



Essex Partnership University
NHS Foundation Trust

PHARMACY & MEDICINES OPTIMISATION

Strategic Plan 2024-2028

EPUT

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Foreword

To achieve our vision of being the leading health and well-being service in the provision of mental health and community care, it is essential that EPUT provides treatment that is of the highest quality, based on the latest evidence, is safe, clinically effective and cost-effective. Furthermore, that treatment should be personalised taking into account the views of patients and their carers through shared decision-making.

Medicines are the most common therapeutic intervention in healthcare and play a critical role in maintaining health, preventing illness, managing chronic conditions and curing disease. Over **two million doses** of medication are administered each year within EPUT inpatient wards alone, with more being taken by our patients in the community. The total cost of medicines to the NHS in England in 2022/23 was **£19.2 billion**, an increase of 8% on the previous year. Approximately 49% of that expenditure relates to prescribing in hospitals. Annual expenditure on medicines within EPUT is around **£5.9 million** each year.

Our pharmacy staff engage in reviewing individual patients' medication regimens to ensure that they are safe, appropriate and clinically effective; liaising with and providing advice to prescribers; supporting patients to get the most from their medicines, as well as ensuring timely and consistent supply of medicines. Many of our pharmacists are non-medical prescribers and can prescribe medicines directly. The wider duties of our ward- and community-based staff extend to ensuring that medicines handling processes within the Trust meet the consistently high standards expected, providing training and supporting problem-solving on a regular basis.



**Dr Hilary Scott,
Director of Pharmacy**

Our prescribers make hundreds of decisions each day about the treatment that patients are prescribed, and it is important that all strive to ensure that prescribing results in the best possible outcomes for patients. In line with our Research and Innovation strategies, prescribing practices need to be patient-centred, appropriately optimised and evidence-based, achieved through working closely with the pharmacy team who are experts in medicine use.



About our Service

Journey so far

The pharmacy and medicines optimisation team operates from multiple sites across the Trust. Our central dispensary is in Chelmsford, supported by two small satellite dispensaries in Basildon and Colchester. In addition to these sites, pharmacists and pharmacy technicians are based in Braintree, Brentwood, Epping, Grays, Harlow, Rayleigh, Rochford and Wickford, working as embedded members of multidisciplinary clinical teams.

Over the last two years, the pharmacy service has been restructured to reflect the Trust's new operating model and provide better alignment with our clinical Care Units. These structural changes will make integration with the work of Care Units easier. It is important that requirements for both the use of medicines and pharmacy services are considered at an early stage when changes to services and clinical pathways are being considered. From 2024/25 the team will move into the portfolio of the Executive Chief Operational Officer, making that easier to achieve.

The team helps patients and clinicians get the best possible results from medicines, ensuring that they are safe and effective. They regularly review the medication of patients on our inpatient wards, to make sure that patients receive optimal medication regimens and advise on the best medication choices to suit individual patient needs. They also have expertise in the treatment of physical health conditions and can offer a clinical sense check to colleagues on the wards or out of hours. The availability of an on-call pharmacist means that advice can be provided 24 hours a day, every day, even when the department is closed.

Every year the team makes over 10,000 clinical interventions to ensure the best possible results for our patients, advising on dosing, allergies, side effects and potential interactions with other medications. On average the pharmacy dispenses 13,400 items of medicine per month, and the volume is increasing year on year (see Table 1). Each year around 700 EPUT staff attend education and training sessions organised and run by pharmacy staff.

The team helps patients and clinicians get the best possible results from medicines, ensuring that they are safe and effective.

Alongside the more general vaccination services provided by the Trust, we continue to support the Covid-19 vaccination programme for those living in Essex and Suffolk and have supplied nearly 385,000 doses of vaccine from our main pharmacy since 2021, as well as being involved in the development of policies and procedures, providing training for vaccinators and dealing with clinical queries.

Organisations with high incident reporting rates are considered to have a better and more effective safety culture because learning cannot be

embedded unless incidents are reported and reviewed. Around one hundred medication incidents are reported on Datix each month and every incident is reviewed by a pharmacist to ensure that themes and trends are identified, and lessons can be learned.

The NHS Mental Health Implementation Plan identified the need for additional mental health pharmacist posts working in the community to support patients with severe mental illness. Over the last three years, new pharmacist posts have been created as part of the transformation programmes in adult community mental health and perinatal mental health services. The majority of these are now filled with pharmacists working as valued members of their local integrated teams. They offer patient consultations and provide expert advice to GPs and team colleagues, allowing complex cases to be managed in primary care.

Pharmacist and pharmacy technician posts have been created to support the development of a Virtual Ward in West Essex where patients are managed in the community rather than admitted to hospital, or discharged sooner than would otherwise be possible. Pharmacy staff also work as part of the South Essex care coordination team to help patients remain in their own homes rather than be admitted unnecessarily, reviewing their medication regimen at home, assessing whether they can take their medicines correctly and accessing support in the community to do so where that is necessary.

