agenda Item

Report to: Executive Management Team

From: I/S Judith Woolley

Subject: Medicines Management Strategic Plan

Date: 3.7.08.

---

1) EMT Action Required

- To make a decision upon the options for the future delivery of a pharmacy service to support medicines management
- To determine sufficient resourcing to fund the necessary improvements
- To agree a timescale for implementation
- To agree to the exploration of the long-term business opportunities that a robust pharmacy service could provide and the potential advantages for the Trust

2) Background

Approximately 93% of our patients are prescribed medication for their mental health illness. Many have additional medicines for their physical health. Medicines errors, whether due to side effects, poor prescribing, lack of review, lack of thought, overdose, under-dose or poor concordance, are a major reason for admission to hospital, for poor or slow recovery, inability to lead a normal life, poor quality of life for both patient and families, morbidity and mortality.

In the recent patient survey this Trust did poorly when the patients were asked whether they had received information about their medication, and we need to improve our ability to involve them in informed decision-making and ownership of their therapy to achieve better outcomes.

The pharmacy services for this Trust have been provided by the three acute Trusts in North Essex. Over the years they have all ceased to provide leadership for medicines management and specialist mental health staff, and the current unsigned arrangements provide only slightly more than a standard

supply service. Newer developments in medicines delivery for acute trust patients have been implemented in the pharmacies, but these have often reduced the capacity of the pharmacy to cater for the needs of mental health patients, whose needs are often different and require more care to avoid lack of concordance, suicide risk and other considerations.

National guidance and legislation involving medicines has increased enormously in recent years. The Healthcare Commission produced a very focussed ten-point guidance for us to act upon in January 2007, which prompted the registration of Medicines Management on the Trust risk register. Since then there have been seven NPSA alerts requiring a mandatory response, NICE technical guidances requiring responses within 3 months, NICE clinical guidances, NICE/PS guidance, NPA guidance, Shipman legislation for Controlled Drugs, changes to waste regulations, new “design for patient safety” guidances, business services authority guidance and many others. Many of these are now to be specifically implemented by the chief pharmacist through the Trust pharmacy team, and an assumption has been made by the national bodies that all Trusts will have appropriate staffing for pharmacy medicines management.

The strategic plan attached was written by a small multidisciplinary in-house team and seeks to present the essential reasons for considering our medicines management now, and the ways in which we could deploy our pharmacy service to support that.

A pharmacy service is one that underpins the services our Trust can provide, and strong effective medicines management will improve the quality of care for the patients, the training and working lives of our clinical staff and our ability to deliver outcomes. If we take very positive steps now we can develop business potential which can improve our economy of scale and be ploughed back into the further improvement of the pharmacy service. We know that there are customers who would be interested in the type of services we could offer, and with effective marketing and good track record there would be room for further expansion in the future. A Trust with strong local (or wider) links and interdependence will be more stable and it will improve our standing in the local healthcare economy.

3) Conclusions and recommendation

The realistic options for a pharmacy service for this Trust are:

2. Establishment of full in-house pharmacy provision by NEPFT
3. Establishment of a partial in-house medicines management service in collaboration with a commercial pharmacy or local acute trusts

The recommended option is 2 for the reasons outlined on the strategy paper attached.

STRATEGIC PLAN

FOR MEDICINES MANAGEMENT

AND PHARMACY SERVICES

2008 to 2013

May 2008

Medicines Management Strategic Working Group

1. Purpose of this Strategic Plan

This Strategic Plan sets out a vision of how medicines management and pharmacy services should be developed and provided in the North Essex Partnership NHS Foundation Trust (NEPFT) over the next 5 years, and offers options for the achievement of that vision.

2. Strategic vision for medicines management and pharmacy services

North Essex Partnership NHS Foundation Trust will ensure, by 2013, the provision of pharmacy services to all its service users that

- are safe, responsive to need and of high quality
- enhance the safety and quality of the rest of the Trust's services
- are comprehensive
- are consonant with national best practice and statutory guidance
- form an integral part of the Trust's multi-disciplinary approach to care.

In addition to meeting these five quality criteria, it is also vital that services offer opportunities for business expansion, and therefore

- are cost-effective in the context of Foundation Trust status.

