



Llywodraeth Cymru
Welsh Government

REVIEW SPECIFICATION

NHS WALES CLINICAL PHARMACY SERVICES IN HOSPITALS

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INTRODUCTION

1. The unprecedented pressure placed on the NHS during the COVID-19 pandemic has been a catalyst for change. During the pandemic, innovation and redesign that had been considered for years was adopted in a matter of days or weeks. The consensus is that people were amazed at the progress that could be made in a matter of weeks. Ideas and changes that historically would have taken years to implement were actioned in days or even hours.
2. In common with other services, hospital pharmacy adapted quickly to meet the needs of patients and clinical colleagues. Examples included increased preparation of ready to administer medicines, delivery services, seven-day pharmacy services, expanded pharmacy roles, lead roles in facilitating access to clinical trials and faster access to innovative therapies, closer collaboration with clinical colleagues, autonomy to make decisions, and better support for staff wellbeing.
3. Although this response was effective in the early stages of the pandemic where the clinical landscape was changing daily and all but emergency NHS activity ceased, it is not sustainable without change in the way we plan, prioritise and deliver pharmacy services.
4. It is clear from the last two years' experience that a flexible pharmacy workforce is essential for the future. It needs to meet the demands of patients and the wider NHS, whilst also providing pharmacy staff with a professionally fulfilling role that enables development and autonomy.
5. Many hospital pharmacists are now prescribers and from 2026 all new registrants will be able and will expect to prescribe as part of their professional practise. Pharmacy technicians are taking on more clinical roles and changes to legislation are likely to facilitate more autonomous roles for pharmacy technicians in the future, including the authority to make decisions about the supply and administration of medicines.
6. The NHS has an obligation to fully utilise the expertise of pharmacy professionals along prudent healthcare workforce principles to maximise the benefits for patients. As other pharmacy sectors evolve to do the same, hospital pharmacy practise must evolve if it is to recruit and retain the best pharmacy professionals.
7. The experience of COVID-19 can help to redefine professional role identity within hospital pharmacy services, where individuals act autonomously as a professional taking responsibility for decision making as part of the wider multidisciplinary team.
8. The coronavirus outbreak has significantly changed how healthcare is delivered in the NHS hospital setting. This has driven a need for rapid transformation of services at a time of immense pressure, which has been a major personal and professional challenge within organisations. Every health and social care profession, every health service provider and every government has plans in place to recover and rebuild following the COVID-19 pandemic.

9. Now it is important that these positive changes to patient care and pharmacy practice in response to COVID-19 are retained and built upon. We must continue to improve patient experience within the hospital setting(s) whilst protecting the future sustainability of the NHS.

CONTEXT

Hospital Pharmacy Services

10. Hospital services in Wales are provided by seven local health boards and one NHS Trust through XX DGHs, XXX community hospitals, X cancer centre.
11. Hospital pharmacy has been described as the “engine of innovation” for pharmacy services and, since the introduction of ward pharmacy in the late 1960s, hospital pharmacy practice has become increasingly patient orientated.¹
12. The prescription of a medicine is the most common intervention undertaken within the NHS and medicine supply remains a major part of the pharmacy service. Supply, technical services and information support have traditionally provided the platform for hospital pharmacy services.
13. These functions remain as important to the NHS today as they have always been. However, the way in which care is delivered in the NHS is changing. Changes to the way in which pharmacy technical services are provided in Wales will be delivered through the [Transforming Access to Medicines \(TrAMs\) programme](#). Other ‘back office’ functions including the provision of medicines information, education and training, and medicines’ procurement are also changing and are outside the scope of this review.
14. In the NHS, clinical pharmacy skills are in high demand. This isn’t surprising in the context of polypharmacy, suboptimal medicines use, preventable medication related admissions, increasing antimicrobial resistance, and rising therapeutic costs. The knowledge and skills of pharmacy professionals are central to optimising medicines use to create better outcomes for patients, headroom to introduce new treatments and better value for taxpayers.
15. In common with other healthcare professions, there is notable variability in the consistency with which pharmaceutical services are provided and medicines optimisation implemented in hospitals. [Lord Carter’s final report on NHS productivity and efficiency](#), published in February 2016, identified significant variations in practice, availability and deployment of English hospital pharmacy services across the country. The report supported further implementation of clinical pharmacy to optimise value and outcomes from medicines, but the report also highlighted that this must done in a manner which transforms the hospital pharmacy service as a whole, creating significant efficiencies. There isn’t an

¹ Farrar K. Hospital pharmacy: thinking the unthinkable. The Pharmaceutical Journal, PJ, January 2000;():DOI:10.1211/PJ.2000.20000004

equivalent report for Welsh hospital pharmacy services, but similar themes would be anticipated.

