



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Session: Sustainable Resources Committee 30 April 2024

Directorate: Pharmacy & Medicines Management

Presented on: 21st March 2024

Presented by: Prof Chris Brown Clinical Director



Today's session will look at:

Strategy

Performance

Challenges & opportunities

“ if we set our goals high then even if we don't achieve it all, it will still be a huge success ”



Strategy

“ If you want something you’ve never had,
you must be willing to do something you’ve never done “





What (pharmacy) strategieS are we working to:

Transforming Access to Medicines (TrAMs) programme

Pharmacy Delivering a Healthier Wales (PDaHW)

- describes the long-term goals & principles for the pharmacy profession in Wales

Digital Medicines Transformation Portfolio (DMTP)

HEIW Strategic Pharmacy Workforce Plan

Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales

Commissioned by: Welsh Government Published September 2023 *



* Published in responses Review by: Royal Pharmaceutical Society

Transforming Clinical Hospital Pharmacy in Wales for Enhanced Patient Care





Simplifying the vision

*“ it’s not what you look at that matters
it’s what you see ”*

Our **Four strategic aims** under pin directorate decision making :

1. **Best use of technology** for 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 support people with self-care
- Underpinned by a vacancy review and control panel
(already delivering a modernisation to workforce appointments)
 - Delivering collaboration, standardisation and centralisation





Delivering the vision:

“ Some people want it to happen, some wish it would happen, others make it happen ”

We've established a directorate **working group** structure based on **5 themes**

1. Workforce

Workforce ; Education & Training

2. Patient experience

Medication Safety & Information ; Clinical Services ; Speciality Leads

3. Seamless Pharmaceutical Care

Procurement & Logistics ; Formulary & Primary Care ; Dispensary ; Homecare

4. Innovation & technology

Digital & Analytics ; Technical Services & WDA

5. Value based Healthcare

Service development, improvement & innovation ; High-cost drugs

- these will, and already do, task the workforce with delivery





A focus on the WG strategy:

*“Independent Review of Clinical Pharmacy
Services at NHS Hospitals in Wales”*



To transform the current provision of clinical pharmacy services in hospitals in Hywel Dda we need to:

- to deliver on **60 Strategic Actions** recommended in the review
- that cover **4 themes**:

1. Enabling pharmacy professionals to practice in areas where they **add most value**
2. Developing hospital pharmacy teams to deliver outstanding **clinical care**
3. Strengthening **quality**, pharmacy **leadership** & **governance** at all levels
4. Realising the potential of **digital**, **automation** & other technological advances to transform how pharmaceutical care is provided

We have a working group delivering our response



Delivering the vision

“ Focus on being productive instead of busy ”

Liberate clinical staff from administrative duties giving them the time to care

- Deliver on the principles of Prudent Healthcare
- Centralise the coordination & localise the delivery of pharmacy services to enable equitable patient access to expert care
- Underpin core pharmacy service delivery by developing the concept of an **access to medicines hub**



Digital &
analytics



Procurement
& logistics



Homecare
& selfcare



Governance &
communications



Research &
development

AToM hub: working to continuously, reliably & sustainably meet the pharmaceutical needs of the population we serve



Delivering the vision

Deliver an ambitious digital & value-based transformation of current service provision

- A high-tech solution for highly personalised care
- Embrace the Digital Medicines Transformation Portfolio for a digitally enable service redesign
- Provide the clinical & business intelligence to increase efficiency & productivity (& safety)
- Develop material for health literacy that supports people to become active partners in their own care

Develop clinical leadership

- Upskill the workforce, pushing the boundaries to work at the very top of their professional license
- Create mentorship for advance professional practice & pharmacist prescribing
- Develop clinical roles for our registrant technicians
- Develop consultant pharmacists roles
- Implement models for professional-integration of pharmacy staff into frontline specialities that remain committed to core pharmacy service development

So is any of this working ?