The pharmacy team currently consists of 42 pharmacists, 17 pharmacy technicians, 6 pharmacy support workers and 3 administrative assistants.

- Pharmacists undertake a four-year degree course and a year of supervised practice prior to registration. As experts on medicines, they carry out clinical review of patients' medication regimes to ensure safety, clinical- and cost-effectiveness and to optimise the use of medicines to promote recovery.
- Pharmacy technicians undertake two years of training prior to registration. Roles include medicines reconciliation for newly admitted patients, assessing patient's own drugs for use during admission, arranging for inpatient/leave/discharge medicines supply, dispensing and supply of medicines within the Trust's pharmacy, support for self-administration. They are also involved in providing information to patients and staff about medicines and patient counselling.
- Pharmacy support workers ensure that adequate supplies of medicines held as ward stock are available on a 'top-up' basis and provide supplies of medicines from the Trust's main dispensary.

In addition, the team employs five pharmacists and pharmacy technicians undergoing their pre-registration training and provides placements for trainees who are employed in other settings, so that they can experience working in mental health and community health services.

Stakeholder engagement

As part of the development process for this strategic plan we have engaged with service users. People told us that they want:

- Clear, jargon free, information about the medicines they are taking to support shared decision making.
- Pharmacists, as the experts on medicines, involved in ward rounds, medicines reviews and multi-disciplinary team (MDT) meetings.
- Support to self-administer medicines in preparation for discharge.
- Communication between different parts of the NHS about their medicines, including with their community pharmacy.
- De-prescribing where medicines are no longer required.

Workshops and individual discussions also took place with more than 60 EPUT senior leaders, Integrated Care Board (ICB) chief pharmacists and pharmacy team members. They told us they want:

- Pharmacy team members able to spend more one-to-one time counselling patients about their medicines.
- Greater pharmacy presence on ward rounds and MDTs providing medicines expertise to staff and patients.
- Electronic Prescribing and Medicines Administration (ePMA) functional and in routine use.
- Information about medicines regimens communicated effectively with other partners in patients' care including use of the Discharge Medicines Service (DMS).

The contributions from these colleagues have helped shape this strategic plan which is carefully aligned with ICB plans for pharmacy and medicines management.

Challenges and opportunities

Demand for pharmacy services is recognised to be growing with a resulting shortage of pharmacists and pharmacy technicians. This makes it difficult to fill vacancies and retain staff making it important that EPUT does everything possible to make it an employer of choice for pharmacy professionals.

Over the last two years the pharmacy service has experienced significant vacancies, but more than 35 new staff have been recruited to the team during that period. The challenge will now be to retain staff in a very competitive market. The EPUT People and Education strategy with its themes of 'train, retain and reform' are relevant to this task.

To meet the growing need, the *NHS Long Term Workforce Plan* proposes expanding the number of training places for pharmacists by around 50%, with increases in pharmacy technician training places as well. This provides the opportunity for

the pharmacy department to host trainees as part of a 'grow your own' approach to recruiting staff in the future. Although the service has provided training places for some years, for the first time we have recruited pre-registration pharmacy technicians from within the ranks of our pharmacy support workers, and pharmacists who have undertaken their foundation year with us have gone on to secure permanent posts upon registration. It will be important to continue to provide training places for pharmacists and pharmacy technicians as well as developing staff from entry level into early career roles and on to become specialists with the knowledge and experience to work more autonomously.

Changes to the education and training of pharmacists and pharmacy technicians mean that they will, or already do, qualify with enhanced clinical and consultation skills. From mid-2026 all newly registered pharmacists will qualify as independent prescribers at the same time as registration. Pharmacy technicians are now registering with more clinical skills than previously, including qualification as accredited checking pharmacy technicians (ACPTs) on registration.

Implementation of electronic prescribing and medicines administration (ePMA) over the next two years, as part of our digital strategy, will provide the opportunity to streamline workflows relating to medicines, improve the safety of medicines use and quality of prescribing.

With appropriate support, the pharmacy team will support the Trust's aspirations to increase participation in clinical research involving medicines.

The Trust's Quality of Care Strategy provides a key opportunity for improving the quality of prescribing within the organisation in line with its ambitions around effectiveness and will actively participate in the Quality Senate.

Implementation of a future ePMA system as part of the new Mid & South Essex wide electronic Patient Record (ePR) will provide the opportunity for better integration of medicines information and improved care.



Vision, Purpose and Strategic Objectives

Vision

"To be the leading health and wellbeing service in the provision of mental health and community care."