The six criteria above are not fully met by the current pharmacy services

Such a pharmacy service might be provided in a number of different ways; the options are set out in this Strategic Plan, with a brief options appraisal and a recommended option.

3. National guidance

Recent national guidance on the provision of pharmacy services in mental health Trusts recommends that, at a minimum, the Trust should be ensuring the provision of the following services (numbers in brackets refer to appendix 2):

- supply and dispensing to inpatient and outpatient settings, including out-of-hours, non-stock items, specialist dispensing and dispensing and checking of controlled drugs (1,2,3)
- stock control and distribution (1,2,)
- procurement (2,4,)
- a robust medicines management group with subsidiary groups as required (5)
- an Accountable Officer for Controlled Drugs (3)
- Trust medicines management protocols and structures (3)
- consonance with NICE and other national guidelines (7 and appendix 2)
- medicines information (8,2)
- pharmacy staff management and training (1,2)
- audit and monitoring of medicines usage (9,10,17)
- pharmacy technician support on inpatient wards for (1, 2)
    - stock topping up, stock control and review, expiry date checks, removal of unwanted medicines
    - reconciliation of medicines on admission (11)
    - checking prescriptions
    - advice on forms of medication and stability
    - assessment of service user need for medication, discharge planning (12)
    - provision of appropriate packaging (2 and Disability Discrimination Act (DDA))
    - service user advice and staff training (8)
    - implementation of medicines procedures and guidance (10)
- pharmacist support for inpatient wards for (5,8)
    - membership of the multidisciplinary team, attending ward meetings, care programme approach (CPA) reviews advice on prescribing and treatment plans

  - changing from one medicine regime to another, and discontinuing medication
  - advice to service user groups, individual service user counselling
  - training of nurses other healthcare professionals including medical trainees
- facilitation of self-medication and one-stop dispensing (12,13)
- monitoring, publicising and acting upon medication errors and interventions (14,6)
- development of electronic prescribing systems and computer integration (18)
- appropriate disposal of medicinal waste (15)
- pharmacy services to community services (8,16)
- specialist medicines information at point of contact and by phone or e-mail (8,2,5)
- audit of medicines management, pharmacy services and compliance with NICE guidelines (2,7,10)
- FP10 prescription supply, control and audit (17)
- input into medicines management with other local healthcare providers (14)
- collaboration with other mental health trust pharmacists and regional pharmacy managers (14)

4. The Trust's current position

Medicines management was put on the risk register in January 2007 after the publication of the Healthcare Commission paper "Talking About Medicines" (2007) which gave clear guidelines about the expectations we should have from our pharmacy service and the anticipated staffing requirements to carry them out.

Currently the service is provided by the three acute Trust pharmacy departments in the three Trust areas via contracts; provision is inadequate (Talking About Medicines). In 2006 each of the acute Trusts was asked to meet the minimum specification current at that time, but none was prepared to do so, or to sign a written agreement. Thus the 2008 / 2009 contracts contain slightly different service specifications for each area, based on the service the acute Trust is prepared to deliver.

Recent relationships with the 3 acute Trust pharmacy services have been problematic, with difficulties being experienced in:

- establishing stable levels of service and consistent staffing
- resolving disagreements over service provision
- demonstrating value for money from contracts.

Area	Mid-Essex	North-East Essex	West Essex
Inpatient beds	95	216	82
Provider	**Mid-Essex Hospitals NHS Trust (includes Trustwide FP10 service)**	**Colchester Hospitals University NHS Foundation Trust**	**Princess Alexandra Hospital NHS Trust**
Cost (2008/09)	£84,000*	£199,220*	£198 814*
Services **NOT** provided by any, or minimal provision	• service user advice (minimal in East) • staff information on psychotropic medicines • specialist input to multi-disciplinary team (MDT) at CPA reviews (minimal in East) • advice on prescribing (minimal in East) • training and advice for medical trainees • reconciliation • proactive discharge planning • service for Child & Family Consultation service (CFCS) • procedures and protocols for medicines management • information on changes or upgrades in the acute Trust service that will impact on the NEPFT service		
Limited variable services provided across	• ward stock topping up • specialist topping up by technician • supply only for drug and alcohol teams		

