Government funding for the NHS has increased annually for over 60 years. From next year, and for the following three years, it will be cut. How might those working in hospital pharmacies be affected?

Do not underestimate the challenge facing the NHS

By Gareth Malson, MRPharmS

Back in the days of Jacob and the land of Canaan, Joseph (of technicolor dreamcoat fame) was blessed with the ability to interpret people’s dreams. He became a useful asset to the pharaoh of Egypt and negotiated the country successfully through seven years of famine by stockpiling food during the seven years of abundance that preceded them. Now, the NHS is the new Egypt — the curtain is about to be drawn on the years of plenty that were enjoyed during the Noughties — but no one had the foresight to warn, until recently, of the tough times ahead.

While it might appear to be business as usual in some trusts, NHS staff should not underestimate the scale of funding cuts under which their employer will soon be operating. Indeed, chief pharmacists and other senior NHS managers are likely to be going grey at an alarming rate.

Efficiency savings

In September last year, health secretary Andy Burnham announced that the Department of Health in England would need to generate £15–20bn of “efficiency savings” by 2014 — equating to 15–20% of the NHS’s total annual expenditure. Although some of this money will come from efficiency savings in Whitehall, hospital and primary care trusts will be required to do their bit.

The focus of Professor Cooke’s argument lies in the fact that pharmacy activity is affected by the work done in other departments and that a hospital’s medicines bill is constantly increasing. According to the NHS Information Centre’s most recent report, the medicines bill in England grew by 3.4% in 2008 compared with the previous year.1 In hospitals, during the same period, the increase was 15.2%. “As a result of an increased rate of patient throughput in other departments and an increased number of medicines available,” says Professor Cooke, “pharmacy workload has increased to the point that we cannot reduce staffing levels.”

However, if the medicines bill continues to increase, how can hospital pharmacies expect to contend with an operating budget that, at best, stands still? “We will have to work smarter,” says Professor Cooke. “We will be looking at our rotas and opening hours to see if they can be reorganised. In addition, making better use of electronic prescribing should result in a reduced burden for our audit departments.”

Frequent flyers

The Government needs to tackle the escalating cost of healthcare; more hospital admissions and more prescribed medicines are an ever-increasing strain on its wallet. With hospitals being paid per hospital admission, primary care trusts are essentially required to write a blank cheque for the cost of hospital care for local residents.

The NHS faces an uphill struggle

Gray, chief pharmacist at the Royal Derby Hospital. “As I understand, NHS growth has averaged 4.5% per year over the past 60-odd years and has never fallen below 1%.”

The next obvious question is: what does this mean for the average hospital pharmacy department? Here, the answer is not so clear. For those who need it, a summary of hospital pharmacy expenditure is provided in the Box on the adjacent page.

Protecting your turf

Jonathan Cooke, clinical director of pharmacy and medicines management at University Hospital of South Manchester NHS Foundation Trust, told Clinical Pharmacist that although any reduction in operating budget will be spread across all departments, there are some, such as pharmacy, for which funding cannot be cut. Chief pharmacists, therefore, will have their work cut out to protect their own budgets. “Trust directors will inevitably lean on the weakest point. Strong leadership and good support from clinical teams is essential,” he says.

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Therefore, the Government is keen to cap its hospital bills. Its strategy for doing this, at least for the next few years, was revealed in the operating framework for the NHS in England 2010/11 (published in December 2009). The framework states: “In 2010/11, any emergency activity that occurs above the value of the contracted baseline at the aggregate level will only attract 30% of the relevant emergency tariff.”

Skimmed of Whitehall lingo, this means that if in 2010/11 hospitals exceed the number of emergency admissions that they had in 2008/09, they will be paid only 30% of the normal fees for those additional patients. This strategy threatens to reduce funding for many hospitals — particularly those that have already seen an increase in emergency admissions since 2008/09. After all, during the current financial year, those extra admissions will have been paid for in full.

Hospitals now have a huge incentive to contribute where possible to reducing admissions. Richard Cattell, head of pharmacy for The Dudley Group of Hospitals NHS Foundation Trust, believes that this is an agenda with which pharmacy departments could make a difference.

According to Mr Cattell, pharmacists from Russells Hall Hospital in Dudley are collaborating with local GPs to identify frequent flyers — ie, patients who present at A&E regularly. “From this group, those patients who need greater support regarding their medicines can be identified,” he explains. “Such patients will then be reviewed regularly by one of a team of pharmacists. The team will draw upon the skills of community, primary care and specialist secondary care pharmacists.”

Mr Cattell told Clinical Pharmacist that the aim of the project is to provide care closer to patients’ homes and reduce the number of times they are admitted to hospital with problems relating to their medicines.

Medicines spend

At Royal Derby Hospital, the pharmacy team is focusing on reducing the trust’s medicines bill. “There are savings to be made from rationalising the medicines we use and negotiating a better procurement deal with manufacturers,” says Mr Gray. “We need to work with prescribers to rationalise our formulary and make sure it only includes those medicines that are clinically and cost effective, and to confirm the indications for which they are commissioned and approved. This is particularly important for high-cost medicines that are excluded from the NHS tariff.

“Furthermore, rationalising the formulary across our local region would maximise the impact of this work,” he adds.

Self-administration

Making better use of patients’ medicines can improve patient care while simultaneously sparing NHS resources, Mr Gray believes. “We need to encourage patients to bring in their own medicines and then make sure we use them. And we need to stop that knee-jerk reaction to issue a new supply.”

He also challenges the common default assumption in hospitals that patients cannot self-administer their medicines. “Many hospitals assess patients’ suitability for self-administration of their medicines but, as a profession, we should really aim to maximise self-care by assessing patients for reasons why they cannot self-administer. As well as improving medicines adherence, this will maximise the use of their own medicines.”

He adds: “This will also save considerable nursing time during drug administration rounds and might well be safer for patients.”

Mr Gray believes this strategy will help to reduce medicines waste, particularly during transfers of care, and ensure that patients get the most from their medicines. “Our focus should be on ensuring patients do not miss clinically important doses, rather than routinely resupplying long-term medicines that patients get from their GPs,” he concludes.

Sharing good practice

Clinical Pharmacist wants to hear from pharmacy teams that are managing to make savings by trying our new ways of working or building cross-sector pharmacy networks. It might be too late to prepare for the years of famine that lie ahead, but perhaps through this kind of sharing and collaboration the tough times will be easier to negotiate.

(Furthermore, we might give those few remaining dark hairs on chief pharmacists’ heads a fighting chance of survival.)

References