

## PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	21 December 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson - Director of Primary Care, Community and Long Term Care.
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Professor Christopher Brown - Clinical Director for Pharmacy and Medicines Management

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Sicrwydd/For Assurance

<b>ADRODDIAD SCAA SBAR REPORT</b>
<p><b><u>Sefyllfa / Situation</u></b></p> <p>The Welsh Government (WG) commissioned the Royal Pharmaceutical Society (RPS) to undertake an independent review of the provision of clinical pharmacy services provided in NHS hospitals across Wales, and to make recommendations on how services should develop to meet the changing needs of the population and the NHS.</p> <p>WG accepted the 36 recommendations of the <a href="#">RPS independent report</a>.</p> <p>WG in September 2023 set out their Response in the publication <a href="#">Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales - Welsh Government Response</a></p> <p>The Response sets out 60 Strategic Actions to be undertaken by Health Boards, WG and Health Education and Improvement Wales (HEIW) amongst other stakeholders to support the implementation of the recommendations.</p> <p>There is a priority rating of the WG actions of immediate, short term, medium term and long term; covering patient centered care, integration, pharmacist prescribing, digital and technology, workforce development, leadership, and quality and governance.</p> <p>While the report focus is on hospital services, service redesign provides the Health Board with opportunity to realise the benefits of clinical pharmacy practice in hospitals and apply this resource in less-traditional areas and outside hospitals as more care is provided in the community, closer to people's homes.</p> <p><b><u>Cefndir / Background</u></b></p> <p>The prescription of a medicine is the most common healthcare intervention within the NHS.</p> <p>The complexity and expenditure of medicines has and will continue to increase as therapeutics options advance. Services in Hywel Dda University Health Board (HDdUHB) need to adapt to deliver a Prudent approach to modern value-based health and pharmaceutical care.</p>

Clinical Pharmacy is one element of medicines management and pharmacy services delivered by integrated pharmacy teams within the hospital setting. It comprises a set of functions that promote the safe, effective, and economic use of medicines for individual patients.

Hospital pharmacy has been at the forefront in demonstrating how the clinical expertise of pharmacists and pharmacy technicians can be best used to maximise patient outcomes. Many hospital pharmacists are now prescribers and pharmacy technicians in hospitals are taking on more clinical roles. Around two thirds of pharmacists in secondary care are qualified to prescribe in HDdUHB.

Across NHS Wales and HDdUHB there is considerable variation in clinical pharmacy between:

- Different hospitals
- Pharmacists' clinical activities and the services offered to different specialties
- The way in which the pharmacy workforce is structured
- Management arrangements and the culture of leadership
- Whether pharmacists are organised as part of the clinical services or are aligned to the pharmacy department

Note: Whatever the model, clinical pharmacy can only develop to meet the changing needs of the NHS and the population of west Wales if it is underpinned by a robust and sustainable core pharmacy service for the safe and efficient provision of medicines.

How the delivery of the core pharmacy service in HDdUHB is reshaped will determine the scale and pace at which the Health Board can sustainably develop the WG actions and the clinical service. HDdUHB has a significant geography, and the recruitment of registered pharmacy staff becomes increasingly difficult the further west staff are based.

For activities that require near patient care, the clinical and technical staff in these roles need to be liberated from administrative burdens and given the time to care. This will be achieved through standardisation and centralisation to transform the core access to medicines functions. This approach is reflected in the four Strategic Aims for the Pharmacy and Medicines Management Directorate and will require diversifying the directorate structures to include more non-pharmacy expertise such as clinical informatic, digital communications and data analytics.

The imminent deployment of electronic prescribing in every HDdUHB hospital, provides the digital architecture to deliver on digitally enabled transformation and an opportunity to redesign services. The digitally enabled business change will need to consider how clinicians and technicians are organised, both for near patient care and core service delivery (procurement, distribution, logistics, contracting, governance, business and clinical intelligence and virtual surveillance). For HDdUHB the Directorate plan is to develop an access to medicine hub for centralised coordination but localised delivery of high-quality care.

The planning of this business change will need to have the WG Actions at the core.

### Asesiad / Assessment

The Royal Pharmaceutical Society (RPS) report cited examples of good practice.