Pharmacy and Medicines Optimisation Services will contribute to the delivery of the vision by:

- Ensuring the consistent delivery of high-quality, digitally enabled, pharmaceutical care and pharmacy services.
- Being valued members of ward clinical teams and multi-disciplinary teams (MDTs).
- Helping patients to receive safe, clinically effective, evidence-based and cost-effective medicines appropriate to their individual needs and be empowered as partners in medication treatment decisions through personalised care and shared decision making.
- Delivering medicines management training and education to members of the wider MDT to enhance their knowledge and understanding of the place of medicines within care pathways.
- Optimising medicines, including through deprescribing, to ensure that patients are prescribed the right medicines, at the right time, in the right doses.
- Making referrals to the Discharge Medicines Service provided by community pharmacists to review medication changes at discharge and reduce harm from medicines that can occur at transfers of care, ensuring better outcomes and reducing hospital readmissions.

The goal is to help patients to take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, improve safety, and improve their outcomes.

Purpose

"We care for people every day. What we do together, matters."

Our vision for pharmacy services and medicines optimisation focuses on collaborating with our colleagues across EPUT, and our partners across the health economy, to ensure that patients can get the best possible outcomes from their medicines.

This requires medicines optimisation to be everyone's responsibility. Whilst medicines need to be managed, transported, and stored safely and securely, the most important aspect of medicines use is patient outcome. The greatest contribution to this is by ensuring prescribing is evidence-based and patient-centred, with reduction in inappropriate polyprescribing (also known as polypharmacy) which increases the risk of adverse effects without additional clinical benefit. Some variability in prescribing patterns is to be expected, but variation can often be unwarranted, resulting in unnecessary expense, poorer outcomes and wastage. As the experts on medicines our pharmacists will help clinicians to prescribe in line with the latest evidence-based guidance and identify and challenge prescribing which does not conform with these high standards.

Routine presence of pharmacists at the point that prescribing decisions are being made will help ensure that they are evidence-based and follow the Trust's recommended medicines choices contained in the EPUT formulary and prescribing guidelines. Pharmacy professionals' support to patients in terms of medicines counselling and information provision will facilitate shared decision making and improve adherence to medicines improving outcomes.

Medicines optimisation is everyone's business!

Strategic objectives

We have four strategic objectives to achieve our vision:

We will deliver safe, high quality integrated care services.

We will enable each other to be the best we can be.

We will work with our partners to make our services better.

We will help our communities to thrive.

We have set out our key priorities to achieve these objectives in the next section.

Values

Our values underpin all that we do:
WE CARE • WE LEARN • WE EMPOWER

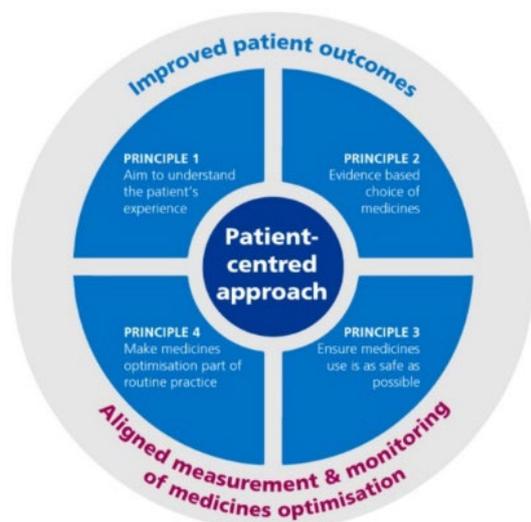


Members of the Specialist Services and Community Mental Health pharmacy teams discuss medication regimens

STRATEGIC OBJECTIVE 1: WE WILL DELIVER, SAFE, HIGH QUALITY, INTEGRATED SERVICES

Introduction

Medicines optimisation has at its core a patient centred approach to delivering safe, high quality, integrated services. It is about ensuring that the right patients get the right choice of medicines, at the right time, to improve their outcomes and experience of care.



Medicines Optimisation: Helping patients to make the most of medicines. Royal Pharmaceutical Society, 2013

The impact of medicines optimisation is multiple and includes safe and patient-specific prescribing, improved adherence to treatment, better patient outcomes, reduced length of stay, reduced waiting times, fewer re-admissions, reduced errors, and less wastage. It may involve stopping medicines as well as starting them.

In line with the Trust's Quality of Care strategy, and its themes of safety effectiveness and patient experience, everyone plays a part in the optimal use of medicines. As the Trust's experts on medicines, pharmacy team priorities will continue to help embed optimisation as standard EPUT practice.

We will bring our specialist knowledge to inpatient ward rounds and multidisciplinary team meetings to help improve outcomes from medicines, by optimising doses, simplifying regimens where possible, reducing risks associated with medicine such as falls, serious adverse effects and antimicrobial resistance, and supporting deprescribing where appropriate. Medicines optimisation is the responsibility of everyone who prescribes, dispenses, and administers medicines. Access to the expert knowledge of pharmacy professionals will help to ensure that evidence-based choice of medicines has the highest priority within the Trust.

Within 10 days of starting a medicine, almost a

third of patients are already non-adherent, and over half of them will be unaware that they are taking their medicines incorrectly. Only 16% of patients prescribed a new medicine take it as prescribed, experience no problems and have as much information as they need. We will improve adherence and help people have a positive experience of care by making information available about medicines and providing the opportunity to have a meaningful discussion with a pharmacy professional about their medication regimen.