Performance



Finance: Summary Financial Position – February 2024

£k	In-Month	Year to Date	Year Forecast
Budget	£7,795	£88,849	£96,360
Actual	£6,949	£89,113	£95,870
Variance	-£846	£264	-£490

- Delivered savings of £1.3m (Budget reduction in April 2023)

Finance: End of year Financial Position to be provided during the session



Measuring performance drug use :





“ Nobody realises that some people expend tremendous energy merely to be normal ”

We will measure the delivery by the:

Proportion of people receiving the best value medicine

Proportion of medicines sourced from the best value supplier.

What does success look like by comparative benchmarking:

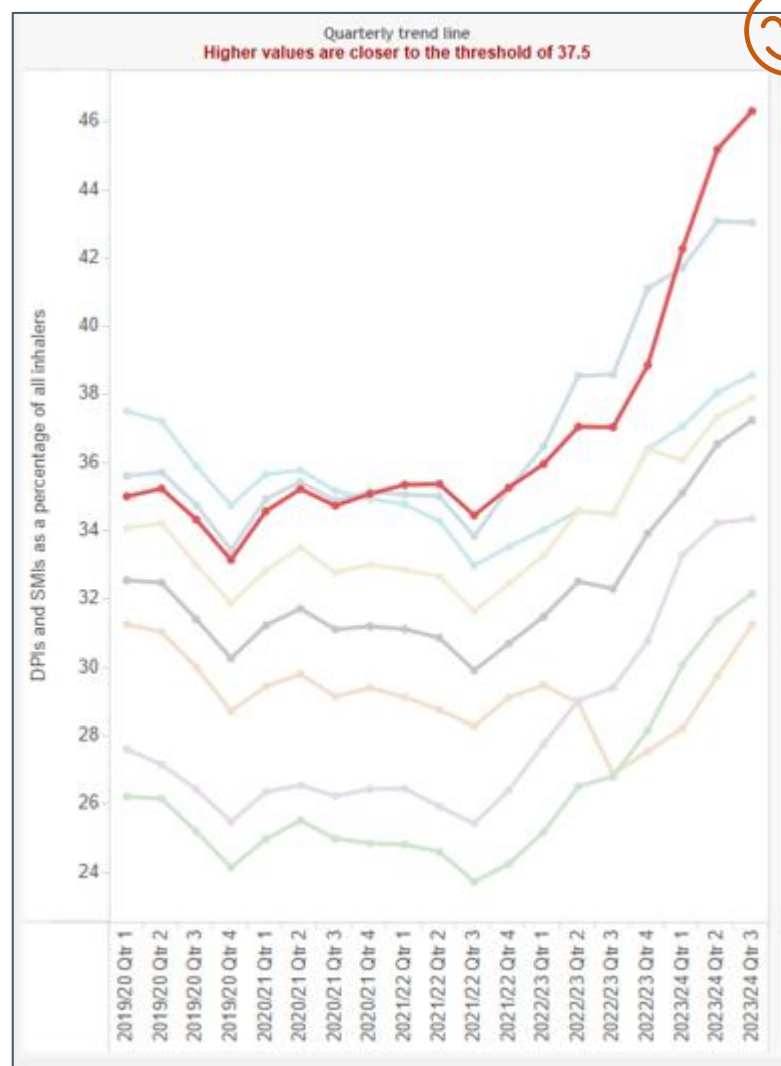
-  **Poor** will mean: HDUHB performance is not improved from our baseline
-  **Improved** will mean: HDUHB performance is improved from our baseline
-  **Good** will mean: HDUHB performance is comparable to the NHS Wales average
-  **Excellent** will mean: HDUHB performance is comparable to the best performing Health Board in NHS Wales



