destruction of unwanted or expired controlled drug stock. All incidents or concerns involving controlled drugs are notified to the controlled drugs Accountable Officer and it is this team's duty to ensure that these are thoroughly investigated and appropriate action taken where necessary.

Patient and public safety is the focus of the CDGT and they aim to provide support and advice in relation to legislation and to improve governance of controlled drugs in partnership with healthcare, social care and the public.

### **Key references**

1. Health Act 2006. Part 3. Chapter 1. Supervision of Management and Use of Controlled Drugs. [www.opsi.gov.uk](http://www.opsi.gov.uk)
2. Safer Management of Controlled Drugs: Guidance on Strengthened Governance Arrangements. NHS Circular: HDL(2007)12. Scottish Executive Health Department. 14 February 2007.

## **Substance Misuse Team**

The Pharmacy Team, Substance Misuse Directorate (SMD) is based at The Community Drug Problem Service (CDPS) at the Spittal Street Centre. The role of the Specialist Pharmacist in Substance Misuse is to lead, co-ordinate and improve the quality of pharmaceutical services to substance misusers, and contribute pharmaceutical expertise on substance misuse to strategic and operational planning within NHS Lothian, the Substance Misuse Directorate, Drug and Alcohol Action Teams and Community Pharmacy. The Clinical Pharmacist is responsible for the operation of the methadone titration clinic at the CDPS, and is currently working in this clinic as a non medical prescriber. The Clinical Pharmacist also provides a clinical pharmacy service to LEAP (Lothians and Edinburgh Abstinence Programme) and provides pharmaceutical advice and support to the Forensic Medical Examiner Service.

The Pharmacy Team is responsible for and contributes to the provision of pharmaceutical care within the specialist services (CDPS, Alcohol Problems Service, Harm Reduction Team and Primary Care Facilitation Team). This includes monitoring medicine use and formulary management within the SMD and providing information on medicine budgets for substance misuse i.e. dispensing, prescribing and other related expenditure. In addition the team provides advice and support to community pharmacists who provide pharmaceutical care for substance misusers and works to highlight the key issues and pressures they experience in the provision of these services.

### **Key references**

1. The Road to Recovery. A New Approach to Tackling Scotland's Drug Problem. The Scottish Government. May 2008.
2. Changing Scotland's Relationship with Alcohol. A Framework for Action. The Scottish Government. March 2009.
3. Prevention and Treatment of Substance Misuse - Delivering the Right Medicine: A Strategy for Pharmaceutical Care in Scotland. A Report of a Joint Working Group of the National Pharmaceutical Forum and the Scottish Medical and Scientific Advisory Committee. The Scottish Executive. August 2005.

## **Education, Research and Development**

The Education, Research and Development (ERD) Team facilitates the organisation and delivery of local and national education and training programmes for pharmacists and pharmacy staff in NHS Lothian. Formal partnerships are established with Edinburgh's Telford College and the Strathclyde Institute of Pharmacy and Biomedical Sciences. A service level agreement with NHS Education for Scotland delivers services across East of Scotland (Lothian, Fife, Borders). Students in other NHS Boards may be supervised by ERD team members in agreement with academic partners.

The ERD team supports workplace tutors and assessors and provides quality assurance and leadership to ensure staff registered for formal qualifications progress in a timely manner. Tutors are accredited with external partners: Royal Pharmaceutical Society of Great Britain (37 tutors), University of Strathclyde (13 honorary lecturers, 20 tutors), NHS Education for Scotland (30 tutors), Scottish Qualifications Authority (24 work based assessors). ERD team members also co-ordinate and support teaching on formal academic programmes by honorary and visiting lecturers from NHS Lothian. The ERD team provides leadership in pharmacy practice research. Most research projects are undertaken as part of an educational qualification and form the basis of several service developments. In some cases pilot work has led to funded health services research studies.