We will support partners in the community, working alongside service users, their families, carers, and advocates, to produce the optimal care package for eligible individuals through referral of to the Discharge Medicines Service to minimise medication errors which commonly occur when patients transfer between care settings.

We will champion the use of the most effective evidence-based medicines and will engage with those involved in prescribing, dispensing and administration to ensure that medicines management, for all aspects of medicines handling, is of the highest possible quality.

The pharmacy team will continue its recruitment campaign to meet the demand for its services from patients, partners, and Trust ward-based and community teams.

Our key priorities

- Fill pharmacy team vacancies.
- Ensure pharmacy presence at ward rounds, medication reviews and MDT meetings, so that patients will receive more timely access to the right medicines first time.
- Champion evidence-based prescribing and best-practice handling of medicines.
- Continue to drive the implementation of the electronic prescribing and medicines administration system (ePMA).
- Make use of data from ePMA to inform day-to-day clinical practice and ensure prescribing is in line with evidence-based guidance.
- Fully implement pharmacy referral so that patients can benefit from the Discharge Medicines Service (DMS) from their community pharmacist after discharge, reducing readmissions.

We will continue to lead on the implementation of the electronic prescribing and medicines administration (ePMA) system to ensure safer and more effective prescribing, with more accurate patient data on medicines recorded for sharing with patients, staff, and partners across care settings. The advantages of ePMA include reduced

time spent re-writing and transcribing paper-based medicines charts, the ability to access information on a patient's medicines from anywhere, and greatly improved safe management of medicines including decision support in relation to contra-indications, cautions and allergies. Additionally, use of modern digital systems will aid the recruitment and retention of pharmacy and other clinical staff as well as freeing staff time for greater contact with patients.

The implementation of ePMA will inevitably see an increase in patients requiring reconciliation and optimisation support upon discharge from community pharmacists, and GPs and their pharmacy teams in primary care networks need timely and accurate information on a patient's medicines. The pharmacy team will champion referral to the Discharge Medicines Service when patients leave inpatient care.

Implementation of the Trust's inpatient workforce transformation programme 'Time to Care' will provide the additional staff necessary to support the aspirations set out in this document.

Immunisation services

The Trust is responsible for a growing service providing vaccinations for school-aged children in Essex and Bedfordshire. The pharmacy staff supporting the immunisation service include a pharmacist who provides advice about all aspects of immunisation and pharmacy support workers who coordinate schedules and deliveries to ensure that the immunisation teams can vaccinate in a timely manner. At peak times this can involve 35 temperature-controlled boxes, each containing hundreds of doses of vaccine being dispatched each day.

Vaccination against influenza and COVID-19 are now routinely provided to staff and patients, as well as to mothers-to-be who attend maternity services within local acute trusts. Hard to reach communities such as the housebound, the homeless, refugee populations and the travelling community are also supported.

The team often supports the ad hoc response to outbreaks, such as measles or hepatitis A, procuring vaccine, often in large quantities, at very short notice and providing dedicated clinical advice and bespoke training for vaccinators. The unprecedented success of the COVID-19 vaccination programme, in which the pharmacy team played a significant part, make this possible. The knowledge gained from setting up vaccination centres from scratch, at speed, and in unlikely venues has proved invaluable to supporting business as usual for this team.

How will we measure success?

- **Activity data showing pharmacy presence at ward rounds and MDT meetings as standard.**
- **Lower number of readmissions.**
- **Faster medicines reconciliation.**
- **All pharmacy posts filled, and retention rates high.**
- **Paper-based medicines charts replaced by ePMA records.**
- **DMS referrals occur for all patients requiring community pharmacy support on discharge.**
- **Pharmacy activity data reports.**
- **ePMA reports on medicines omissions.**
- **Evidence of embedded learning from medicines related incidents.**

What will be different?

Patients will have more access to pharmacy expertise with the opportunity for a meaningful discussion with a pharmacy professional about their medicines.

Medicines reconciliation will take place on admission and patients will receive counselling about their medicines on discharge as standard.

Patients will get the optimal medicine regime for their life circumstances and goals – as early in their treatment pathway as possible.

Patients will be empowered to manage their medicines more effectively and will therefore be more likely to comply with their prescribed medication regimes.

Higher numbers of patients will be able to self-administer prior to discharge increasing the chances of adherence to medicines once they return home.

Discharge referrals will result in timely medicine reconciliation and optimisation in the community.

STRATEGIC OBJECTIVE 2:

WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Introduction

The pharmacy team is committed to the growth, continuous professional development and progression of its staff to make EPUT an employer of choice for pharmacy professionals. As such we have implemented a “grow your own” approach which comprises a well-defined development pathway for newly registered/early career pharmacists and pharmacy technicians. This provides clear career progression, including access to appropriate post-graduate study and training of pharmacists as independent prescribers to ensure that our workforce can access high-quality professional development. New registrants, or those moving into mental health services for the first time, will be provided with the dedicated support required to develop their specialist knowledge and experience. A senior pharmacist post has been created to oversee this development pathway.