Primary Care, National Prescribing Indicators

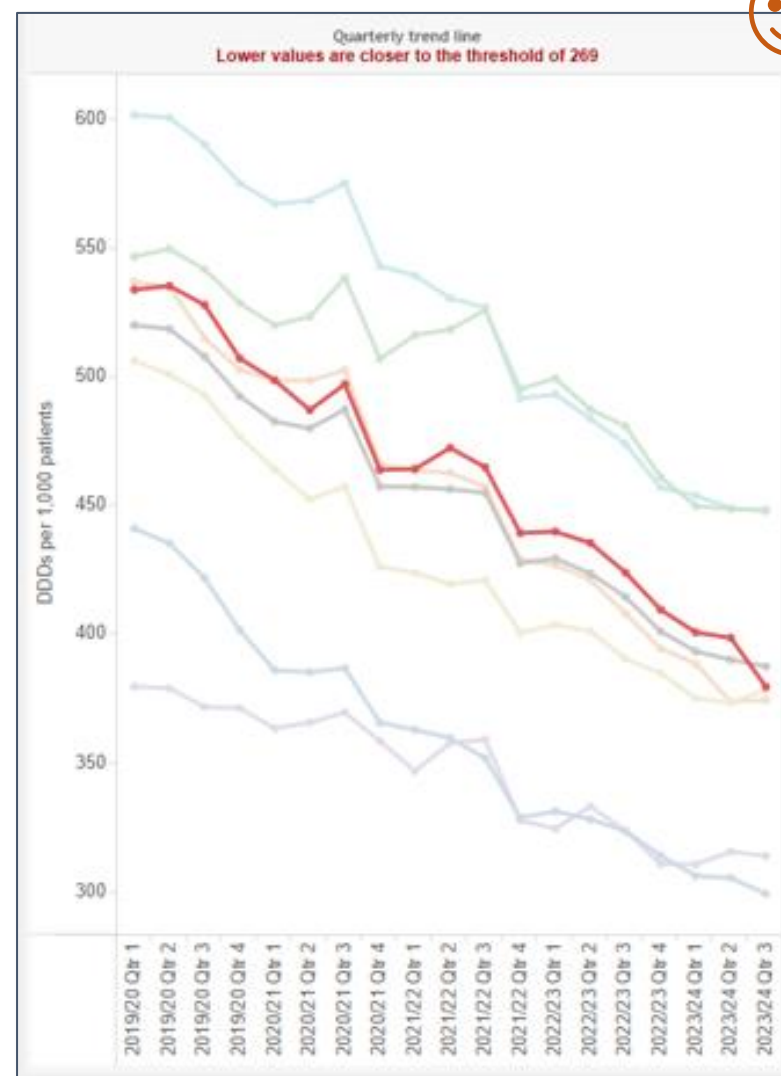
[SPIRA - Efficiencies Brand to Generic](#)