HDdUHB was profiled as exemplar for scale and spread in the following services:

- Pharmacist led peri-natal mental health.

- Early heart failure diagnosis clinics.

The South West Wales (SWW) renal services (a Swansea Bay University Health Board (SBUHB) and HDdUHB regional service) was also profiled as an exemplar for innovation that has been successfully upscaled nationally.

The innovation developed regionally in SWW was scaled to all parts Wales through the Welsh Government Transformation Fund. This was led by the HDdUHB Clinical Director Pharmacy and Medicines Management in his previous capacity as a Consultant Renal Pharmacist and the National Lead for Renal Services. This model can serve as a blue-print for delivering transformational change through professional-integration, advanced professional practice, digital innovation, health literacy for supported self-care, and active research.

The following links to a video on the Transformation programme overview: [Our Journey of Innovation for Kidney Care - YouTube](#)

The following links to a video on the development of our EPMA: [EPMA Promo - YouTube](#)

The following links to a video on the independent evaluation of the TF programme: [Independent Evaluation - YouTube](#)

The following links to a video on what our nurses think: [EPMA – Insight from the Nurses - YouTube](#)

The following links to what the Health Minister said about it : [When the Health Minister Visited the Renal Team at SBUHB - YouTube](#)

The following links to a the WG written statement: [Digital tools transforming kidney care in Wales | GOV.WALES](#)

In response to the RPS review, WG report has a priority rating of the actions of immediate, short term, medium and long term.

An interim high-level review of HDdUHB's current pharmacy service provision is currently being undertaken to benchmark against these WG actions. This benchmarking is provided in the table appended to the SBAR.

The benchmarking will be iterated as more analysis is undertaken and will be used to develop the Health Boards gap analysis, demand analysis and to measure progress.

There is currently a pharmacy service 7 days a week with enhanced clinical services Monday to Friday. This is an essential component of high-quality hospital care, helping to improve health outcomes and prevent avoidable harm to patients.

To achieve the recommendations set out by WG, it is necessary to re-design and modernise the way in which the clinical pharmacy service is currently provided throughout HDdUHB, moving away from traditional pharmacy practice.

This will involve aligning skill sets with evolving healthcare demands, embracing technological advancements, and fostering a culture of continuous learning.

By modernising the service, we can ensure pharmacy is at the forefront of innovation, delivering high quality patient care and adapting to the dynamic landscape of healthcare practices for the benefit of patients and the challenges facing the Health Board.

How will HDdUHB deliver the transformation and service redesign: The Pharmacy and Medicines Management directorate has established a series of subgroups designed to deliver approximately five pharmaceutical themes. Subgroups will be supported by a senior sponsor to undertake service redesigns to deliver on each of the WG actions.

The Directorate will need to modernise its approach and re-allocate resource to enable clinical pharmacy service provision. The Directorate's four strategic aims, which include workforce modernisation will be delivered through the recently established directorate Vacancy Control and Review Process; ensuring the workforce design is fit for the modern era and aligned to the HEIW workforce plan.

Following a gap and demand analysis, any investment required to deliver the WG recommendations will be communicated to the Health Board.

Directorate support from project management teams and workforce teams will help achieve the modernisation agenda.

What good practice can we build on:

The Health Board has made good progress in addressing the recommendations set out in the Welsh Government report Optimising Pharmacy Services At Hospital Discharge To Improve Patient Flow. This reflects the Health Board's commitment to modernising hospital pharmacy processes for efficient patient flow. Pharmacy technicians use the digital platform MTed at the point admission to populate, in readiness, the medicines needed for discharge home or for transfer to another care setting. This supports safe and timely discharge (Recommendation 1.6 – immediate) and improves communication to and about the patient to community services and other care givers. We will fully embrace electronic prescribing and support its development to further this agenda and enable the business change necessary to modernise our services.

The Health Board has supported embedding clinical pharmacy teams into front-line services and clinical specialties. To ensure this results in supported professional integration we need to develop a model where clinical pharmacy teams are supported to deliver both advanced profession practice, including prescribing, to a clinical speciality while not forgetting the provision of pharmaceutical care and the delivery of core pharmacy services.