North Essex	• ward level prescription screening • service for other community units including crisis resolution and home treatment (CRHT) • minimal medicines audit • general medicines information for staff • outpatient dispensing (not West) • minimal discharge planning • disposal of medicinal waste (West and Mid only)
Full services provided by all, with in-house Associate Director for Pharmacy	• purchasing • stock control • ward supply • prescription screening • prescription dispensing • general medicines information • adherence to new Controlled Drug regulations (Shipman)

Specialist mental health staff	• 1 WTE temporary specialist pharmacist provided by NEPFT	• 0.5 WTE specialist pharmacist (CHUFT) • 0.5 WTE pharmacist for CRHT (NEPFT)	• *(no specialist staff)*

* Anticipated Service specifications still being negotiated
The current total cost of medicines, services and supply is at Appendix 1.

Measures to improve cost-effectiveness, regardless of strategic direction, include:

- reduction in the cost of oral Risperidone by switching to generic product
- adherence to formulary and generic prescribing, which will be improved with better pharmacy input
- use of FP10 prescriptions for Risperidone Consta
- better referral to GPs from the Trust for outpatients and at discharge
- FP10 Misuse of Drugs Act (MDA) prescriptions in substance misuse services to be procured through Mid Essex PCT.

5. Benchmarking

Healthcare Commission recommendations for staffing requirements in WTE in "Talking About Medicines", calculated for NEPFT are as follows:

Staff type	Mid	North-east	West	Total	Cost pa
INPATIENTS					
Pharmacists	1.3	4.3	1.25	6.85	
Technicians	1.1	2.8	0.9	4.8	
COMMUNITY UNITS					
Pharmacists	4	3.4	4	11.4	
Technicians	3.43	3	3.43	9.86	
TOTAL					**£1,183,989**
Pharmacists	5.3	7.7	5.25	**18.25**	£766,353
Technicians	4.53	5.8	4.33	**14.66**	£417,636

Costs based on spine points 21 and 32 plus 28.4% on-cost. This includes no provision for children, day units, outpatients or drug and alcohol teams.
Although these are the recommended requirements it would be possible to provide a reasonable level of service, in-house, with a smaller team which should be built up over a period of time. The community team services could be developed to include community (retail) pharmacists with leadership and training from this Trust (see section 10).

Neighbouring mental health and social care Trusts have the following staff, in WTE, in addition to a chief pharmacist, and pattern of provision:

Trust	Population (2004)	Mental health ph'cists	Mental health techs	Other pharmacy staff	Provision type
Cambridge shire and Peterborough	800 000	4.4 - 2.4 **Total 6.8**	4 1 3 **Total 8**	3 Yes Yes	In-house (Fulbourne) Contract (Huntingdon) Contract (Peterborough)
Hertfordshire Partnership	1 000 000	6.31 0.5 0.5 **Total 7.31**	1.5 - - **Total 1.5**	0.92 Yes Yes Yes	In-house Contract (QE2) Contract (West Herts) Contract (Lister)
South Essex Partnership	800 000	4.8 combined figure **Total 4.8**	5 combined figure **Total 5**	Yes Yes	Contract (Southend) Contract (Basildon)
Suffolk Partnership	550 000	3.36 0.15 - - **Total 3.51**	2.48 0.11 - - **Total 2.59**	Yes Yes Yes Yes	In-house West Suffolk James Paget Newmarket
NEPFT	950 000	0.5 1 0.5 - **Total 2**	- - - - **Total 0**	- Yes Yes Yes	In-house Contract (MEHT) Contract (CHUFT) Contract (PAH)

This demonstrates that provision for NEPFT falls short of that for neighbouring, comparable Trusts.

6. Risks of the current position

Current service provision falls far short of the level required by the latest good practice guidance.