We will enhance the role of our pharmacy support workers (PSWs) so they can be more involved in facilitating patient care on the wards, particularly at our satellite dispensary sites. Upskilling PSWs will release time for pharmacy technicians to make more use of their clinical skills. Additionally, we will continue to promote progression to the Pre-registration Trainee Pharmacy Technician programme by encouraging existing PSWs through the apprenticeship route.

We will also develop pharmacy technicians to be able to work to their full potential, providing support and education to patients about the medicines they are receiving, and counselling patients prior to discharge so that they have the information they need to take their medicines safely and effectively. For appropriate patients this will include supporting self-administration of their medicines during their inpatient stay to improve their confidence and identify any problems so that they can be resolved prior to discharge.

As pharmacy technicians expand their role, in turn we will provide development that will enhance the contribution to patient care that pharmacists are able to make, particularly in relation to making use of their skills as independent prescribers.

A major workforce transformation programme (“Time to Care”) for inpatient mental health services heralds the potential for a range of new posts. This plan will build on the new posts already created through the community mental health transformation programme and creation of virtual community wards and will increase the presence of pharmacy staff across care settings to provide holistic patient-facing care. It will also drive improvements in recruitment, wellbeing, and the retention of staff. The aim is to ensure daily senior pharmacist presence on-site for our main inpatient units. New pharmacy posts have been identified as part of the first-year implementation plan for this

initiative. These posts will increase the provision of clinical advice and patient access to education about the medicines they need.

The pharmacy team will increase the support to, and development of, MDT colleagues and partners to achieve excellent quality in medicines management and optimisation. Following an overhaul of medicines management training, we will provide comprehensive sessions on the safe and effective handling of medicines, including high risk medicines and medicines for specific conditions, to all staff involved in medicines handling and administration.

To improve Trust-wide understanding of the contribution that the pharmacy team can make to patient care, we will create “day in the life” videos to promote greater understanding of the role of pharmacy staff and appreciation of the pharmacy team’s expertise.

Our key priorities

- Upskilling pharmacy support workers.
- Providing dedicated development, training, experience and support for new pharmacy registrants and early career professionals.
- Expansion of technician role.
- Expansion of pharmacist role to include independent prescribing.
- “Day in the life” videos and education sessions to raise understanding of pharmacy expertise.
- Updated medicines management training for those involved in handling medicines.
- Engagement of lived experience colleagues in training design and delivery.
- Improve communication between wards and our dispensaries and explore a system of tracking.
- Increase stock and staff numbers at our satellite dispensaries.
- Ensure pharmacy service and medicines optimisation issues are considered during service and pathway redesign.

We will increase the range of stock held and numbers of staff within our satellite dispensaries to increase the timely supply of medicines to patients, particularly discharge medication. We will improve communication between wards and our dispensaries to increase the timely ordering, supply and dispensing of medicines, as well as explore a system for medicines tracking through that process.

Pharmacy Development Programme

With pharmacists and pharmacy technicians nationally in short supply, we have had to look carefully at how to attract and retain professionally registered pharmacy staff.

This has led to the creation of development programmes for newly registered pharmacists and pharmacy technicians which will support them from entry level into specialist posts. A workforce development pharmacist has been appointed to oversee this process for pharmacists, whilst the operational business manager will undertake a similar role for newly registered pharmacy technicians.

The programmes set out attributes which post-holders are expected to be able to demonstrate to progress, likely to take 12 – 24 months, depending on role. These include items contained in the nationally recognised development framework for pharmacists. Supporting material is provided in a clinical training manual and pharmacists are expected to undertake an appropriate postgraduate certificate or diploma in pharmacy practice. Staff must also successfully complete a competency workbook.

What will be different?

A pharmacist's presence and expertise as standard at ward rounds and MDT meetings.

Patients will have more access to pharmacy expertise with the opportunity for a meaningful discussion with a pharmacy professional about their medicines.

Higher numbers of patients will be able to self-administer prior to discharge increasing the chances of adherence to medicines once they return home.

Patients are prescribed medicines holistically accounting for their physical, social, and mental health needs.

Patients, carers, and families have a clear understanding of their medicine regime and its impact.

How will we measure success?

- **Activity data showing presence at ward rounds and MDT meetings as standard.**
- **Attendance numbers for medicines management training.**
- **Activity data showing number of medicine counselling sessions offered to patients.**
- **Activity data capturing pharmacists and technicians using their full skill set.**
- **Correlation of pharmacy activity data and readmission rates.**



Strategic Objective 3: WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

The optimisation of medicines and the patient-centred approach that sits at its core, necessitates strong working relationships with service users, carers and their families, communities and other care provider organisations across the four integrated care systems we serve. Medicines optimisation requires a holistic view of each service user's circumstances and working collaboratively to find optimal treatment pathways that will achieve the best outcomes for mental and physical health.