Our hospital pharmacies are increasingly required to deliver complex chronic care close to or at home with increasing complex medicines, such as injectable biologicals. Expanding the current service provision model and increasing its clinical offering of homecare service is a real opportunity of delivering value, with cost efficient prescribing and therapeutic models.

The vision for pharmacy services including key themes is appended to this SBAR.

The Directorate is developing a delivery plan for achieving the WG recommendations. Initial plan will focus on delivering actions termed as immediate (Appendix 3), followed by short, medium and long-term actions.

#### **Argymhelliad / Recommendation**

The Strategic, Development and Operational Delivery Committee is requested to:

- **RECEIVE ASSURANCE** from the Pharmacy and Medicines Management Directorate to redesign its service models and practices to meet the WG recommendations.
- **RECEIVE ASSURANCE** from the Vision for pharmacy services, supporting wider engagement and integration of pharmacy services within the HDdUHB to realise the benefits that clinical pharmacy can provide.
- **NOTE** WG recommendation 11 which states that; new service developments or service redesign of hospitals must consider the clinical and technician pharmacy service from the outset.

## Appendix 1 – The strategic vision for pharmacy and medicines management



The strategic vision under development will align to the Health Boards strategy for A Healthier Mid and West Wales; which in turn will deliver on the design principles of a Healthier Wales.

Four directorate strategic aims

1. Best use of technology – automation, digitisation & data visualisation
2. Standardisation, Centralisation across the Health Board Integration between primary & secondary care
3. Advanced professional practice - step change for all staff & pharmacists actively prescribing
4. Health literacy to supported people with self-care



Digitisation will be key to tackle the unique challenges of Hywel Dda, not least its geography. The Welsh Government's Digital Medicines Transformation Portfolio (DMT) is on the horizon and this will bring the benefits of a fully digital prescribing approach in all care settings across Hywel Dda:

- For secondary care this will mean electronic prescribing and medicines administration.
- The electronic transfer of prescriptions will negate the need for the green paper prescription.
- The NHS Wales App will enable patients to access their own information and services, giving them the tools to do things for themselves, to manage their own condition and medicines.
- The single shared medicines record will bring in one place the information from the patient's journey across our care settings.

For Hywel Dda we can take a West Walian, approach to align with the health Boards strategic aims. A Gorrlewin Cymru approach will be a high-tech solution for highly-personalised care

This will mean not doing on a computer what we have always done on paper. Instead, we will embrace a digital culture to think and do differently, using technology to redefine what we do, who can do it and from where it can be done.



We can liberate administrative duties from our clinical staff, and give them the time to care. We can use data generated at the point of care to create the business and clinical intelligence to direct what clinicians do, to deliver on the principles of Prudent healthcare; only doing what is needed and treating those with the greatest health need first. For example using digital tools to direct clinicians to address a medicine that is of no benefit or is causing harm.

We will ensure tech does not replace our person-centred approach; mobile technologies will mobilise the workforce for near patient care.



We can co-produce with the people of Carmarthenshire, Pembrokeshire and Ceredigion the solutions for health literacy so patients are confident to access their information, understand how to response to test results and know where to access the

most appropriate care: or even become expert patients that adjust their own medicines, diet or lifestyles thorough supported self-care.

We will provide innovative solutions so that those who may be digitally disenfranchised are not excluded.

The data we will routinely capture at the point of care will provide the information we need to ensure we are delivering the best Value, giving us visibility of the outcomes we achieve and the resource we use.

We can use real word data to create an ambitious programme of research and service evaluation, working with our collaborators, including partners in academia.

This would foster strong links with undergraduate and post graduate programmes, for an active programme of medicines research, recognised beyond our borders to attract investment and drive innovation, which would be supported by the health boards enablers such as Tritec.

Students and others will recognise the value of this in improving patient care, which will inspire them to pursue careers in our health board and support the recruitment and retention of the staff we need.

From 2026 pharmacy graduates will be prescriber ready. We will foster a culture where pharmacists work at the top of their professional licence. The traditional roles of the pharmacist will be done by upskilled technical staff and this will create a paradigm shift where pharmacy transitions from a support service to one that confidently delivers front line patient care as part of a fully integrated health and care system.



