

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**STRATEGIC OUTLINE CASE  
COMPLIANCE WITH CHI  
RECOMMENDATIONS CONCERNING  
PHARMACY AND MEDICINES  
MANAGEMENT FOLLOWING  
INVESTIGATION AT GOSPORT WAR  
MEMORIAL HOSPITAL**

**Jeff Watling  
Paula Diaper**

**Code A**

**December 2002**



Portsmouth Hospitals NHS Trust  
Pharmacy Service

### STRATEGIC OUTLINE CASE PRO-FORMA

<b>Title of Case:</b>	Compliance with CHI recommendations concerning pharmacy and medicines management following investigation at GWMH
<b>Brief Description of Issue:</b> What problem are we trying to solve?	<p>CHI recommendations for pharmacy and medicines management are as follows.</p> <p>Fareham and Gosport PCT must ensure that a system is in place to routinely monitor prescribing of all medicines on wards caring for older people. This should include a review of diamorphine prescribing on Sultan Ward. Consideration must be given to adequacy of IT support available to facilitate this.</p> <p>The East Hampshire PCT and Fareham and Gosport PCT should review all local medicines management guidelines to ensure their appropriateness for the current levels of dependency of the patients on the wards</p> <p>The Fareham and Gosport PCT should review the provision on pharmacy services to Dryad, Daedalus and Sultan wards, taking into account the change in casemix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds</p> <p>The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff including GPs are trained in the prescription administration, review and recording of medicines for older people</p> <p>It has also been agreed that the business case should include options for</p> <ul style="list-style-type: none"> <li>• Including pharmacy input into regular ward rounds/multidisciplinary meetings as part of service specification</li> <li>• Central point of contact in pharmacy</li> <li>• Support from medicines information and formulary/guidelines pharmacist</li> <li>• Provision of ongoing expert support and peer review of pharmacy services</li> <li>• Provision of out of hours cover</li> <li>• Extended visiting by pharmacists to allow thorough review of notes/audit when narcotic analgesics and tranquilizers prescribed in combination and through syringe driver.</li> <li>• Review against "spoonful of sugar" and older persons' NSF</li> </ul> <p>NB It has been agreed with the Medical Director that standards for GWMH should apply across all community hospitals and elderly care beds across the local health economy.</p>

**Objectives:**

Outline objectives and indicate fit with Trust Corporate Objectives

- |      |   |
|------|---|
| 1.1  | Pharmacy department to review level of service to all wards now managed by PCTs and propose level of service matrix based on dependency of patients (this to include QAH/SMH/SJH and peripheral hospitals). Proposed level of service to be agreed by service managers and medical directors, then to form the basis of a business case to develop pharmacy services in the above areas (for other inclusions in SLA see 11/12 below)   |
| 1.2  | Pharmacy department to set up a system for monitoring and audit of narcotic analgesic issues and prescribing across the local health economy. To be analysed within pharmacy monthly and sudden changes investigated. Costs of additional monitoring to be included in the business case in 1 above.  |
| 1.3  | Pharmacy department to carry out retrospective monitoring of diamorphine prescribing on Sultan ward to ensure that current guidelines adhered to. Audit form to be designed by pharmacy.  |
| 1.4  | Pharmacy department to investigate the development of electronic prescribing to all wards managed by PCTs. Full costs to be included in Health Economy ICT strategy. NB it is unlikely that full electronic prescribing will be available to community hospitals before 2006/7  |
| 1.5  | Pharmacy department to investigate the possibility of video links between peripheral wards and pharmacies, to facilitate the screening of prescriptions within one working day of them being written  |
| 1.6  | Pharmacy department to ensure pharmacists address the issue of legibility of written communications including prescription sheets and discharge letters by, if necessary, establishing the use of risk event forms for reporting problems.  |
| 1.7  | Pharmacy department to set up Medicines Management Group to oversee review process (membership to include Medical Director, Prescribing Lead from each PCT, Service Manager plus pharmacy representatives). Sub-group to be accountable to APC. In addition to reviewing guidelines role to include: agreeing consultation process, advising on training associated with guidelines, communication and review. Pharmacy to identify the most important guidelines and update these first. |
| 1.8  | Pharmacy Department to work with sub group in 1.7 above plus Clinical Directors in local health economy to prepare timetable for review of all prescribing guidelines taking account of current levels of dependency of patients on wards, general medicines management advice formulary controls etc. Business case for implementation to be prepared for local health economy   |
| 1.9  | Pharmacy Department to work with the above to establish list of new guidelines to be produced. Business case for implementation to be prepared for local health economy   |
| 1.10 | Training requirements from 6 above to be linked into education and training structure for PCTs and community hospitals and to be linked to a training evaluation plan   |
| 1.11 | Dryad Daedalus and Sultan wards to be included in general business case (for developing pharmacy services see also 1 above and 14 training issues below).   |
| 1.12 | Pharmacy department to modify existing business case to extend pharmacy involvement in training of clinicians and other healthcare professionals in prescribing, administration, review and recording of medicines  |