The major risks arising from our current level of provision are:

Compromised service user safety, through lack of

- adequate monitoring of medication errors which at worst could produce a charge of corporate manslaughter
- effective pharmacy interventions to prevent errors, or recording of current interventions
- ability to ensure that Controlled Drugs are handled according to the new post-shipman legislation
- reconciliation of medicines on admission
- ability to monitor prescribing standards
- monitoring by pharmacists of the physical side-effects of medication
- monitoring by pharmacists of high dose and combination antipsychotics
- control of inappropriate secondary dispensing by nursing staff, particularly in CRHT
- monitoring of storage and security of medication
- compliance amongst service users and carers due to lack of medicines information
- induction training for nurses
- adequate and timely disposal of waste.
- ongoing training for doctors, nurses, and other healthcare professionals
- appropriately packaged discharge medicines to meet patients' needs
- assessment for risk or DDA

Compromised cost effectiveness through

- poor control of overall costs (staff, contracts and drugs)

- inefficient prescribing
- limited re-use of service users' own drugs
- over-stocking
- discharges delayed by unavailability of service users' discharge medication
- poor control of wastage.

These risks arise through a shortfall in Trust services of pharmacy staff and pharmacy expertise.

7. Options for development and costs

Three options are put forward for consideration:

Option 1. Provision by three acute Trusts through contracts (do nothing option)

This option is a continuation of the current position. Basic supply and some other services are provided by the DGH pharmacies at Princess Alexandra, Broomfield and Colchester General and Clacton hospitals, with an expectation (not met in the past) that the service specifications forming part of the contracts will be honoured and agreements will be signed.

Option 2. Establishment of full in-house pharmacy provision by North Essex Partnership NHS Foundation Trust

This option is the establishment of a fully-functioning pharmacy service under the control of the Trust and provided from Trust premises, independent of DGH pharmacies, managed by the Trust's Associate Director of Pharmacy. This options offers the full range of pharmacy services but has significant human resource, capital investment and estates implications.

Option 3. Establishment of partial in-house pharmacy provision by North Essex Partnership NHS Foundation Trust in collaboration with a commercial pharmacy or one or more acute Trusts

This option is a hybrid of the other two, in which some pharmacy services are provided by the Trust using its own pharmacy staff, and some are the subject of contracts with an outside supplier. The split of service provision would be functional, whereby whole aspects of the pharmacy service are provided by one or other partner: supply would be provided by the commercial or acute Trust partner(s) while the specialist mental health aspects of the service would be provided in-house and would be ward/unit based.

8. Advantages and disadvantages of options

ADVANTAGES

Option 1. Provision by acute Trusts through contracts (do nothing)	**Option 2. Full in-house pharmacy provision**	**Option 3. Partial in-house pharmacy provision with a commercial pharmacy or one or more acute Trusts**
1. Economy of scale in purchase and staffing 2. Three centres give local access 3. Shared responsibilities (on-call, medicines information) 4. Allows skill-sharing 5. Local access to training for staff 6. Easy to write 7. No capital costs	1. Service tailored to meet mental health service need 2. Good control of service quality 3. Ability to provide full pharmacy service 4. Bespoke dispensing 5. Potential for cost savings, e.g. through return of medicines for re-use in-house 6. Numerous business opportunities (e.g. education and training, pharmacy service provision 7. Ability to offer specialist medicine information 8. Ability to develop IT service to meet Trust and national requirements 9. Access to all dispensing records, and procurement and finance information 10. Better ability to use technological solutions for risk and dispensing problems.	1. Improved control of service quality through dealing with one partner 2. Enhanced ability to provide full pharmacy service, as specialist functions in-house 3. Potential business opportunities in provision of specialist, non-supply services (e.g. education and training, provision of medicines management service 5. Relatively easy to achieve supply contract and begin to establish specialist service 6. Low capital costs