Prescription Newydd, the community pharmacy contract will enable our upskilled prescribing pharmacists to provide accessible care much closer to home. Hospital teams who have been at the forefront in developing clinical expertise will learn reach out beyond their walls and this will develop a network of specialist, or consultant pharmacists

based in either primary or secondary care who will support our community colleagues and will work across the care setting, unhindered by the traditional professional or geographical silos.

The new models for multisector training will help realise cross sector working as business as usual.

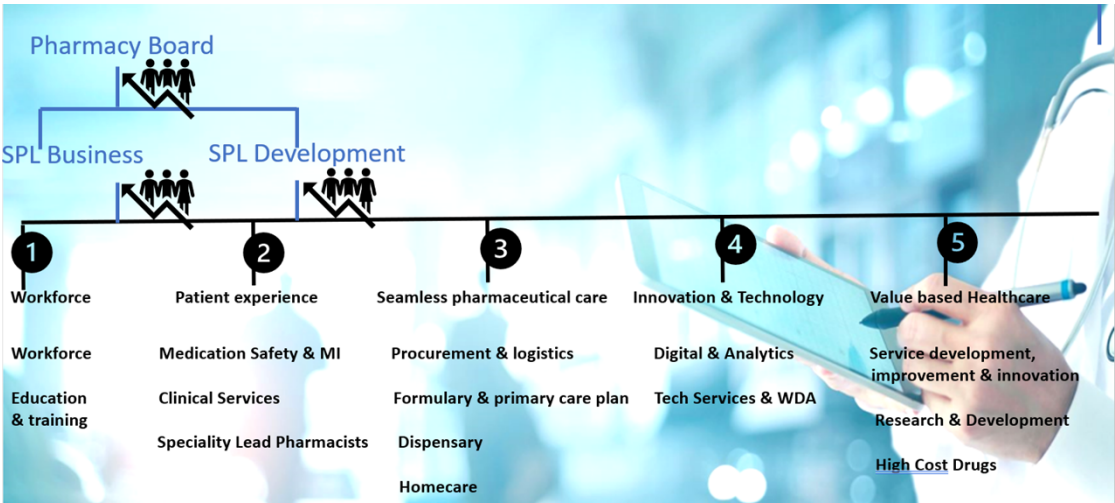
Our core duty to ensure the right medicine, is at the right place for the right patient will be supported through regional and national collaboration with TRAMS, the Transforming Access to Medicines programme which will underpin the way we sustainably procure, manufacture and supply medicines. And the a Hywel Dda 'access to medicines hub will drive this ambition further and faster with a quicker realisation of the benefits.

We will work with others across Wales in our common goal of delivering on the promises set out in Pharmacy Delivering a Healthier Wales, and for the expected actions in the Royal pharmaceutical Society and Welsh Government review into hospital pharmacy and we will shape the national approach to the needs of people in West Wales.

This strategic framework will ensure an ambitious programme for prescribing and medicines management contributes to the whole systems approach tackling the biggest challenges of the current way of doing things as the driver for alternative way of delivering high quality care that steps away from hospitals to the community and from the community to people's homes.



The directorate will develop its leadership culture and capacity by establishing a series of subgroups designed to deliver around 5 pharmaceutical themes. Subgroups will be supported by senior sponsors to undertake service redesigns to deliver the strategic aims and modernise its approach to service delivery.



## **Appendix 2 -**

### **Key themes to the plan include:**

- The development of an access to medicines hub will standardise and centralise core service provision, providing the efficiency to liberate clinical recourse at the point of care to deliver better care equitability across the Health Board
- Digitally enabled transformation will be key to delivering service modernisation. Creating the capabilities within the Directorate for business and clinical intelligence, built around the digital prescribing and medicines supply architecture that are essential for data driven service provision.
- Workforce modernisation is key to delivering advance clinical, technical and digital capabilities and the Directorate will require autonomy to deliver a workforce redesign and modernisation within its allocated budgets.
- Developing advanced clinical practices and professional integration of pharmacy staff into front line patient care by developing clinical mentorship to change the appetite and culture for doing things differently.
- Developing an innovative programme for health literacy with effective digital communication will be key to support patients in selfcare, decrease the dependency on health or care givers and to be active partners in managing their own treatments.
- Developing a model of supported professional integration where clinical pharmacy teams are supported to deliver both advanced profession practice to a clinical speciality while remining true to the provision of pharmaceutical care and the delivery of core pharmacy services.