Implementation of ePMA will increase the safety, quality and timeliness of medicines information exchange with partners. Additionally, ePMA will decrease the number of medicines charts and prescriptions which need to be handwritten, freeing up clinician time to spend working with our partners. Following successful roll out to inpatient wards, ePMA will be implemented for community mental health services.

We will expand referrals to the Discharge Medicines Service to ensure that our partners in community pharmacy can provide continuity of care in the community. This will help reduce problems with medication regimens where care transfers between settings ensuring that changes to medication made in hospital are not inadvertently reversed in the community.

To support and advise those working in primary care manage mental illness, we will recruit more advanced community mental health pharmacists. This partnership working at the interface will help ensure the pharmaceutical needs of patients with mental illness are met. This will include providing education to GPs, pharmacists, nurses and other health professionals to upskill their knowledge of mental health medicines and their use.

We will increase the provision of face-to-face medicines counselling, medication review, side effects monitoring and optimisation during the inpatient stay and at discharge.

Our key priorities

- Implementation of ePMA.
- Expanded number of referrals to the Discharge Medicines service.
- Increase medication education sessions for patients, carers and relatives.
- Face-to-face patient counselling about their medicines within wards.
- Increase the number of advanced community mental health pharmacists.
- Increase medicines education for primary care partners.

Advanced Community Mental Health Pharmacists

The Community Mental Health Framework highlighted as a key aim the evidence-based treatment of mental health problems through a full range of multidisciplinary staff available within each local community setting to delivery effective mental health care. The NHS Mental Health Implementation Plan identified a need for expansion of the number of mental health pharmacists working to support patients in the community.

West Essex was an early implementer for this model with pharmacists included as part of the roll out of community transformation since 2020. Over the last four years further such posts have been implemented across Essex. Ten advanced community mental health pharmacist posts have been created as part of community transformation, of which eight are filled, some on a part time basis.

Typically, each pharmacist reviews between 30 and 60 patients per month, providing advice to EPUT teams and primary care clinicians on medication regimens. They also respond to telephone queries, participate in MDT, locality, and primary care network meetings, undertake joint assessments with multidisciplinary colleagues, hold medicines-related consultations with patients, develop guidance and other documents, and provide support and training for nursing colleagues, especially those who are non-medical prescribers.

Our small community mental health and virtual ward pharmacy teams will support similar activities for community-based patients as part of their work with local clinicians.

As part of working towards an integrated and holistic care model for patients, we will provide or participate in education programmes for patients, relatives and carers to help them make informed choices about their medicines in the context of their personal life circumstances. We will continue to subscribe to the Choice and Medication website, making patient information about mental health conditions and treatment easily accessible to service users and promote its availability.

How will we measure success?

- **Number of referrals through the DMS.**
- **Pharmacy activity data showing more patient contact for counselling, advice, education, reconciliation, and optimisation.**
- **Pharmacy activity data showing increased collaboration with PCN partners in the community.**
- **Fewer readmissions.**
- **Reduction in the use of paper drug charts, paper prescriptions and medicines wastage.**
- **Less wastage of medicines.**

What will be different?

Patients will get more face-to-face pharmacy support.

Patients will have a better continuity of medicines support across care settings and care providers.

Patients will be more empowered to make decisions about their medicine regimes.

More patients will be confident to self-medicate.

MDT staff and PCN partners will have an understanding of and draw upon the leadership and expertise of the pharmacy team.



STRATEGIC OBJECTIVE 4: WE WILL HELP OUR COMMUNITIES TO THRIVE

Introduction

Medicines optimisation at every stage of a patient's journey has an impact on service users, their families and the wider community. We will work with our patients to help them thrive as they move from inpatient wards to community settings and ensure that support continues in the community.

We will increase the number of patients who benefit from pre-discharge medicines counselling and offer medicines education sessions to maximise the successful transition of patients into the community. Medicines education sessions will also be offered in the community to include family members and carers.

We will increase the number of referrals to the Discharge Medicines Service to ensure that our partners in community pharmacy have the information they require to support patients requiring medicines reconciliation and review after an episode of hospital care. This will minimise the risk of inadvertent discontinuation of medicines started during a hospital episode or continuation of treatment that has been stopped and maximise patient outcomes.

Our specialist community mental health and virtual wards pharmacy teams will help to assess complex cases and advise primary care colleagues on appropriate evidence-based medicines regimens.

Increasing patient support, including use of patient's own drugs during admission, will minimise the wastage of medicines which has both financial and environmental impact. We will continue to minimise our reliance on paper and plastics, with increased recycling of paper and cardboard at our dispensary sites. We will explore options for recycling medicines-related items such as blister packs and inhalers.

Our key priorities

- Pre-discharge medicines counselling as standard.
- Increase availability of community mental health and virtual ward pharmacy teams to primary care.
- Increased referrals to the Discharge Medicines Service on discharge.
- Provide complex case advice in the community.
- Reduce medicines wastage through patient centred optimisation and recycling of medicines-related items.