DISADVANTAGES		
1. High risk that we will not meet national standards and our service users will be at risk. 2. Increased business risk 3. Incomplete pharmacy service delivered to date 4. Opacity of costing structures at acute hospital Trusts 5. Difficulty in monitoring and control service quality 6. Lack of flexibility and responsiveness to mental health service need 7. No business opportunities for NEPFT 8. Risk that disposal of medicines waste service may not be provided 9. Foundation status of providing Trusts may increase uncertainty about costs and availability 10. Difficulty in developing electronic prescribing systems and IT 11. No direct access to procurement information or dispensing records for our patients. 12. Inability to install some technological solutions to dispensing and security problems 13. Timely delivery not always possible or unpredictable.	1. Revenue cost, including set-up and employing and managing pharmacy staff 2. Poor economy of scale (approximately 12% of acute Trusts dispensing transactions) 3. Logistics of provision over Trust area 4. Critical minimum staff requirement to cover on call, sickness, leave, training etc. 6. Difficult to provide training with small workforce 7. Professional isolation of staff from acute hospital Trust colleagues 8. Time to establish / build / recruit 9. Potential recruitment problem 10. High capital costs.	1. Costs associated with employing and managing pharmacy staff 2. Logistics of provision over Trust area from one supply base if one partner chosen 3. Transport costs 4. Potential lack of flexibility and responsiveness in supply 5. Ability to deliver supply service effectively compromised by competing priorities 6. Still need to provide an in-house on-call service 7. Risk that delivery might be too slow, especially for CRHT teams 8. Unpredictable Cost escalation 9. No direct access to procurement information or dispensing records for our patients 10. Difficult to achieve external contract.

9. Comparative cost of options

The eventual comparative indicative costs of the 3 options, based on 2008 / 2009 funding and provision, are estimated to be:

Option 1. Provision by acute Trusts through contracts (do nothing)

Provider	Revenue	Capital
Mid-Essex Hospitals Trust	£84,000*	
Colchester Hospitals University NHS Foundation Trust	£199 220*	
Princess Alexandra Hospital Trust	£198 814*	
In-house specialist staff	£131,634	
Total	**£613 668**	**£ Nil**

The costs of Options 2 and 3 are the eventual costs: costs would be lower in the early years while the service was developed (see timescales in section 9), starting from the current 2008 / 2009 baseline.

Option 2. Establishment of full in-house pharmacy provision by North Essex Partnership NHS Foundation Trust

Item	Revenue	Capital
Pharmacy premises, computer network, equipment	£50,000	£430,000
Specialist training	£75,000	
Transport for deliveries that cannot be accommodated by existing system	£40,000	
In-house specialist staff (as per "Talking About Medicines"TAB)	*£1,183,989*	
Absolute minimum staff requirement	£491,000	
Total	**£656 000** *(TAB £1,553,989)*	**£430,000**

Option 3. Establishment of partial in-house pharmacy provision by North Essex Partnership NHS Foundation Trust in collaboration with commercial pharmacy or one or more acute Trusts

Item	Revenue	Capital
Supply and limited service contracts	£400,000	
In-house specialist staff (as per "Talking About Medicines"TAB)	*£1,183,989*	
Minimal specialist staff	£504,000	
Total	**£904 000** *(TAB £1,583,989)*	**£ Nil**

10. Timescale for development of options

Option 1 Provision by acute Trusts through contracts (do nothing)

No timescale. Review contract annually. Audit.

Option 2 Establishment of full in-house pharmacy provision by North Essex Partnership NHS Foundation Trust

2008-9	Commence recruitment and training of staff.
2009-10	Review contracts . Increase staffing . Plan for in-house pharmacy and computer systems. Give notice to acute Trusts.
2010-11	Add dispensary staff. Open in-house pharmacy 5 days/week, not outpatients, initially for 1 area. Add other two areas if staffing allows, and deliveries to other bases weekly / as needed. Provide on-call service / emergency supply provision. Plan training rotations with acute trusts. Take back the FP10 contract from Mid-Essex Hospitals Trust.
2011-13	Consolidate. Add local outpatient service. Add medicines information service. Market services and supply to potential customers.

The estimated costs are based on an absolute minimum level of service, not those that will meet the recommendations of "Talking about medicines TAB"