Inhaler decarbonisation **Excellent**



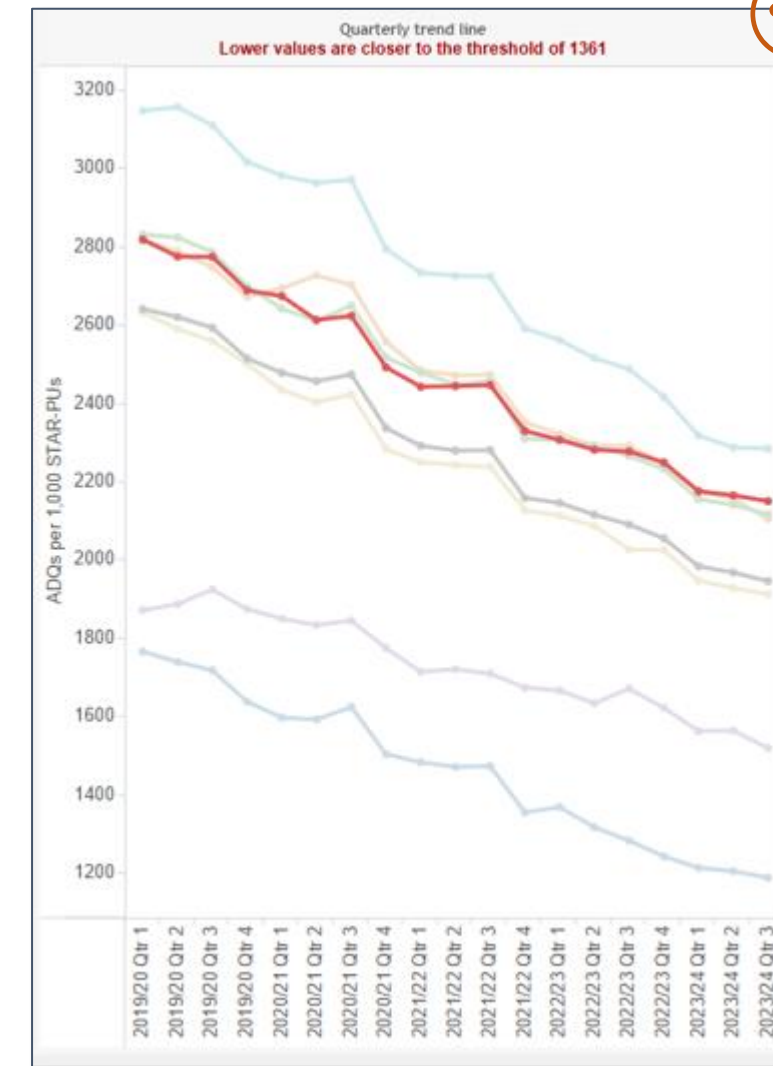
Best performing

Tramadol **Good**

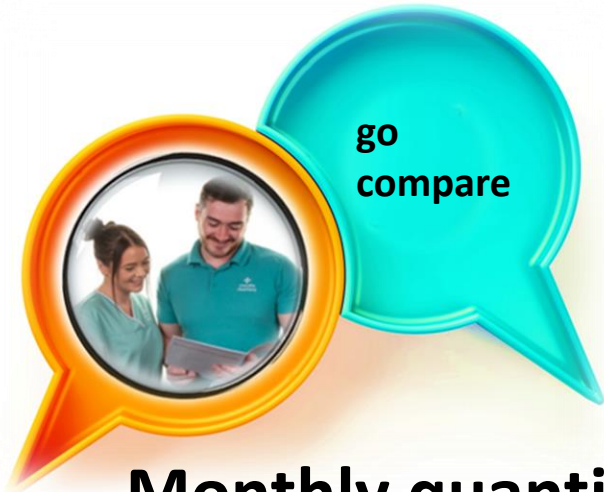


Largest reduction; better than average

Hypnotics & anxiolytics **Improved**



Improving; below average



Biosimilar best value switch

Monthly quantity: **Wales** (minus HDUHB)