Discharge Medicines Referrals

The Discharge Medicines Service (DMS) is part of the core services provided by community pharmacies. By improving communication about changes to a patient's medication when they leave hospital, it aims to reduce the risk of medication errors. When a patient is discharged from a hospital into the community, the NHS trust makes a referral for follow-up to the patient's chosen community pharmacy.

Evidence shows that follow-up with their community pharmacist post-discharge is associated with reduced medication errors, reduced readmissions, improved adherence with medicines and improved patient experience. It has benefits for patients and health services alike.

At present, referrals to the DMS are on a relatively small scale, involving just patients discharged from community health services inpatient beds. During the last 12 months, 738 referrals were made to the service. Of these, follow-up has been completed for 65%, with most of the remainder awaiting acceptance by the community pharmacist or awaiting the patient to visit their pharmacy. Very few referrals were rejected.

Although from studies of referrals for patients discharged from acute hospital care rather than mental health or community health services, evidence suggests that patients who receive a community pharmacist follow-up consultation have lower rates of readmission and shorter hospital stays if readmission does occur than those without a follow-up consultation.

Whilst there are costs associated with making referrals to the discharge medicines service, including infrastructure and pharmacy staff time to identify patients requiring follow-up, capture potential issues and make the referral, evidence shows that the potential exists for significant savings to the local health economy because of DMS referrals.

Many of our team members already live within the communities that the Trust serves. We will recruit from local communities and support inclusive

recruitment where possible.

To help address the current shortage of pharmacists and pharmacy technicians we will work with, and support, local Higher Education Institutions (HEI) which are developing initial training and education programmes for pharmacy professionals. We already accept requests for work experience from young people considering a career in pharmacy and will explore working with HEIs to offer formal clinical placements for students undertaking a pharmacy degree. This will help raise awareness of working both with EPUT and in a mental health and community health service setting.

Where available, we will participate in community events run by voluntary organisations to help educate and inform patients, carers and their families about the medicines prescribed for them.

How will we measure success?

- **Medicines reconciliation and follow-up for patients discharged into the community.**
- **Fewer readmissions.**
- **Less wastage of medicines.**
- **Increased accuracy of medicines supply at the interface.**

SUMMARY OF KEY PRIORITIES AND MEASURES

Objective	Key Priority	What will be different	Measures*
1: WE WILL DELIVER SAFE, HIGH QUALITY, INTEGRATED SERVICES	Fill pharmacy team vacancies.	<ul style="list-style-type: none"> • Patients have more access to pharmacy expertise. • Medicines reconciliation on admission. • Optimal medicine regimes on admission. • Greater empowerment of patients and improved compliance with medicine regimes. 	<ul style="list-style-type: none"> • All pharmacy posts filled and retention rates high. • Faster medicines reconciliation.
	Ensure pharmacy presence at ward rounds, medication reviews and MDT meetings.	<ul style="list-style-type: none"> • Patients will get more timely access to right medicines first time. 	<ul style="list-style-type: none"> • Activity data showing pharmacy presence at ward rounds and MDTs.
	Champion evidence-based prescribing and best-practice handling of medicines.	<ul style="list-style-type: none"> • Patients will get the optimal medicine regime for their life circumstances and goals – as early in their treatment pathway as possible. 	<ul style="list-style-type: none"> • High quality prescribing practices in line with evidence-based guidance. • Evidence of embedded learning from medicines related incidents.
	Continue to drive the implementation ePMA.	<ul style="list-style-type: none"> • Improved safe prescribing and management of medicines. 	<ul style="list-style-type: none"> • Paper-based medicines charts replaced by ePMA records. • ePMA reports on medicines omissions.
	Fully implement pharmacy referral so that patients can benefit from the DMS from their community pharmacist after discharge, reducing readmissions.	<ul style="list-style-type: none"> • Discharge referrals will result in timely medicine reconciliation and optimisation in the community. 	<ul style="list-style-type: none"> • DMS referrals occur for all patients requiring community pharmacy support on discharge. • Lower number of readmissions.
2: WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE	Upskilling pharmacy support workers. Expansion of technician role and expansion of pharmacist role to include independent prescribing.	<ul style="list-style-type: none"> • Patients will have more access to pharmacy expertise with the opportunity for a meaningful discussion with a pharmacy professional about their medicines. • Patients are prescribed medicines holistically accounting for their physical, social, and mental health needs. • Higher numbers of patients will be able to self-administer prior to discharge increasing the chances of adherence to medicines once they return home. 	<ul style="list-style-type: none"> • Activity data capturing pharmacists and technicians using their full skill set. • Activity data showing number of medicine counselling sessions offered to patients.
	Providing dedicated development, training, experience and support for new pharmacy registrants and early career professionals.	<ul style="list-style-type: none"> • New registrants working autonomously with confidence. 	<ul style="list-style-type: none"> • Activity data capturing pharmacists and technicians using their full skill set.