16. The Royal Pharmaceutical Society's (RPS) [Professional Standards for Hospital Pharmacy](#) describe quality pharmacy services (or 'what good looks like'). The standards provide a broad framework that will support pharmacists and their teams to continually improve services, shape future services and roles, and deliver high quality patient care across all settings and sectors.

Strategic direction – the long term plan for health and social care

17. In June 2018, the Welsh Government published its long-term plan for health and social services in Wales. [A Healthier Wales](#) sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. It encourages health and social care organisations to find new ways of working together to ensure that the whole system is 'fit for the future', so that it can respond more quickly to future challenges and opportunities.
18. [A Healthier Wales](#) describes how in future more services will be provided outside of hospitals, closer to home, or at home, and people will only go into hospital for treatment that cannot be provided safely elsewhere. This 'community-based approach' will help take pressure off our hospitals, reduce the time people have to wait to be treated, and the time they spend in hospital when they have to go there. It also describes how using the latest technology and medicines will improve care and outcomes for the people of Wales. In this context the way in which clinical pharmacists working in hospitals have traditionally worked needs to change to meet the changing expectations of the NHS.
19. Subsequently, the Minister for Health and Social Services invited the Welsh Pharmaceutical Committee to "work with stakeholders to develop a plan describing the future roles of pharmacy professionals in Wales and the steps to be taken by all stakeholders to maximise their use". The vision set out in [Pharmacy: Delivering a Healthier Wales](#) (PDaHW) is the product of that work.
20. A key goal for 2030 within PDaHW is that we will shift the focus of hospital teams to respond to changes in the delivery of care and transform access to medicines.

"Access to hospital, and most significantly at the specialist hospital level, will be provided when this exceeds the level of local support available and this will represent a shift over time in the system's reliance on traditional hospital services".

Only those patients who require urgent, intensive or highly specialist care will require access to specialist pharmacists and their teams within the hospital setting. These specialist pharmacists will also be enabled to input into their patients' care at a local level.

The continued impact of COVID-19

21. Over the last two years, the focus for the NHS has been on the coordinated response to the COVID-19 pandemic, as well as continuing to respond to people with urgent, emergency and essential health conditions.
22. The delivery of planned care has been disrupted by the pandemic. Some services were paused to enable NHS organisations to respond to the immediate demands and challenges of the pandemic. Capacity has been reduced by infection prevention and control requirements. Waiting lists have grown significantly as a result and are likely to continue growing over the coming months as people who deferred being seen during the height of the pandemic come forward to be seen, diagnosed and treated.

COVID Recovery - NHS Wales' Priorities

23. As we emerge from the pandemic, NHS organisations are considering how to adapt services and learn from the innovative practice. Quality and safety are going to be of paramount importance in this recovery process and it is essential there is this quality and safety focus at every level. Patients waiting for treatment will be exposed to widely varying levels of symptoms and risk, so the limited clinical resource now available must be targeted at those likely to gain the most benefit. A co-productive approach to clinical care and decision making will be essential to gain and maintain public understanding and confidence.
24. In April 2022, the Welsh Government published its plan [Our programme for transforming and modernising planned care and reducing waiting lists in Wales](#) in which it identifies five key goals.
25. In May 2022, the Welsh Government published its [Six Goals for Urgent and Emergency Care](#) policy handbook as an important early marker in the delivery of Programme for Government 2021–2026. It sets out the expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. This will be achieved through consistent and integrated delivery of six goals for urgent and emergency care to help achieve the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care.
26. In January 2022, the Welsh Government published [Home First: The Discharge to Recover then Assess model \(Wales\)](#) which details guidance for health care staff on what to consider when discharging patients from hospital.
27. The [NHS Quality and Safety Framework](#) published in 2021, states that organisations should have a strong quality management system in place at all levels, to ensure that care meets the six domains of quality; care that is safe, effective, patient-centred, timely, efficient and equitable. The approach to

improving quality is vested in the findings of the [Trusted to Care](#) report published in 2014.