2008-9 Actual	2008-9 Planned	2009-10	2010-11	2011-12	2012-13
1 AD for pharmacy 1 temporary pharmacist *0.8x clerical support in corporate budget* *0.5 pharmacist in CRHT team* **£126,168**	1 AD for pharmacy 3x pharmacists 1x technician *0.8x clerical support in corporate budget* *0.5 pharmacist in CRHT team* **£267 024**	1 AD for pharmacy 4x pharmacists 3x technicians 1xIT/procurement technician for 6 months *0.8x clerical support in corporate budget* *0.5 pharmacist in CRHT team* **£390,028**	1 AD for pharmacy 5xpharmacists 5xtechnicians 1xIT/procurement technician 2 ATO 1x clerical support *1x driver(estates)* *0.5 pharmacist in CRHT team* **£575,877**	1 AD for pharmacy 5xpharmacists 5x technicians 1xIT/Proc tech 2xATO 1x clerical support *1x driver(estates)* 1xstudent tech 0.5x information pharmacist *0.5 pharmacist in CRHT team* **£625,559**	1 AD for pharmacy 5xpharmacists 5x technicians 1xIT/Proc tech 2xATO 1x clerical support 1x driver(estates) 1xstudent tech 0.5x information pharmacist Additional staff if required for external contracts *0.5 pharmacist in CRHT team*
3 hospital SLAs unsigned **£477,084**	3 hospital SLAs signed **£368 000**	3 Hospital SLAs **£370 000**	**-**	**-**	
TOTAL **£603,252**	**£635,024**	**£760,028**	**£575,877**	**£625,559**	
BUDGET Including Trust board support **£630 216**	**£630 216**	**£710,216**			

Staff Figures based on spine points 13,15, 21 and 37 salaries at November 2007 plus 28.4% on cost
SLAs based on valuation agreed by pharmacists. Actual sum for SLAs, currently being negotiated by finance departments

Option 3 Establishment of partial in-house pharmacy provision by North Essex Partnership NHS Foundation Trust in collaboration with commercial pharmacy or one or more acute Trusts

2008-9	Write clear specification. Agree terms of service and cost. Both parties to sign contracts. Appoint specialist pharmacy staff, plus an additional ward technician. Give notice to acute Trusts.
2009-10	Review contract. Increase in-house staffing.
2010-13	Review contract. Market specialist services to potential customers.

2008-9	2009-10	2010-11	2011-12	2012-13
As for Option 2	If Lloyd's estimate 4 pharmacists 4 technicians 0.5 information pharmacist	Review depending on content of SLAs		

3 SLAs	3 SLAs or 1 with Lloyds *0.8 clerical support* *0.5 pharmacist in CRHT team*	Review content		
TOTAL **£635,024** planned	3 SLAs **£760 028** Lloyd's **£844,508**			

11. Suggested appraisal criteria

It is suggested that the three criteria by which to judge the options are

- the extent to which the option meets the five quality criteria of the strategic vision for medicines management and pharmacy services (section 2 of this document)
- cost
- availability of business development opportunities

It is also suggested that these 3 criteria are of equal weighting.

12. Option appraisal

Options are scored on 0 - 10 scale, where 0 is unfavourable and 10 is favourable. The scoring by the Medicines Management Strategy Working Group are, as at 23.5.08 :

	1. Provision by acute Trusts through contracts (do nothing)	2. Full in-house pharmacy provision	3. Partial in-house pharmacy provision with a commercial pharmacy or one or more acute Trusts
Quality criteria (out of 10)			
Individual scores	4 / 5 / 2 / 3 / 4	9 / 10 / 8 / 9 / 9	7 / 10 / 7 / 8 / 8
Average	**3.6**	**9.0**	**8.0**
Cost (out of 10)			
Individual scores	9 / 5 / 9 / 8 / 5	3 / 2 / 3 / 3 / 1	5 / 4 / 5 / 6 / 3
Average	**7.2**	**2.4**	**4.6**
Business development (out of 10)			
Individual scores	0 / 0 / 0 / 0 / 0	6 / 8 / 8 / 8 / 7	6 / 6 / 3 / 4 / 5
Average	**0**	**7.4**	**4.8**
Total (out of 30)			
Individual scores	13 / 10 / 11 / 12 / 8	18 / 20 / 19 / 20 / 17	18 / 20 / 15 / 18 / 13
Average	**10.8**	**18.8**	**16.8**
Rank	**3**	**1**	**2**

13. Option recommended by Medicines Management Strategic Working Group

The recommended option is therefore Option 2, Establishment of full in-house pharmacy provision by North Essex Partnership NHS Foundation Trust.