**Appendix 3 –  
Welsh Government Proposed Actions: Immediate (excluding HEIW and  
WG only actions)**

<b>Recommendation 1 Enabling pharmacy professionals to practice in areas where they add most value:</b>		
<i>Recommendation 1.1 Reducing time spent by pharmacy professionals on non-clinical activities</i>		
<b>Health boards and Velindre University NHS Trust should continue to prioritise and contribute to the work already underway to reconfigure pharmacy technical services and medicines information services on a national basis through the TrAMs programme and WMAS project</b>		<p>Engagement with TrAMs implementation work with NWSSP</p> <p>Radio pharmacy regional delivery via SBU achieved.</p> <p>Interim solution for Hywel Dda Aseptic unit in Costed business case development</p>
<i>Recommendation 1.2 Prioritising clinical pharmacy service provision to better meet the needs of the NHS</i>		
<b>Health boards and Velindre University NHS Trust should undertake a stocktake to map how pharmacy resource is currently deployed on clinical activities across the organisation and to identify the nature and extent of the clinical pharmacy activity provided in hospitals by speciality and division/directorate(s) for inpatient, outpatient and any other services within their organisation</b>		<p>Staffing establishment review undertaken; including pharmacy professionals resourced outside the P&amp;MM directorate.</p> <p>Pharmacy and Medicines Optimisation benchmarking with other NHS provided undertaken.</p> <p>Directorate vacancy control process and review panel in place to modernise roles in line with WG actions and directorate 4 strategic aims.</p> <p>Directorate subgroup structure developed around 5 pharmaceutical themes to empower the workforce to co-design and deliver the new models of service delivery.</p> <p>Gap and demand analysis to be undertaken.</p>
<b>Health boards should ensure that systems are in place for triage and prioritisation of patients for the provision of pharmaceutical care on admission. Prioritisation should be based on the use of clinical prioritisation tools validated and used in NHS hospitals in the UK</b>		<p>Currently prioritisation undertaken by pharmacy teams, Pharmacist Leads for Clinical Services and Chief Technicians. The lack of real time digital data is limiting factor.</p> <p>Electronic prioritisation tools already exists in the Renal Pharmacy Service across Hywel Dda. This can be used as a blue print for development. This has had demonstrable productivity, quality and safety gains</p> <p>The implementation of EMPA will allow for the development of clinical &amp; business intelligence. The capability for prioritisation may not be available from the commercial offering of the EPMA product. However these can be developed and digital and informatics capabilities will be Prudent investment from the P&amp;MM. Developing these in Hywel Dda could lead to scale and spread opportunities for other Health Boards; the SWW renal model shows how this is possible</p> <p>Pharmacy have engaged with Frontier to support and develop its use for the needs of our clinical pharmacy service</p>
<i>Recommendation: 1.3 Scope of clinical pharmacy services and the relationship with multidisciplinary teams</i>		