28. The recent [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) which places both an enhanced duty of quality and an organisational duty of candour will strengthen the approach to high quality, safe care.
29. The Welsh Government's [Health and Care Standards](#) must also be taken into account by organisations in their discharging of the duty of quality. This framework of standards is designed to support the NHS and partner organisations in providing quality services across all healthcare settings. These standards describe what the people of Wales can expect when they access health services.

The future clinical role of pharmacy professionals in hospitals

30. Pharmacy teams in hospitals are valued for their clinical role in checking other professionals' work, for example in medicines reconciliation, prescription chart review and preparing take home medicines at point of patient discharge. This work delivers improvements in safety but now is the time for processes to be radically transformed in order to release pharmacists' capacity to take on more clinical roles and add value.
31. Patients' length of stay in hospitals vary significantly and with this so does the opportunity for intervention. Not every patient will need pharmacy input and, in some cases, a short hospital stay may not be an appropriate time to make a medicines intervention. Equally, unless the current hospital pharmacist workforce substantially increases, it will not be possible, or necessary, for a pharmacist to see every patient.
32. There is shared consensus that investment in enhanced roles for pharmacy technicians and pharmacy support staff to facilitate pharmacists' input being prioritised to more complex, high-risk situations is an attainable and sustainable solution to the workforce issues identified within hospital pharmacy services. Specifically, these are most likely to be:
 - In unscheduled (emergency/urgent) care: at the start of the patient's stay in hospital when they are most unwell, at interfaces between care teams/settings, and patients receiving novel and complex therapies.
 - In scheduled (planned) care: planning for surgical admissions and managing caseloads of complex patients with long-term conditions. This will include inpatients and outpatients.
 - Improving quality: to ensure care that is safe, effective, patient-centred, timely, efficient and equitable

33. Looking at the future for hospital pharmacy services through the prism of the Wellbeing of Future Generations (Wales) Act 2015, we will need to consider areas that we may not have focused on in the past including the obligation to improve social, cultural, environmental and economic wellbeing of the public and workforce.

34. The scope of this review should consider as part of its overriding principles

- how hospital clinical pharmacy services can be part of the solution to address the key challenges and priorities set by the Welsh Government as part of the recovery post pandemic (within planned, emergency /unscheduled care and optimising hospital flow) whilst maintaining delivery of its core services; and
- that all pharmacists in a patient-facing role by August 2026 will have prescribing status where required to act autonomously as a professional practitioner working as part of a multi-disciplinary team rather than have a traditional series of pharmacy-based tasks as an approach to their work plan and service delivery.

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DETAILED REQUIREMENTS FOR REVIEW

Functional Requirements

These requirements define the task or desired result by focusing on what is to be achieved, rather than by describing the way it is to be achieved.

35. The purpose of the review is to inform the future provision of clinical services by pharmacy professionals both in hospitals and by hospital teams delivering care in other settings (e.g. virtual clinics and wards, patients own homes etc).
36. The review must define the minimum requirements of the essential (core) hospital clinical pharmacy service. That is the minimum clinical service any patient and healthcare professional should expect the hospital pharmacy service to provide.
37. The review must describe both generally and by way of specific examples, the advanced clinical services that may be provided by pharmacy professionals in a hospital setting that meet the priorities of the NHS in Wales described in this specification.
38. The review must describe how expert clinical services (such as those delivered by consultant pharmacists) may be provided in a hospital setting or in other settings to meet the priorities of the NHS in Wales described in this specification.
39. The review must draw on evidence available for both the effectiveness and cost-effectiveness of the 'Essential' (core), 'Advanced' and 'Expert' hospital clinical pharmacy services described in UK and international peer reviewed literature and grey literature (literature review, cases studies, examples of good practice) and should
 - describe the breadth and quality of evidence currently available in the UK and internationally;
 - quantify the evidence for service effectiveness in terms of value and cost-effectiveness;
 - identify how the effectiveness and cost-effectiveness of services may be enhanced; and
 - identify gaps in research which would enhance the evidence base.
40. The review must consider how clinical pharmacy services are provided within hospitals in Wales currently and how they align to the definitions and descriptions of essential (core), advanced and expert hospital clinical pharmacy services.
41. The review must describe how pharmacist prescribers could be utilised effectively in hospitals in line with the priorities of the NHS in Wales. In particular the review should consider the "use case" for pharmacist prescribers taking account of the changes to initial education and training meaning all new registrants will be prescribers from 2026.