Adalimumab

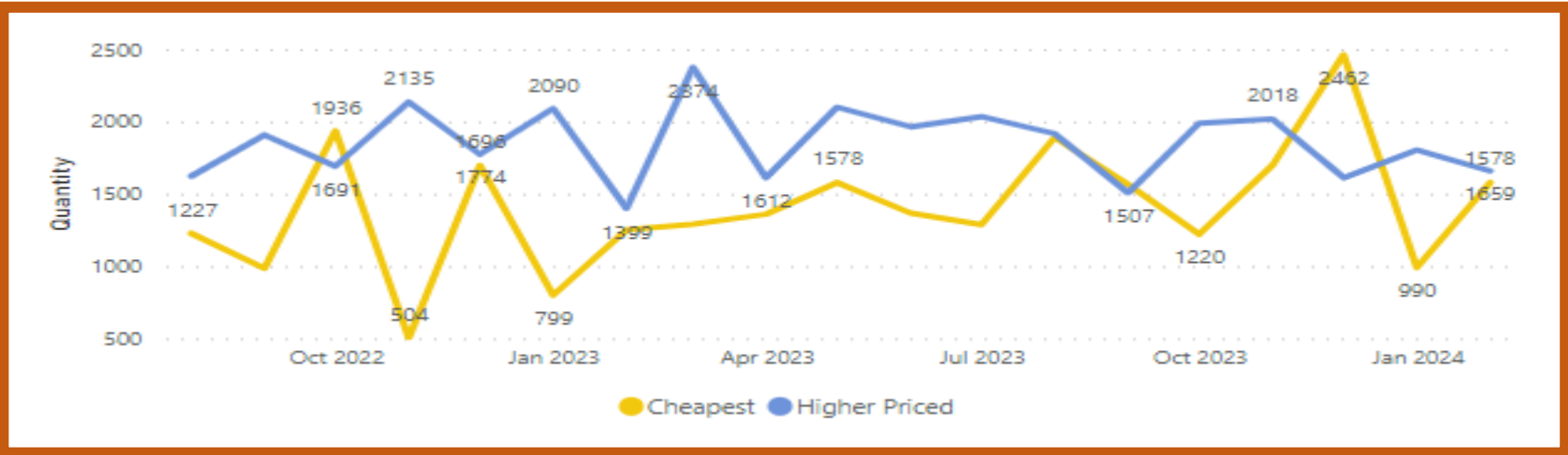


Monthly quantity: **HDUHB**

Excellent



Infliximab



Excellent





Biosimilar best value switch

*“ Better to do something imperfectly
than to do nothing flawlessly ”*

Clinical & Business intelligence

Opportunities & Challenges



Pharmacy Technical services 'Aseptics'



Pharmacy Technical services 'Aseptics'

*“ Start where you are. Use what you have.
Do what you can ”*

One unit servicing all HDUHD:

Poor facility does not comply with regulatory standards

Classed as **high risk** to patient safety (Audit Jan 2023)

- subject to external monitoring

Improvement in processes noted (Audit Feb 2024)

Manufacturing capacity:

- limited to treatments with short expiries that can't be / are difficult to outsource (200 treatments / month)

All other cancer treatments must be outsourced from commercial suppliers (1100 treatments / month)