### **Key references**

1. Memorandum of Agreement for co-operation in a NHS/University Pharmacy Board: Pursuit of a joint NHS/University Practice, Education and Research agenda. NHS Boards: Ayrshire and Arran, Borders, Dumfries and Galloway, Fife, Forth Valley, Greater Glasgow & Clyde, Lothian, Lanarkshire and the School of Pharmacy, Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde. August 2009-2014.
2. Memorandum of Agreement for the provision of a joint practice and teaching agenda in Pharmaceutical Education, Research and Development. NHS Lothian and the Department of Health Sciences, Edinburgh's Telford College. 2009-2010.
3. Service Level Agreement: NHS Education for Scotland and NHS Scotland (Pharmacy Services) East Region. 2007-2010.

## **Community Pharmacy**

Across NHS Lothian there is a network of 180 Community Pharmacies. These are found in diverse settings due to the geography and demographics of Lothian and range from being the only pharmacy in a small village to part of a choice of pharmacies in a busy town centre. They are found in shopping malls and within supermarkets with a number adjacent to GP practices and a small number co-located with a doctors' surgery. They range from small independent pharmacies, which are stand-alone businesses, to being branches of multiple companies with branches across the UK and there is every possible size of business in between.

All community pharmacies provide core services, the most important and longstanding one being the dispensing of prescriptions and the sale and supply of medicines, with other pharmacies providing enhanced or specialist services.

The recently revised community pharmacy contract will deliver four core services and three of these are now in place. The Acute Medication Service (AMS) is an electronic support mechanism for the transmission of prescription information which will be built upon to deliver the Chronic Medication Service (CMS) which is the last element to be determined

The Minor Ailments Service (MAS) was introduced in July 2006 and allows patients, who are exempt from prescription charges, to register with and use a community pharmacy as the first port of call for the treatment of common illnesses on the NHS. A patient registers with the community pharmacy of their choice in order to use MAS. Once registered they can present at any point with symptoms and the pharmacist, having ascertained whether the patient is still eligible to use the service, will treat, advise or refer them to another health care practitioner where appropriate.

The Public Health Service (PHS) was also introduced in July 2006 and is designed to harness the pro-active involvement of community pharmacists and their staff in supporting self care, offering suitable interventions to promote healthy lifestyles and establishing a health promoting environment within each pharmacy. They are also required to participate in certain national campaigns. This was further developed with the introduction in autumn 2008 of the Pharmacy Stop Smoking Service and Pharmacy Sexual Health Services.

Some pharmacies dispense and deliver domiciliary oxygen, others provide access to needle exchange services, supervised self administration of methadone and there is access to palliative care medicines provided by the palliative care network.

In NHS Lothian we have a well positioned network of community pharmacies delivering a wide range of services to the community they serve. The opening hours are such that there are services available seven days a week and well beyond what would be termed 'normal business hours'. They are well placed to offer further lifestyle advice and services such as weight management, alcohol interventions and exercise advice to help deliver HEAT targets.

### **Key references**

1. The Right Medicine: A Strategy for Pharmaceutical Care in Scotland. Scottish Executive. February 2002.
2. Additional Pharmaceutical Services - Minor Ailment Service & Public Health Service Directions, Service Specifications and Payment Arrangements. NHS Circular: PCA(P)(2008)17. The Scottish Government. 22 August 2008.
3. Community Pharmacy Services: Drug Tariff Remuneration and Part 7 and Part 11 Reimbursement Arrangements for 2009-10. NHS Circular: PCP(P)(2009)18. The Scottish Government. 29 September 2009.

## Pharmaceutical Public Health

Pharmaceutical Public Health advice is provided from the Public Health Directorate with close links to the Pharmacy Service. Leadership and advice is provided for the areas of pharmacy that include:

- Reducing Health Inequalities via pharmacy delivery
- Health Improvement, e.g. smoking cessation, sexual health, healthy weight.
- Input of advice to areas of harm reduction led by the Specialist in Substance Misuse
- Pharmaceutical Care Needs Assessment including developing methods of assessing need for pharmaceutical care and for assessing provision of need
- Emergency Planning. Pharmaceutical aspects of emergency planning including pandemic flu, avian flu and chemical, biological, radiological and nuclear hazards, business continuity planning and drug alerts
- Medicines Policy
- Input to NHS Education Scotland from a pharmaceutical Public Health Perspective for public health topics
- Provision of pharmaceutical public health advice to ADTC, Pharmacy SMT, etc.