JW / QC 09052008 10052008 14052008 22052008 23052008 12062008

Appendix 1 Financial information

The current total cost of medicines, services and supply.

	2007 / 2008	Notes	2008 / 2009	Notes
Contract Mid-Essex Hospitals, including FP10s	£119,500		£84 000	To be confirmed
Contract Colchester University Hospitals NHS Trust	£156,476		£194,040	To be confirmed
Contract Princess Alexandra Hospitals NHS Trust	£199,547		£98,989 £200 000	To be confirmed
Associate Director (AD) for pharmacy	£77,899		£79,850	
Clerical support for AD	>	Corporate budget	>	Corporate budget
CRHT Pharmacist, North-east Essex	£23,963	From ISS budget	£24,560	From ISS budget
Area lead pharmacist Mid-Essex			£51,784	Current temporary post
Area lead pharmacist North East Essex			£51,784	Vacancy
Lead pharmacist West Essex			£61,724	Vacancy
ACT Technician			£28,488	Vacancy
SUB-TOTAL NON-MEDICINES	**£577,385**		**£634,234**	
Medicines, Mid-Essex Hospitals	£364,905			
Medicines, Colchester University Hospitals	£610,779			
Medicines, Princess Alexandra Hospitals	£382,602			
FP10s Mid Essex	£198,196			
FP10s North-east Essex	£205,713			
FP10s West Essex	£220,640			
FP10s CDAT	£259,456			
FP10s CAMHS	£57,213			
SUB-TOTAL MEDICINES	**£2,299,504**			
TOTAL	**£2,876,889**			

Sources: Finance NEPFT, draft contracts NEPFT, NHS salary scales + 28.4%, Finance NEPFT, PPA Newcastle

Appendix 2 Abbreviated reference list

Ref. No.	Name of publication	Organisation	Date
1	Pharmacy Medicines and Ethics 31st edition	Royal Pharmaceutical Society of Great Britain (RPSGB)	July 07
2	Duthie Report – the safe and secure handling of medicines: a team approach	RPSGB	March 2005
3	Controlled Drugs legislation and guidance following the Shipman Report	DoH Misuse of Drugs Act amendments	
4	Regulation of Unlicensed Medicines (submissions requested)	Medicines and Health Regulation Agency MHRA	March 2008
5	Talking About Medicines – the management of medicines in Trusts providing mental health services	Healthcare Commission	January 2007
6	Building a safer NHS for patients	DoH	January 2004
7	NICE technical clinical and patient safety guidelines	National Institute for Health and Clinical Excellence	2001 onwards
8	Medicines management-everybody's business	DoH	January 2008
9	Lean thinking for the NHS	NHS Confederation	2006
10	NHS-LA	Litigation Authority	Ongoing
11	Technical patient safety solutions for medicines reconciliation on admission of adults to hospitals	NICE/NPSA	December 2007
12	A spoonful of sugar	Audit Commission	December 2001
13	Service improvement guide: Self-administration of medicines in mental health Trusts	National Prescribing Centre NPC	April 08

14	Core standards – mental health and LD Trusts	Healthcare commission	October 2007
15	Environment and sustainability. Safe management of healthcare waste. Health Technical Memorandum 0701 DH073328(1) And Disposal of pharmaceutical waste in community pharmacies HTM0706	DoH	January 2007 June 2007
16	No voice no choice – a joint review of adult community mental health services in England	Healthcare Commission	July 2007
17	Security of prescription forms guidance. NHS Business Authority Security Management Service	DoH	March 2008
18	**www.connectingforhealth.nhs.uk**	DoH	Ongoing

A much more complete list of references is available on the corporate drive

Appendix 3 Further background material available on the corporate drive – medicines – strategic group

- Service specifications from contracts with Princess Alexandra Hospital Trust, Mid-Essex Hospitals Trust, and Colchester University Hospitals NHS Foundation Trust
- Healthcare Commission Medicines Management self-assessment toolkit
- Benchmarking information
- Survey of consultants and senior nurses for their needs and priorities for a pharmacy service.
- Medicines management references – a more comprehensive list
- Risk / action plan based on core standards
- Transport/Logistics plan for in-house provision
- Specifications/costings for in-house service, and computer specifications.