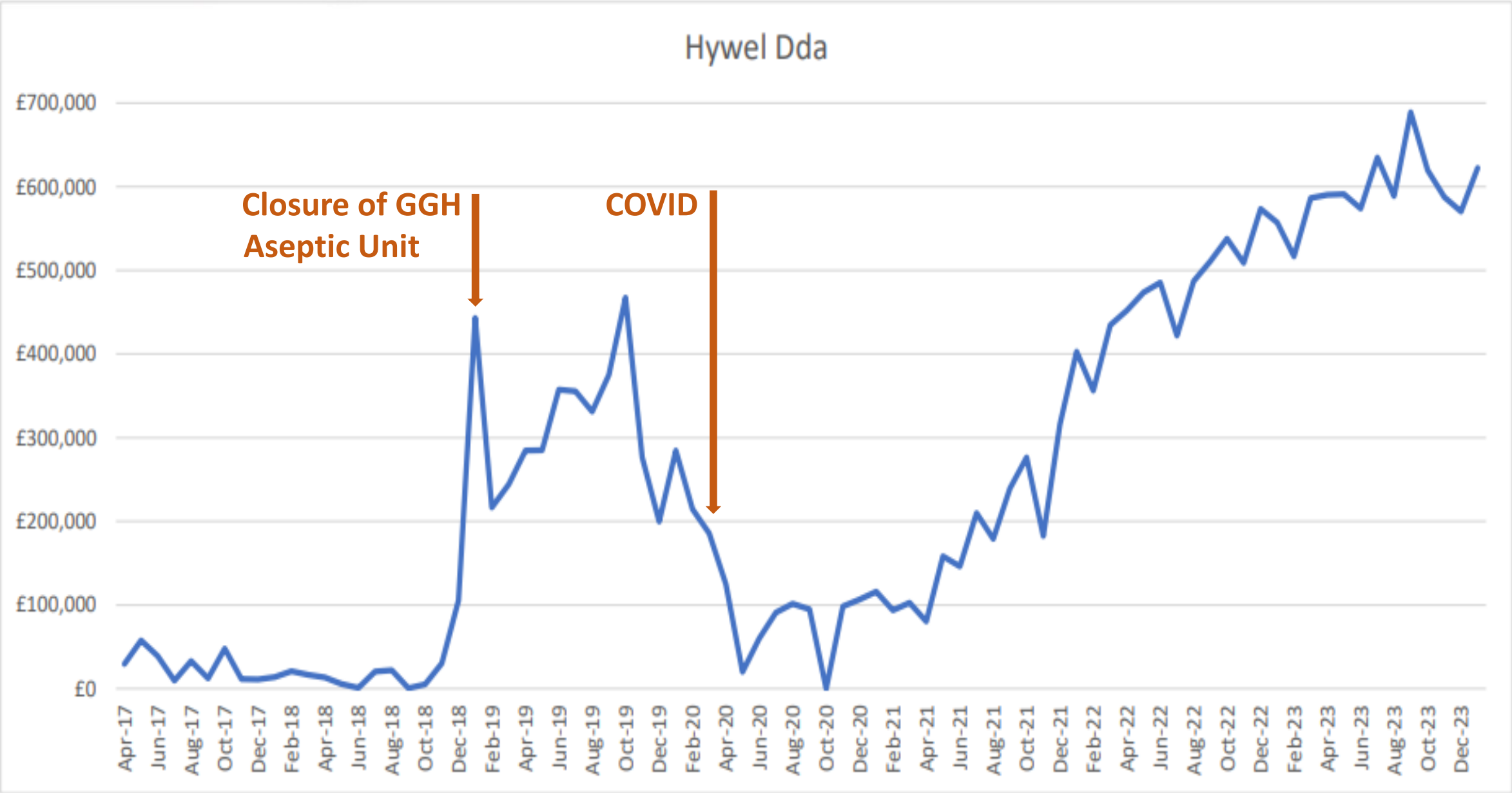
Outsourcing from commercial suppliers is typically 22% more expensive (acquisition cost) than in-house manufacture *

*NWSSP Data





Reliant on outsourcing



Over £6m per year on outsourcing cancer treatments from commercial suppliers

Number of cancer treatments requiring aseptic preparation

	Treatments per Year
2018	10,513
2019	11,386
2020	10,809
2021	12,718
2022	14,173
2023	16,648

COVID

Increase of 14% per year
(between 2021 and 2023)



Treatments that can't be outsourced

Cannot be outsourced due to short shelf life / unavailability
545 doses in 2023

Product unable to be outsourced	Consequence is inability to treat at Hywel Dda	Number of doses administered at HD in 2023
Arsenic Trioxide	Acute myeloid leukaemia	33
Avelumab	Renal cell carcinoma	49
Pegylated Liposomal Doxorubicin	Ovarian cancer	69
Cemiplimab	Cutaneous squamous cell carcinoma	44
Dostarlimab	Endometrial cancer	29
Durvalumab	Lung cancer	15
Enhertu	Breast cancer	50
Ipilimumab	Renal cell carcinoma, melanoma	69
Isatuximab	Myeloma	90
Polatuzumab vedotin	Lymphoma	28
Raltitrexed	Colorectal cancer	12
Sacituzumab govitecan	Breast cancer	57



Pharmacy Technical services 'Aseptics'

TrAMs is the long-term solution

Funding is not confirmed & programme is delayed

Our specialist staffing is a real issue

HUHB needs an interim solution

A demountable unit in WGH (business plan worked up for WG)

Patient safety risk & a £1.3 million per year risk

Can we do more before then:

Is there a more Prudent use of current infrastructure ?

What's the biggest bang for our buck – high-cost : low-volume



Recommendations

The committee is asked to note content of the report

- including the work:
to underpin core pharmacy service delivery by
developing the concept of an **access to medicines hub**
- to redesign service models and practices to meet WG
recommendations.