1.13	Pharmacy to prepare additional guidance on prescribing, administration, review and recording on medicines. To be approved by F&M Committee, Area Prescribing Committee, Clinical Governance Committees and Trust Boards as part of general medicines management requirements
------	--

<p><b>Options</b> Describe at least 3 options in response to the issue</p> <ol style="list-style-type: none"> <li>1. "Do Nothing"</li> <li>2. Implement recommendations in elderly services GWMH only</li> <li>3. Implement recommendations only in elderly services</li> <li>4. Implement changes across all secondary care services managed by PCTs in line with service level agreements as specified</li> </ol>
---

<p><b>Option Appraisal</b> Briefly assess the benefits, costs and risks of each option</p>
<ol style="list-style-type: none"> <li>1. "Do Nothing" <ul style="list-style-type: none"> <li><b>Benefits:</b> There are no non-financial benefits to this option. Services would continue to be provided unchanged. This would mean non-compliance with most of the CHI recommendations concerning pharmacy services and medicines management at GWMH and, by implication, to PCT managed secondary care services outside the QAH and SMH sites.</li> <li><b>Costs:</b> Financially this is a no cost option but risks identified in the CHI report would not be overcome.</li> <li><b>Risks:</b> PCTs would be criticised for failing to take action to improve pharmacy services and reduce risks to patients, despite the CHI recommendations</li> </ul> </li> </ol>

**2. Implement recommendations in elderly services GWMH only****Benefits:**

This would deliver a pharmacy service, which would achieve recommendations of CHI report within elderly services GWMH only. Full details of service to be provided are included in the Service Level Agreement attached.

**Additional costs:**

Staff	1.4 Grade D Pharmacists	£45,353
	0.4 MTO2	£7,389
	Oncosts @ 15%	£7,911
	Staff Total	£60,633
	Travel	£7,000
Non Staff	Total	£67,633

**Risks:**

Whilst this option would deliver a pharmacy service, which would achieve recommendations of CHI report within GWMH. It would not achieve similar standards for elderly services elsewhere. Nor would these be achieved within St James Hospital and Mental Illness and Learning Disabilities Services. The service would not achieve the central helpdesk, nor the level of service requested by the Medical Director and the PCT workshop in August 2002.

**3. Implement recommendations only in elderly services****Benefits:**

This would deliver a pharmacy service, which would achieve recommendations of CHI report within elderly services across the whole health economy. PCTs would be free from criticism concerning the level of pharmacy services to elderly wards. There would be a central point of contact for all PCT wards and departments, based at St James Hospital. Full details of service to be provided are included in the Service Level Agreement attached.

**Additional costs:**

Staff	2 Grade D Pharmacists	£64,790
	4 Grade C Pharmacists	£115,012
	2.9 MTO2	£51,725
	Oncosts @ 15%	£34,729
	Staff Total	£266,256
Non Staff	Travel	£25,000
	Total	£291,256

**Risks:**

Whilst this option would deliver a pharmacy service, which would achieve recommendations of CHI report within elderly services across the whole health economy. It would not achieve similar standards within St James Hospital and Mental Illness and Learning Disabilities Services. The service would not achieve the level of service requested by the Medical Director and the PCT workshop in August 2002.

#### 4. Implement changes across all secondary care services managed by PCTs in line with service level agreements as specified

##### Benefits:

This would deliver a pharmacy service, which would achieve recommendations of CHI report within PCT managed services across the whole health economy. PCTs would be free from criticism concerning the level of pharmacy services to all secondary care wards. The pharmacy service would also be able to achieve the objectives below following on from the PCT workshop in August 2002

- Pharmacy input into regular ward rounds/multidisciplinary meetings as part of service specification
- Central point of contact in pharmacy, based at St James Hospital
- Support from medicines information and formulary/guidelines pharmacist
- Provision of ongoing expert support and peer review of pharmacy services
- Provision of out of hours cover
- Extended visiting by pharmacists to allow thorough review of notes/audit when narcotic analgesics and tranquilizers prescribed in combination and through syringe driver.
- Review against "spoonful of sugar" and older persons' NSF

Full details of service to be provided are included in the Service Level Agreement attached.

