HOW ARE HOSPITALS MEASURING UP?

CLINICAL SERVICES

Recommendation: Over 80% of trusts' pharmacist resource is spent on clinical activities by 2020.

• How they measure up:

Percentage of pharmacists' time spent undertaking clinical activities (range)



towards Carter's 80% target.

• Recommendation: 50% of hospital pharmacists should be actively prescribing by 2020.

• How they measure up: Percentage of pharmacists qualified to prescribe



Almost 40% of pharmacists in acute trusts are now qualified to prescribe. up from 20.7% in 2014. However, only 61.3% of pharmacists who are gualified to prescribe are routinely prescribing, so more needs to be done to meet Carter's target.

Mean hours spent on wards per week, per 100 beds: Pharmacists:

83.9h

(8-229)

82.7h

(4-278)

(1) 2018 2017



2016 33.0h

 $(\mathbf{\hat{n}})$

Pharmacists spent an average of 11.6 hours more on the wards per week per 100 beds in 2018 than they did in 2016, and pharmacy technicians spent an average of 10.6 hours more per week per 100 beds. 79.1% of inpatient beds are visited daily by a clinical pharmacist.

• Recommendation:

Clinical pharmacy staff should deliver 7-day health and care services.

• How they measure up: Hours per day clinical pharmacy is available on wards:



Around 69.0% of inpatients receive medicines reconciliation by the pharmacy team within 24 hours of admission on a weekday (range 21–96 hours), but only 48.6% receive it within 24 hours of a Sunday admission (0-95 hours).

OUTPATIENT DISPENSING SERVICES

• Recommendation:

Trusts that have not outsourced their outpatient dispensing services should consider alternative supply routes, such as homecare providers or community pharmacies.

• How they measure up:

Percentage of acute trusts that have outsourced their outpatients dispensing services:



Percentage of acute trusts that have outsourced homecare services:



Percentage of acute trusts that have a subsidiary owned by a commercial



Percentage of acute trusts that have a subsidiary owned by the organisation:



Most trusts outsource their outpatient dispensing and homecare services, but there is still around a third that do not. The proportion of trusts that have a subsidiary owned by a commercial company, for example, a community pharmacy or homecare company, has increased by 5 percentage points since 2017.

SUPPLY CHAIN MANAGEMENT

• Recommendation:

Trusts should make full use of e-ordering and invoicing, ensuring that 90% of orders and invoices are sent and processed electronically.

• How they measure up:

Percentage of invoices processed electronically, excluding homecare:



Percentage of orders sent electronically, excluding homecare:



The proportion of invoices processed electronically is still around 60 percentage points off Carter's target of 90% by 2020. The proportion of orders sent electronically is higher, with only around 24 percentage points to go to meet the target.

• Recommendation:

Trusts should reduce stock-holding days from 20 to 15.

• How they measure up: Average number of days stock is held by pharmacy:



Slow progress has been made towards Carter's target on reducing stock holding days, although some acute trusts have managed to reduce the number of days to below 15.

Recommendation:

than five per day.

• How they measure up: Average number of deliveries per day:



The average number of deliveries per day is over the target set by Carter and has dropped only slightly since 2016.

ELECTRONIC PRESCRIBING AND **MEDICINES ADMINISTRATION**

• Recommendation:

Trusts should adopt digital information systems, such as electronic prescribing and medicines administration systems.

• How they measure up:

Average proportion of inpatient beds prescribed digitally:





Average proportion of discharge medications prescribed digitally:



Average proportion of community/ outpatient medications prescribed digitally



Although, on average, 80% of discharge

prescriptions are prescribed electronically,

the range is huge, with some trusts not using

any digital prescribing and some prescribing

all discharge prescriptions electronically.

The range is equally wide for inpatient

and outpatient prescriptions, although

the average is much lower for both.



2018	7.3%
2017	7.0%
2016	6.8%

Progress on key targets in the Carter review has been achieved without a significant increase in staffing or changes to workforce composition.

MEDICINES EXPENDITURE

• <u>Recommendation</u>:

Trusts should reduce their medicines bill through best choices and from actively monitoring market developments, such as the launch of biosimilars.

• How they measure up:

Average increase in medicines expenditure:



Growth in medicines expenditure has slowed dramatically since 2016.

WORKFORCE

Mean whole-time equivalent in-house pharmacy team per 100 beds:

2018	16.0
2017	16.2
2016	15.2



Pharmacist 39.0%

6.2%

2017 Technician 34.2% Assistant 20.7% Other

Vacancy rates: