

Pharmacy Services @ NUH

Dr Stephen Fowlie
Medical Director, NUH

JHSC May 2015

Pharmacy update

We are here for you

Agenda

1. Prescriptions, dispensing, reimbursement
2. Waiting times: outpatients & TTOs
3. E-prescribing: coming soon
4. Medicines safety

NHS Prescription types

1. **Community (outpatient) prescription (FP10)**
2. **Hospital prescription (cannot be dispensed by community pharmacists)**

Prescription in OP clinics

Prescription of drugs for outpatients is governed by agreement between NUH and commissioners

Area Prescribing Committee for CCGs

GPs carry responsibility for oversight of medicines management in their patients, secondary care role is advisory / supportive

Local arrangements are consonant with NHS practice

In clinics: treatment recommendations to the GP, who prescribes (FP10) unless

- 1. urgent (2 weeks)**
- 2. only available from Hospital Pharmacy**
- 3. only prescribable by hospital doctor (specialist)**

Hospital vs Community Dispensing (1)

Hospital pharmacists have easier access to

1. patient information (eg clinical notes, blood tests)
2. complete medication list (optimisation)
3. the prescribers (for response to queries/errors)

? SAFER

Hospital vs Community Dispensing (2)

Hospital pharmacists can more readily enforce formulary

- 1. safer**
- 2. best value for money**

Dispensing Value for Money (examples)

Medicine	Price per pack on FP10 (list price)	Price per pack in hospital (contract price)	Discount (%)
A	£0.99	£0.16	84
B	£4.90	£1.81	63
C	£1.29	£0.29	78
D	£30.00	£8.00	73
E	£3,100.00	£1,860.00	40

NUH expenditure on drugs

Circa £100m per year

Value for money – procurement savings

Financial Year	2012/13	2013/14	2014/15
Medicines Savings	£4.02 m	£5.96 m	£4.81 m

NUH Pharmacy Activity

80% is hospital prescriptions

50% increase in dispensary workload in 3 years

now circa 50,000 transactions each MONTH

NUH Pharmacy Access

1. QMC Pharmacy 365 days

9am – midnight weekdays

10am – midnight weekends

2. City Pharmacy 9am – 5pm weekdays

Waiting times for OP prescription

Target: waiting time of < 26 minutes

High proportion of unlicensed, off-label, individually-manufactured, anti-cancer, high cost & highly-specialised medicines

Waiting times for OP prescription

Outpatient waiting time (minutes)	QMC	City Hospital
January 2015	21	25
February 2015	22	24
March 2015	22	31
April 2015	19	27

NUH Pharmacy Stock

Very unusual for NUH pharmacy not to have a hospital-prescribed drug for OP dispensing

Very unusual to suggest 'go to GP' because no NUH pharmacy stock

Doing further work after spring 2015 survey of GPs (and practice staff)
'Dealing with Hospital Outpatient Prescriptions in Primary Care'
[not a patient survey]

Pharmacy response to feedback

- 1. Improved processes: 23 mins vs 32 mins one year ago (Q1)**
- 2. Refurbished waiting areas to improve comfort & privacy (more private consultation facilities)**