### Key references

1. Additional Pharmaceutical Services: Public Health Service. NHS Circular: PCA(P)(2009)8. The Scottish Government. 16 April 2009.
2. Pharmaceutical Care Services – Needs Assessment Plan. NHS Circular: PCA(P)(2007)25. Scottish Executive. 8 August 2007.
3. Flavours of Pharmaceutical Public Health. NHS Education for Scotland (NES) Pharmacy – Distance Learning. 2006. [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

## The State Hospital

The State Hospitals Board for Scotland provides care and treatment in conditions of special security for patients from Scotland and Northern Ireland with mental disorders who, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. It is a public body accountable to the First Minister for Scotland through the Scottish Government. It is a Special Health Board, the only Hospital of its kind within Scotland.

NHS Lothian has provided Pharmaceutical Services to The State Hospital since 1994. The service encompasses four principal areas of work: Medicine procurement and distribution, dispensing services, clinical Pharmacy and medicines information.

### Key reference

1. The State Hospitals Board for Scotland Local Delivery Plan 2009-12. [www.tsh.scot.nhs.uk/About\\_Us/Local\\_Delivery\\_Plans.htm](http://www.tsh.scot.nhs.uk/About_Us/Local_Delivery_Plans.htm)

## 5. Acknowledgements

Many people were involved in the development of this strategy, and all deserve to be acknowledged.

Mr Eddie Egan, Employee Director / Non-Executive Director  
Ms Shirley Johnson, Partnership  
Dr Alison McCallum, Director of Public Health  
Mr James McCaffery, Chief Operating Officer, University Hospitals Division  
Professor Bill Scott, Chief Pharmacist, The Scottish Government  
Ms Sarah Sinclair, Head of Patient Focus and Public Involvement  
Ms Jenifer Stirton, Director of Communications, and her Team

Ms Jill Cruickshank, 'Leading 2 Solutions' Consultancy

Ms Julie Blythe, Clinical Pharmacist  
Ms Kaye Devlin, Chair, Edinburgh and Lothians Branch,  
Royal Pharmaceutical Society of Great Britain  
Ms Heather Dalrymple, Lead Cancer Care Pharmacist, Edinburgh Cancer Centre  
Ms Jo Donaldson, Pharmacy Champions Representative  
Mr Scott Garden, Lead Pharmacist, Royal Infirmary of Edinburgh  
Ms Anne Gilchrist, Lead Pharmacist, Medicines Management Team  
Ms Judie Gillies, Lead Pharmacist, Controlled Drug Governance Team  
Mr Alan Glauch, Community Pharmacist/Contractors Support  
Ms Julie Harrold, Pharmacy Technician  
Mr John Heggie, Lead Pharmacist, St John's Hospital  
Ms Dorothy Hughes, Associate Director of Pharmacy, Acute Services  
Ms Christine Johnson, PA to Director of Pharmacy  
Ms Sheena Kerr, Lead Pharmacist, Western General Hospital  
Ms Moira Kinnear, Head of Education, Research and Development, Pharmacy Services  
Ms Anne Lorimer, Lead Pharmacist, Pharmacy Locality Groups  
Ms Dorothy McArthur, Clinical Pharmacist, Palliative Care  
Ms Fiona McCready, Community Pharmacist  
Mr James McDade, Lead Pharmacist, Quality Assurance Services  
Ms Sandra McNaughton, Associate Director for Contracted Community Pharmacy  
Services and Community Healthcare Partnership Development  
Mr Ewan Morrison, Lead Pharmacist South East of Scotland Cancer Network  
Ms Aileen Muir, Consultant in Pharmaceutical Public Health  
Ms Jenny Scott, Lead Pharmacist, Cardiovascular and Respiratory Medicine  
Ms Claire Stein, Primary Care Pharmacist  
Mr Garry Todd, Lead Pharmacist, Roodlands and Liberton Hospitals  
Mr Sandy Watson, Lead Pharmacist, Royal Hospital for Sick Children  
Ms Morag Wright, Lead Pharmacist, The State Hospital

**Thank you**

Professor Pat Murray, Director of Pharmacy