<p><b>Health boards and Velindre University NHS Trust should ensure the requirements for clinical and non-clinical pharmacy services are considered in all new service developments and in any clinical service redesign</b></p>		<p>Clinical pharmacy services are only sustainable if core pharmacy services are robust. In order to liberate time for clinical service development the access to medicines functions need to be modernised for centralised coordination and localised delivery. Creation of a hub within directorate budget can achieve this. This will include development into logistical support to increase the productivity of the clinical pharmacy service to expand their capacity e.g. dedicated IT support, data analytics and communications.</p>
<p><i>Recommendation: 1.5 Improving pharmacy support to meet the NHS stated priorities</i></p>		
<p><b>Health boards should ensure all Urgent and Emergency Care settings receive a clinical pharmacy service (before winter 2023) and that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams within all Emergency Departments and Same Day Emergency Care units as a priority</b></p>		<p>Clinical pharmacy services currently being provided to Emergency Care settings across Hywel Dda 7 days a week in 3 of the 4 sites.</p> <p>Pharmacist Prescribing capabilities need to be developed. The directorate will develop clinical mentors to support pharmacist prescribers on their advanced practice journey</p> <p>Vacancies in SDEC need to be recruited into</p>
<p><b>Health Boards should ensure that appropriately trained pharmacist prescribers are incorporated into multidisciplinary teams within all Emergency Departments and Same Day Emergency Care units as a priority</b></p>		<p>Pharmacists working within Emergency Departments may not be prescribers or are not actively prescribing within the role.</p> <p>Challenges with retention of staff in same day emergency care (SDEC) at acute hospital sites.</p> <p>Going forward there is a need for:</p> <ol style="list-style-type: none"> <li>1. Review of current SDEC pharmacy structure - The pharmacist role should be supported by a primary care technicians to bridge the interface</li> <li>2. clear purpose and job plans.</li> <li>3. Recruitment and development of clinical leadership – including co-creation with physician mentorship</li> </ol>
<p><i>Recommendation 1.6: Pharmacy's role in optimising patient flow</i></p>		
<p><b>Health boards and Velindre University NHS Trust should implement all actions included in the guidance '<u>Optimising pharmacy services at hospital discharge to improve patient flow</u>' published by the Welsh Government in December 2022</b></p>		<p>The HB has made good progress in implementing the actions included in the document to improve patient flow.</p> <p>Examples: population of MTeD on admission, use of patients own medication, one-stop dispensing as needed, ward-based dispensing of discharges</p> <p>EPMA will further the capabilities</p>
<p><b>Health boards and Velindre University NHS Trust should ensure that pharmacy teams, as routine practice, record every patient's nominated community pharmacy in their online record (e.g. in the Welsh Clinical Portal) to facilitate a Discharge Medication Review (DMR) after discharge from hospital. The Welsh Government will commission updated patient and carer communication materials to support this action</b></p>		<p>Pharmacy staff undertaking medication histories identify community pharmacy used by patient and enter this information into the Choose Pharmacy platform of MTeD.</p> <p>Better communication resources for patient health literacy needs developing to empower patients in supported self-care and navigating services</p>
<p><b>Recommendation 2: Developing hospital pharmacy teams to deliver outstanding clinical care</b></p>		

<i>Recommendation 2.1 Improving pharmacy workforce planning</i>		
<b>Health boards and Velindre University NHS Trust should ensure their organisational workforce plans take account of the benefits of integration of pharmacy professionals in multi-disciplinary teams</b>		<p>Pharmacy integration within directorates and specialities to ensure pharmacy is always considered in their workforce planning and IMTP.</p> <p>The Health Board, with P&amp;MM taking the lead, need to establish a model for expectations for pharmacy staff employed outside the P&amp;MM directorate to ensure core service delivery and pharmaceutical care is not overlooked.</p>
<b>Recommendation 3: Strengthening quality, pharmacy leadership and governance at all levels</b>		
<i>Recommendation: 3.1 Improving organisational scrutiny of the quality and effectiveness of pharmacy services</i>		
<b>Health boards and Velindre University NHS Trust should ensure pharmacy services are included within their strategic planning cycle</b>		Pharmacy integration within directorates and specialities to ensure pharmacy is always considered in their strategic planning cycle and IMTPs.
<b>Health boards should ensure they employ a Director of Pharmacy accountable for the quality of clinical and technical pharmacy services provided within the organisation</b>		Clinical Director in post for Hywel Dda.
<b>Recommendation 4 Realising the potential of digital, automation and other technological advances to transform how pharmaceutical care is provided</b>		
<i>4.1 Better use of data and technology to prioritise pharmaceutical care</i>		
<b>Health boards and Velindre University NHS Trust should continue to work with the DMTP to progress implementation of electronic prescribing and medicines administration (ePMA) systems for every hospital in Wales in line with the agreed timescales including ensuring pharmacy professionals have access to IT hardware needed to realise the benefits of digital systems</b>		<p>Recruited: Lead Pharmacist Digital Medicines Management Systems and Pharmacy Lead for Informatics, Analytics, Digital Innovation and Quality in post within Hywel Dda to support this.</p> <p>The benefits realisation of digital is a real opportunity for business change and service redesign.</p> <p>P&amp;MM will foster a culture for digitisation, which means not doing on a computer what we have always done on paper.</p>