### Title
The Carter Review: Hospital pharmacy and medicines optimisation

### Summary of paper
The paper is a summary of the key recommendation of the Carter Review related to Pharmacy and medicine optimisation.

The Medical Director is the named Executive lead.

### Consultation / other committee views

### Assurances

### Recommendations / decisions required
To note the recommendations and recognise the appointment of the Medical Director to be the nominated Executive lead.

### Link to Trust Priorities

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<td>We will make the patient the centre of everything we do.</td>
<td>We will work smarter not harder to make best use of existing resource.</td>
<td>We will innovate and identify new ways of working.</td>
<td>We will build capacity and capability by investing in our staff, infrastructure and partnerships.</td>
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### Link to Quality

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<td>Safety (staffing, falls, never events, handover, SI, safeguarding, infection control, environment, medicines, equipment)</td>
<td>Effectiveness (HMSR, SHMI, Mortality, Clinical audits, care bundles, deteriorating patient)</td>
<td>Caring (patient experience, patient surveys, friends and family test, patient stories, response to call bells)</td>
<td>Responsiveness (complaints, waiting times, cancelled operations, ambulance stays, translation services, comfort factors – TV and seating)</td>
<td>Well led (staff survey, staffing levels, sickness rates, flu vaccinations rates, board/ward interactions, staff reports, governance and reporting, risk management, financial control)</td>
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### Risk issues

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<th>Risk Register Ref No.</th>
<th>Risk Score</th>
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### Resource Implications

### Regulations and legal considerations

### Quality consideration and impact on patient and carers

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<th>Financial</th>
<th>Operational</th>
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### Confidentiality
This report does not contain any confidential information.

### Equality Impact Assessment
Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.

### Name of Lead Executive Director
Dr Guy Rooney

### Report Author
Dr Guy Rooney
The Carter Review: Hospital pharmacy and medicines optimisation

Summary Findings and Key Recommendations:

Trusts should, through a Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding by April 2020. This should be in agreement with NHS Improvement and NHS England so that Trust pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities.

Delivered by:

a) Developing HPTP plans at a local level with each trust board nominating a Director to work with their Chief Pharmacist to implement the changes identified, overseen by NHS Improvement and in collaboration with professional colleagues locally, regionally and nationally; with the Chief Pharmaceutical Officer for England signing off each region’s HPTP plans (brigaded at a regional level) as submitted by NHS Improvement.

b) Ensuring that more than 80% of trusts’ pharmacist resource is utilised for direct medicines optimisation activities, medicines governance and safety remits while at the same time reviewing the provision of all local infrastructure services, which could be delivered collaboratively with another trust or through a third party provider.

c) Each trust’s Chief Clinical Information Officer moving prescribing and administration from traditional paper charts to Electronic Prescribing and Medicines Administration systems (EPMA)

d) Each trust’s Finance Director, working with their Chief Pharmacist, ensuring that coding of medicines, particularly high cost drugs, are accurately recorded within NHS Reference Costs.

e) NHS Improvement publishing a list of the top 10 medicines with savings opportunities monthly for trusts to pursue.

f) The Commercial Medicines Unit (CMU) in the Department of Health undertaking regular benchmarking with the rest of the UK and on a wider international scale to ensure NHS prices continue to be competitive, and updating its processes in line with the Department of Health’s NHS Procurement Transformation Programme as well as giving consideration as to whether the capacity and capability of the CMU is best located in the Department of Health or in the NHS, working alongside NHS England’s Specialist Pharmacy Services and Specialised Commissioning functions.

g) Consolidating medicines stock-holding and modernising the supply chain to aggregate and rationalise deliveries to reduce stock-holding days from 20 to 15, deliveries to less than 5 per day and ensuring 90% of orders and invoices are sent and processed electronically.

h) NHS improvement, building on and working with NHS England commissioned Specialist Pharmacy Services, should identify the true value and scale of the opportunity for rationalisation and integration of hospital pharmacy procurement and production, developing an NHS Manufactured Medicines product catalogue and possibly moving towards a four region model for these services.

As part of the recommendations the Medical Director has been named as the nominated Executive director. They will be responsible for overseeing the development and delivery of the HPTP. They will also be responsible for ensuring that your trust has agreed plans to ensure it achieves the Model Hospital benchmarks (currently in development).