##### Additional costs:

Staff	1 Grade E	£35,535
	2 Grade D Pharmacists	£64,790
	5.3 Grade C Pharmacists	£155,265
	3.2 MTO2	£59,114
	Oncosts @ 15%	£47,206
	Staff Total	£361,910
Non Staff	Travel	£30,000
	Total	£391,910

##### Risks:

This option would deliver a pharmacy service, which would achieve recommendations of CHI report across the whole health economy. Currently, the pharmacy service cannot provide costings for introduction of video links to facilitate screening prescriptions within 24 hours of them being written. A date for implementation of electronic prescribing in community hospitals is not yet available but the electronic prescribing pilots in QAH and SMH are due to start in February/March 2003. Currently there are no links between this business case and any PCT training evaluation plans

##### Recommended Option

Rationale for choosing the preferred option

Option 3 is currently the preferred option because it provides a level of service consistent with the CHI recommendations within PCT managed services across the whole health economy. Potentially there are additional set up costs for video links for screening prescriptions and electronic prescribing.

##### Detail of services to be provided

Pharmacy managers have chosen to use the strategic outline case proforma to produce this business case to comply with guidance from the local health economy. However this proforma outline case is supported by service level agreements as follows:

Appendix No	Title
Appendix 1	Elderly Services – East Hants Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 2*	Elderly Services – GWMH Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 3	Elderly Services – Fareham and Gosport Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 4	Elderly Mental Illness Services – East Hants Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 5	Adult Mental Illness Services – West Hants Mental Health NHS Trust Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 6	Adult Mental Illness Services – Portsmouth City PCT Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 7	Learning disabilities Services – Fareham and Gosport PCT Service Level Agreement Spreadsheet detailing current and proposed level of ward based services
Appendix 8*	Central Support Services and Summary Current and Proposed Hours Option 2
Appendix 9	Central Support Services and Summary Current and Proposed Hours Option 3
Appendix 10	Central Support Services and Summary Current and Proposed Hours Option 4

\* Only these appendices attached

**Owners of Case: Jeff Watling with advice and support from Paula Diaper, Code A**  
Code A **December 2002**

**Divisional Team Approval:**



## Central Support Services Option 2

	Current Pharmacist Tech Time per week	Current Time per visit (hours)	Proposed Pharmacist Tech time per week	Proposed time per week
Regular review of CD and ward stock profiles			1	3
Centralised system for monitoring CD issues			1	5
Contribution to Care Group Prescribing Guidelines			20	
Contribution to training for junior staff and GPs			2.5	
Management Support			2.5	
<b>Total</b>			<b>27</b>	<b>8</b>

## Summary Current and Proposed Hours

Elderly Services Fareham & Central Support Services	2	2	19.5	6
Totals	2	2	46.5	14
Additional Hours			44.5	12
Cover for annual leave and sickness			5	1.2
Training and CPD			5	1.2
<b>Total</b>			<b>54.5</b>	<b>14.4</b>
Proposed WTE			1.4	0.4

## Proposed staff Structure and Cost

Staff		
1.4 Grade D	£	45,353
0.4 MTO2	£	7,389
Sub Total	£	52,742
On cost @15%	£	7,911
Travel	£	7,000
<b>Total</b>	<b>£</b>	<b>67,653</b>

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**Appendix 2**

**SERVICE SPECIFICATION FOR PHARMACEUTICAL SERVICES TO ELDERLY MEDICINE – GWMH  
DEC 2002**

<b>CUSTOMER NEED</b>	<b>SERVICE CHARACTERISTICS</b>	<b>STANDARD OF ACCEPTABILITY</b>	<b>QUALITY MONITOR</b>
Provision of pharmaceutical products to wards and patients	Provision of formulary stock medicines in accordance with agreed : <ul style="list-style-type: none"> <li>• Ward stock profile</li> <li>• Service delivery schedule</li> <li>• To ensure the products are available from stock to meet needs</li> </ul>	Profiles to be established for individual wards and reviewed six monthly or on request  Products to be delivered in accordance with agreed delivery schedules	Non compliance or service failure to be reported by nursing staff
Provision of pharmaceutical products to wards and patients (cont'd)	Provision of Controlled Drugs to ensure that products are available from stock when needed	Profiles to be limited to commonly used items only, established for individual wards and reviewed six monthly or on request.  Changes to be agreed by visiting pharmacist and ward nurse manager Controlled Drugs to be delivered in a secure manner and in accordance with agreed schedule  Joint stock checks to be carried out 3 monthly by pharmacist and ward nurse manager.  Centralised system for monitoring issue of Controlled Drugs to be provided. Pharmacists to highlight sudden changes in use for closer examination.	Non compliance or service failure to be reported by nursing staff  Discrepancies investigated and reported to senior management  Results of detailed audits to be reported to senior management on completion  Non compliance or service failure to be reported by nursing staff