42. The review should highlight examples of notable good practice in Wales and indicate areas where practice could be improved.
43. The review should specifically describe the organisational, managerial and leadership arrangements for clinical pharmacy services in Wales and the role of integration of pharmacy professionals in clinical teams, and comment on the extent to which current organisational arrangements facilitate or act as a barrier to the greater contribution of pharmacy professionals.
44. Finally, the review will need to ensure that we do not only draw on the best existing evidence of effectiveness and cost effectiveness. Going beyond this, we need to ensure that hospital clinical pharmacy services is fully integrated into these emerging new care models, including, the evaluation of these innovations and the creation of a new, wider evidence base that shows what works to the whole of the NHS.

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Performance Requirements

45. These requirements detail the performance required of the solution by setting out details of inputs and outputs.

Clinical Pharmacy Services

- *the evidence base for clinical services provided by hospital pharmacy teams in Wales, UK and internationally;*
- *examples of exemplar clinical pharmacy services delivered by hospital pharmacy teams in Wales, UK and internationally;*
- *the distinction between essential (core), advanced, and expert hospital clinical pharmacy services and the relative priority given to each.*

Workforce

- *the current roles provided as part of the clinical pharmacy workforce in Welsh hospitals;*
- *understanding the proportion of time the clinical pharmacy workforce spend undertaking other work that is non-clinical as part of their job plan;*
- *understanding roles undertaken by pharmacy professionals in non-clinical areas where their skills would be better utilised in clinical pharmacy services;*
- *how new clinical pharmacy roles are identified, planned and delivered;*
- *the vacancy status, turnover rate and recruitment success;*
- *the arrangements in place for developing the workforce as part of job plans, appraisals, career frameworks and succession planning; and*
- *the opportunities for training and professional development.*

Leadership

- *understanding the clinical effectiveness of clinical pharmacy managerial and professional reporting structures within organisations e.g. advanced clinical pharmacists or consultant pharmacists*

Organisational arrangements

- *the current commissioning, funding and organisational arrangements for hospital clinical pharmacy in Wales and how this contributes to or impedes the contribution of pharmacy professionals;*
- *examples of alternative ways of working from areas in Wales, UK and internationally; and*
- *the integration of hospital clinical pharmacy teams as prescribing practitioners as part of multi-disciplinary teams and how the services are prioritised/determined by the organisation.*

Relevance, Impact and Outcomes

- *The extent to which hospital clinical pharmacy services in Wales are prepared/arranged to meet the immediate, medium and longer term priorities of the NHS in Wales (as described above);*

- *how well do hospital clinical pharmacy services in Wales address health inequalities and wellbeing;*
- *how well does the provision of hospital clinical pharmacy services ensure equity of access to services addressed in the Welsh Government priorities as part of recovery;*
- *how well do hospital clinical pharmacy services ensure appropriate use of medicines and that strong quality management systems are prioritised at all levels to reduce patient harm; and*
- *commitment within the hospital pharmacy services to reducing waste and variation and promoting sustainability in all decision making.*

Looking forward

- *How will the hospital pharmacy service incorporate research and development opportunities to drive further transformation and continued commitment to evolve, improve quality and modernise clinical pharmacy services provided to deliver excellent pharmaceutical care/ medicines optimisation to meet patient needs;*
- *the local, regional and national clinical leadership roles and responsibilities required in hospital pharmacy to bring together a seamless pharmacy workforce across all sectors;*
- *the opportunities to develop network and strategic links for hospital pharmacy clinical expertise to promote shared learning and partnership working across Wales, the UK and internationally.*

Recommendations

- *A series of evidence based recommendations for the transformation of hospital clinical pharmacy services to meet the current and future needs aligned to the functional requirements of this specification.*

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