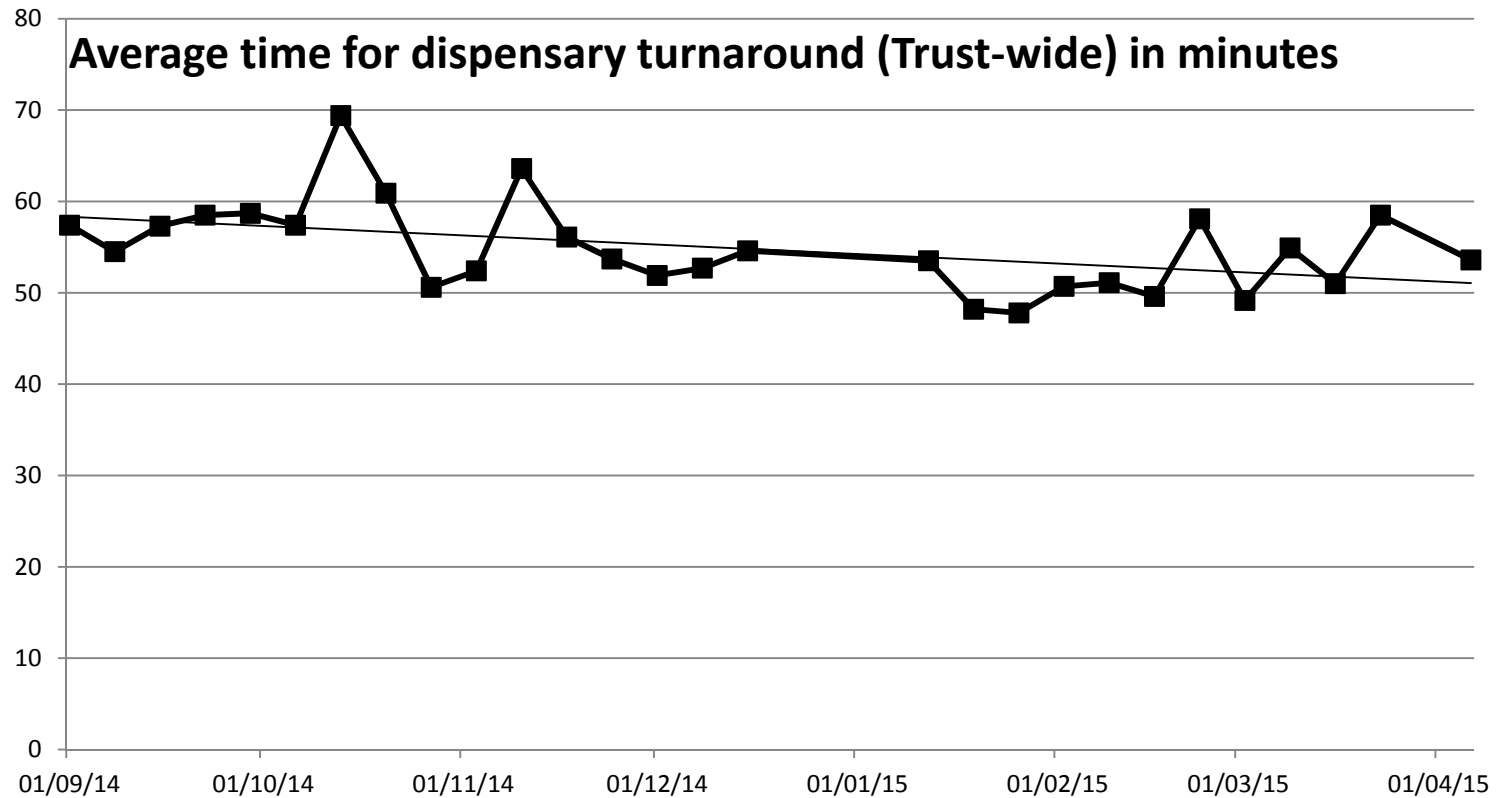
Discharge delays due to TTOs

- **Concerns and complaints**
- **Slows patient flow**
(4 hour emergency access standard)

TTO Turnaround Time (1)

- **Interval between receipt of a correct TTO by pharmacy and readiness for collection/sending**
- **Target: < 2 hours**

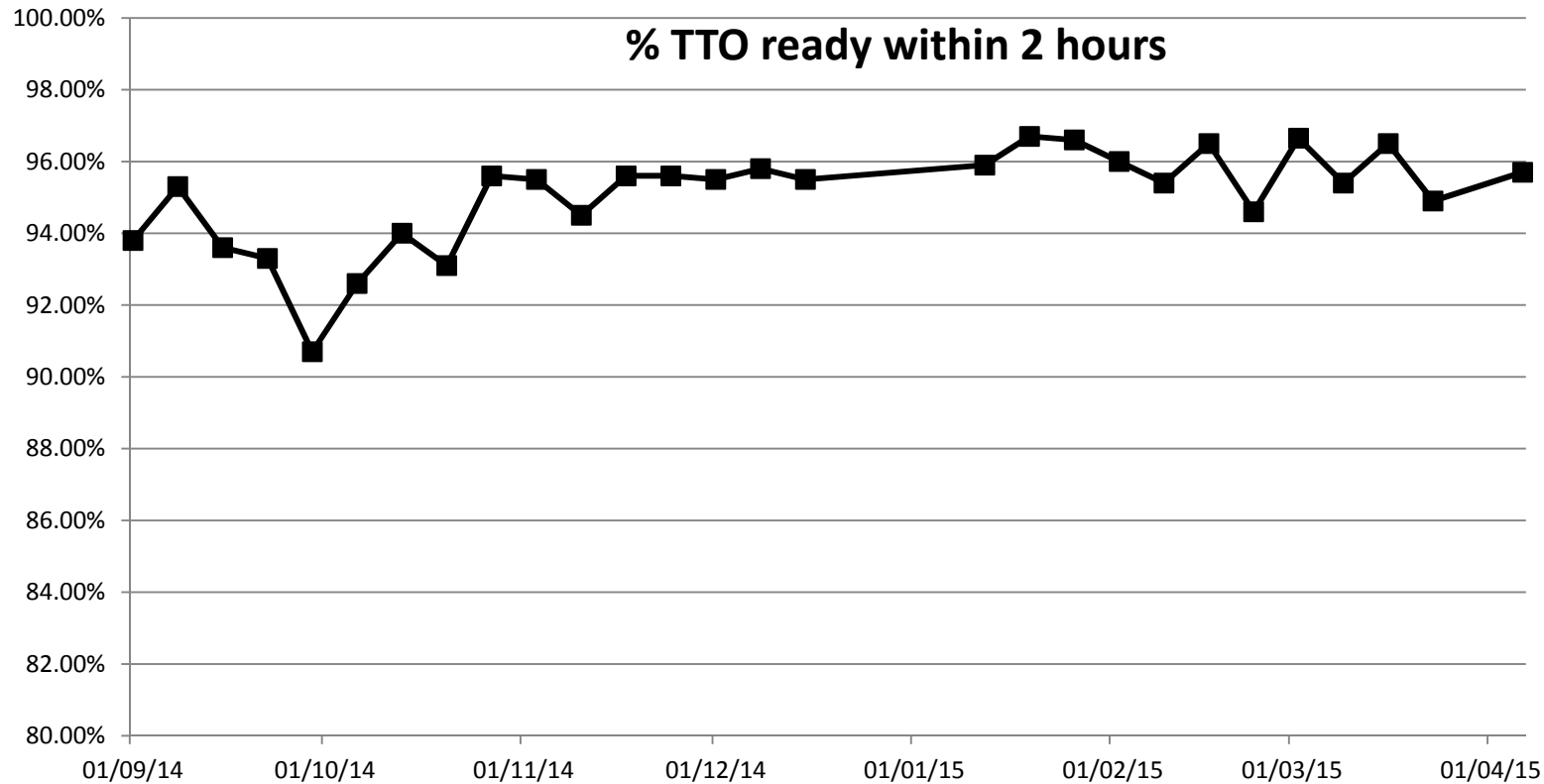
TTO Turnaround Time (2)