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**Appendix 2**

**SERVICE SPECIFICATION FOR PHARMACEUTICAL SERVICES TO ELDERLY MEDICINE – GWMH  
DEC 2002**

<b>CUSTOMER NEED</b>	<b>SERVICE CHARACTERISTICS</b>	<b>STANDARD OF ACCEPTABILITY</b>	<b>QUALITY MONITOR</b>
Provision of pharmaceutical products to wards and patients (cont'd)	Provision of cardiac arrest and other emergency drugs to ensure agreed range of medication available for immediate use in cardiac emergency	Replacement of cardiac arrest boxes by next working day	Non compliance or service failure to be reported by nursing staff
	Provision of formulary non-stock medicines to meet the needs of individual inpatients	Non-stock medicines supplied according to agreed delivery schedule.	Non compliance or service failure to be reported by nursing staff
Provision of pharmaceutical products to wards and patients (cont'd)	Provision of formulary medicines to inpatients prior to discharge (TTOs), in accordance with prescriber's wishes and PCT policy to ensure that outpatients receive medication	All prescribed medicines to be provided as TTOs in accordance with PCT policies  All prescribed medication to be dispensed in appropriate containers and labelled with due regard to individual patient need.  TTO medicines to be accompanied by a patient medication leaflet.	Non compliance or service failure to be reported by nursing staff  Patient complaints to be included in pharmacy quality management review
	Provision of counselling to: <ul style="list-style-type: none"> <li>• Outpatients and inpatients (prior to discharge) to ensure that each patient understands how to take their medication</li> <li>• Carers to ensure that they understand how to give medication</li> </ul>	Patients and/or their cares understand how to take/give medicines.  Patients and/or their carers given an opportunity to ask questions about their medicines.  Patients and/or their carers are informed how to obtain further supplies of medicines if appropriate.	

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**Appendix 2**

**SERVICE SPECIFICATION FOR PHARMACEUTICAL SERVICES TO ELDERLY MEDICINE – GWMH  
DEC 2002**

CUSTOMER NEED	SERVICE CHARACTERISTICS	STANDARD OF ACCEPTABILITY	QUALITY MONITOR
Provision of Clinical/Ward Pharmacy Service	Provision of pharmacist visits to wards to monitor drug therapy and ensure liaison is maintained with medical and nursing staff	Visits carried out according to agreed schedule. <ul style="list-style-type: none"> <li>• Problems and queries received from medical and nursing staff are resolved promptly.</li> <li>• Supplies of non stock medication are initiated.</li> <li>• Support with self medication for patients where this will aid compliance</li> <li>• Prescribing of medicines audited against current local treatment guidelines to ensure compliance with current guidance.</li> <li>• Support with self medication for patients where this will aid compliance</li> <li>• Counselling patients about their medication prior to transfer or discharge</li> </ul>	Non compliance or service failure to be reported by nursing staff

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**Appendix 2**

**SERVICE SPECIFICATION FOR PHARMACEUTICAL SERVICES TO ELDERLY MEDICINE – GWMH  
DEC 2002**

CUSTOMER NEED	SERVICE CHARACTERISTICS	STANDARD OF ACCEPTABILITY	QUALITY MONITOR
Provision of Medicines Management Service	Provision of pharmaceutical advice to medical and nursing staff in order to optimise patient benefit from treatment with medicines to ensure their safe and cost effective use	Named pharmacist to: <ul style="list-style-type: none"> <li>• provide advice on medicines as requested;</li> <li>• Contribute to Care Group prescribing guidelines and to ensure that they are reviewed according to agreed schedule;</li> <li>• Negotiate service developments;</li> <li>• Evaluate the costs and benefits of new drug developments taking account of use in primary and secondary care;</li> <li>• Assist in the preparation of business cases for new treatments with medicines</li> <li>• Provide training of clinicians and other healthcare professionals in prescribing, administration, review and recording of medicines</li> </ul>	Non compliance or service failure to be reported by nursing staff
	Provision of information on medicines expenditure to ensure managers are aware of and can identify expenditure trends	Monthly expenditure statements available to managers within five working days from the first day on the month.  Named pharmacist to provide and interpret detailed budgetary information as requested.	Non compliance or service failure to be reported by nursing staff