STRATEGIC PLAN - PHARMACY AND MEDICINES OPTIMISATION STRATEGY

Objective	Key Priority	What will be different	Measures*
2: (Continued) WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE	"Day in the life" videos and education sessions to raise understanding of pharmacy expertise.	<ul style="list-style-type: none"> A pharmacist's presence and expertise as standard at ward rounds and MDT meetings. Patients, carers, and families have a clear understanding and impact of their medicine regime. 	<ul style="list-style-type: none"> Activity data showing pharmacy presence at MDTs and ward rounds as standard. Correlation of pharmacy activity data and readmission rates.
	Updated medicines management training for those involved in handling medicines.	<ul style="list-style-type: none"> Improved safe management of medicines. 	<ul style="list-style-type: none"> Attendance numbers for medicines management training.
	Engagement of lived experience colleagues in training design and delivery.	<ul style="list-style-type: none"> Training is better focussed on patient needs and outcomes. 	<ul style="list-style-type: none"> Activity data showing lived experience colleagues in training design and delivery.
	Improve communication between wards and our dispensaries and explore a system of tracking.	<ul style="list-style-type: none"> There will be an increase in the timely ordering, supply and dispensing of medicines. 	<ul style="list-style-type: none"> Medicines tracking data shows improved supply times.
	Increase stock and staff numbers at our satellite dispensaries.	<ul style="list-style-type: none"> There will be an increase in the timely ordering, supply and dispensing of medicines (particularly discharge medicines). 	<ul style="list-style-type: none"> Staffing compliment at dispensaries. Medicines tracking data shows improved supply times.
3: WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER	Implementation of ePMA.	<ul style="list-style-type: none"> Patients will have a better continuity of medicines support across care settings and care providers. 	<ul style="list-style-type: none"> Reduction in the use of paper drug charts, paper prescriptions and medicines wastage.
	Expanded number of referrals to the Discharge Medicines service.	<ul style="list-style-type: none"> Patients will have a better continuity of medicines support across care settings and care providers. 	<ul style="list-style-type: none"> Number of referrals through the DMS.
	Increase medication education sessions for patients, carers and relatives.	<ul style="list-style-type: none"> More patients will be confident to self-medicate. 	<ul style="list-style-type: none"> Fewer readmissions. Less wastage of medicines.
	Face-to-face patient counselling about their medicines within wards.	<ul style="list-style-type: none"> Patients will get more face-to-face pharmacy support. Patients will be more empowered to make decisions about their medicine regimes. More patients will be confident to self-medicate. 	<ul style="list-style-type: none"> Pharmacy activity data showing more patient contact for counselling, advice, education, reconciliation, and optimisation.
	Increase the number of advanced community mental health pharmacists	<ul style="list-style-type: none"> MDT staff and PCN partners will understand and draw upon the leadership and expertise of the pharmacy team. 	<ul style="list-style-type: none"> Pharmacy activity data showing increased collaboration with PCN partners in the community.
	Increase medicines education for primary care partners.	<ul style="list-style-type: none"> MDT staff and PCN partners will understand and draw upon the leadership and expertise of the pharmacy team. 	<ul style="list-style-type: none"> Pharmacy activity data showing increased collaboration with PCN partners in the community.

STRATEGIC PLAN - PHARMACY AND MEDICINES OPTIMISATION STRATEGY

Objective	Key Priority	What will be different	Measures*
4: WE WILL HELP OUR COMMUNITIES TO THRIVE	Pre-discharge medicines counselling as standard.	<ul style="list-style-type: none"> Patients will receive pre-discharge medicines counselling as standard practice. Patients will receive more timely access to the right medicines first time. 	<ul style="list-style-type: none"> Medicines reconciliation and follow-up for patients discharged into the community. Fewer readmissions.
	Increase availability of community mental health and virtual ward pharmacy teams to primary care.	<ul style="list-style-type: none"> Patients will get more support relating to medicines in the community. 	<ul style="list-style-type: none"> Medicines reconciliation and follow-up for patients discharged into the community. Fewer readmissions.
	Increased referrals to the Discharge Medicines Service on discharge.	<ul style="list-style-type: none"> Patient will receive follow-up by their community pharmacist where this is deemed appropriate. 	<ul style="list-style-type: none"> Increased accuracy of medicines supply at the interface.
	Provide complex case advice in the community.	<ul style="list-style-type: none"> Patients will get more support relating to medicines in the community. 	<ul style="list-style-type: none"> Medicines reconciliation and follow-up for patients discharged into the community. Fewer readmissions.
	Reduce medicines wastage through patient centred optimisation and recycling of medicines-related items.	<ul style="list-style-type: none"> Patients will receive more timely access to the right medicines first time. 	<ul style="list-style-type: none"> Less wastage of medicines.

* metrics may need to be created to capture some of these measures.