Pharmacy update

We are here for you

TTO Turnaround Time (3)



Pharmacy update

We are here for you

Discharge delays due to TTOs

Shortening TTO turnaround time further:

- Increasing proportion of TTOs pharmacist-written (right first time)
- 14/15 invested £348,000 in pharmacy staff (9 extra pharmacists for QMC wards (but national shortage))
- Continuing focus of ward teams [SAFER in breaking the cycle week]

Five **SAFER** actions for patient flow

S Senior review	A Anticipate	F Flow	E Early discharges (@ QMC use the lounge)	R React to delays & waits
Consultant & nurse-in-charge	All doctors & nurses	Nurse-in-charge	Nurse-in-charge	All doctors & nurses
<ul style="list-style-type: none"> Board round by 9.30am: <ol style="list-style-type: none"> Follow SHOP Daily updated PDMST Submit Assessment & Discharge Notices early in the morning wherever practicable <p>(go to R)</p>	<ul style="list-style-type: none"> Inform patient, relatives/ carers of their PDMST (use Welcome Card) Review PDMST at handovers <p>(go to R)</p> <ul style="list-style-type: none"> TTOs for tomorrow Book transport for tomorrow's discharges 	<ul style="list-style-type: none"> Be ready to accept your first transfer by 9am Keep Horizon updated Contact ED/admissions wards for patients <ul style="list-style-type: none"> – B3 65929 – D57 67488 – SRU 57495 	<ul style="list-style-type: none"> Maximise transfers from your ward before noon (every hour matters) QMC's Discharge Lounge - 69044 	<ul style="list-style-type: none"> Work to resolve all internal waits and external delays early Then escalate to your Bronze on-call followed by your DMT, Site Matron/Silver Review long-stay patients (>7 days) Escalate those past their confirmed PDMST to TAG meetings

Response to feedback

- **Address GP concerns through new communication updates/newsletter**
- **Better publicise our extended opening hours**
- **Review the Prescribing Policy at the Area Prescribing Committee**

E-prescribing: coming early 2017

New interactive e-prescribing & medicines administration system

- Fewer medication errors & drug-related incidents
- Improve TTO turnaround times
- E-drug history, supporting patients' future hospital visits
- Better control of prescribing (eg antibiotics)
- Fewer complications, allergic reactions & interactions

Reducing medicines waste

- Improve reliability of 'Medicines go too' when patient transfers wards
- Increased use of patients' own medicines on admission
- Review of ward stock lists and improved stock management (ward level) – piloting the introduction of a stock optimisation assistant technical officer post
- Increasing recycling of medicines returns in hospital
- Most patients receive ongoing supplies of regular medicines via GP prescription. When prescribed by the hospital such drugs are often dispensed/delivered via a third-party homecare provider (more convenient for patients). NUH is leading the way nationally in its work to reduce medicines wastage through this supply route

Improving medicines safety

15/16 quality priorities include reductions in:

- omissions of critical drugs
- preventable respiratory side effects from opioid drugs – incorrect dose, incorrect dosing interval, duplication of therapy
- preventable adverse drug reactions due to incorrect drugs or incorrect doses of drugs prescribed on admission and during inpatient stays

Thank you

Questions ?

Pharmacy update

We are here for you