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**Appendix 2**

**SERVICE SPECIFICATION FOR PHARMACEUTICAL SERVICES TO ELDERLY MEDICINE – GWMH  
DEC 2002**

<b>CUSTOMER NEED</b>	<b>SERVICE CHARACTERISTICS</b>	<b>STANDARD OF ACCEPTABILITY</b>	<b>QUALITY MONITOR</b>
Provision of Medicines Information Service	Provision of medicines information, advice and guidance, as requested to ensure that medical and nursing staff are able to make considered decisions on matters affecting the safe and efficacious treatment of patients with medicines.	<p>Medicines information pharmacists are available within normal pharmacy hours by bleep or telephone.</p> <p>Information, advice and guidance will be tailored to meet the needs of individual enquirers</p> <p>Supportive literature will be provided to enquirers as appropriate</p> <p>Medicines information pharmacists will be supported by facilities and references which meet MIPG Guidance.</p>	Non compliance or service failure to be reported by nursing staff

# Serious Untoward Incidents

Tel: 023 8072 5400

Fax: 023 8072 5457

## How do I report a serious untoward incident?

The Strategic Health Authority Serious Untoward Incident Hotline can be contacted 24 hours a day, 7 days a week, 365 days a year on 07977 517637

During office hours this number will put you in touch with a strategic Health Authority Untoward Incident Duty Officer. Outside office hours this number is automatically diverted to the strategic Health Authority on-call manager.

## What is serious untoward incident reporting?

From 1 April 2002 all serious untoward incidents that were previously reported to NHS Executive South East Regional Office should now be reported to strategic Health Authorities. All NHS Trusts and Primary Care Trusts are required to inform their strategic Health Authority of any serious untoward incident. This enables the strategic Health Authority to offer advice and support and to ensure that information about the incident is shared appropriately with other affected organisations. It also allows the strategic Health Authority to brief ministers and other people who need to be told. This is an essential part of the accountability of the NHS as a public service.

## What is a serious untoward incident

There is no set definition of a serious untoward incident but, in general terms, it is something that is likely to have a significant impact on local health services or to attract public and media interest. This may be because it involves a large number of patients, there is a risk to public health, there is a question of poor clinical or managerial judgement, a service has failed or a patient has died in unusual circumstances.

Such incidents might include:

A number of unexpected or unexplained deaths, including apparent clusters of patients receiving psychiatric care. Impending major litigation, suspicion of large-scale theft or fraud. Any incident likely to lead to serious criminal charges including violent attacks on either staff or patients, hostage situations or abductions. Repeated serious complaints about a member of staff or contractor. Suspicion of a serious error by a member of staff or contractor that could lead to public concern, or a serious breach of confidentiality. The suicide of any person on NHS premises or under the care of a specialist team in the community. Accidental or suspicious death of, or serious injury to, any individual on NHS premises. Serious damage that occurs on NHS premises, particularly resulting in injury or disruption to services. Absence without leave by patients who may present a risk to themselves or others. A serious outbreak of an infectious disease, food poisoning or transmission of an infectious disease from a staff member to a patient, or any incident involving a healthcare worker infected with HIV or Hepatitis B or C. Serious chemical or microbiological contamination or radiation incidents. Suspension of a doctor. Critical care out-of-network transfers

If you are not sure whether or not you are dealing with a serious untoward incident, it is likely that you should report the incident.

## What information should I provide?

Your report is likely to include:

The date of the report - The name of the reporting organisation - The name and contact details for someone who can be contacted for further information - The apparent impact and likely future impact of the incident in terms of harm (e.g. none, moderate, catastrophic) - When the incident occurred - Where the incident occurred (specialty, location) - Who was involved - What has happened (the sequence of events) - What action has been taken as a consequence of the incident, and what else the organisations is planning to do - The likely implications of the incident for other organisations (e.g. NHS, social services) - An indication of likely media interest and the lines taken / to be taken - Any other relevant information

## The role of the strategic Health Authority

The strategic Health Authority will be able to provide information and advice about the handling of major incidents. For example, they may be able to put you in touch with other organisations where similar incidents have occurred. They are also responsible for ensuring that Ministers are briefed on major incidents in the NHS, an important part of the accountability of the NHS as a public service. The strategic Health Authority additionally has some operational responsibilities in the event of certain major incidents (e.g. commissioning independent inquiries following homicide committed by people in contact with specialist mental health services). These responsibilities are set out in the strategic Health Authority's *Interim Serious Untoward Incident Guidance*.

## Further Information:

A full version of this reporting guidance has been published by the Hampshire and Isle of Wight Health Authority as *Interim Serious Untoward Incident Guidance*. Further information is also available from the local Safer NHS website at [www.hiow.nhs.uk/safernhs.html](http://www.hiow.nhs.uk/safernhs.html).