

SPS – Transforming and Managing a National Service

“It’s merely Implementation”

Dr Justine Scanlan

28th September 2023

The first stop for professional medicines advice

Session Overview

- Evolving a single national SPS
- Describe the enabling strategic levers
- Theory of change and its application
- Bringing it all together

Specialist Pharmacy Services

Formed as part of the NHS reforms of 1974

Historical Disciplines

- Medicines Procurement
- Medicines Information
- Medicines Evaluation
- Pharmaceutical Quality Assurance
- Quality Control
- Medication Use and Safety
- Radio-pharmacy

Key Strategic Lever 1: Report of the working party on the Hospital Pharmaceutical Service (Noel Hall c1970/1)

“There was no reason why pharmaceutical services in some of the smaller hospitals should not be provided from larger centres.”

“In some cases with bulk preparations being provided on a wider “area” basis”

“failed to break free from a tradition in which each hospital of any size supported its own independent pharmacy”

“the small scale upon which the work of pharmacists has hitherto being organised has led to a duplication of effort, inflexibility in the deployment of resources, lack of economy of manpower, materials and equipment

“regional advisory committee of pharmacists would be able to ensure that pharmaceutical activity was co-ordinated on a regional basis”

Sir
Noel Frederick Hall



Hall in 1941

Why is this a good idea?

- More complex drugs and a decline in extemporaneous dispensing
 - Drugs in larger quantities and new forms
 - Steady reduction in length of stay
 - Demand for drugs pre-packed in small quantities for discharge
-
- **Noel Hall, 1970**

The Review of Specialist Pharmacy Services in England (May 2014)

Proposed

“a single NHS Specialist Pharmacy Service (SPS) that is commissioned nationally, deployed regionally and more locally, and delivered through three core functional groupings of

- Medicines Information
- Medicines Assurance (Pharmaceutical Quality Assurance and Procurement)
- Medicines Safety”

Key recommendations

A. Organisation of the Specialist Pharmacy Service

- There should be a single NHS Specialist Pharmacy Service (SPS), which is deployed regionally and more locally to provide equitable access to specialist pharmaceutical expertise
- The primary purpose of the Service should be to enable improvements in the safety and outcomes of patient care through the better use of medicines. It should support patients, clinicians, commissioners and providers in the delivery of medicines optimisation across the NHS
- To ensure access to necessary expertise across England and achieve value-for-money, the Service should be provided at a level of organisation greater than a local health economy

B. Commissioning of the Service

- The SPS should be directly commissioned by NHS England. This recommendation is based on a thorough assessment of different options. A priority is to determine whether this can be achieved by prescribing the Service in legislation for direct commissioning or via an alternative legal mechanism for NHS England to take up these responsibilities through agreement with the Department of Health
- The SPS should be commissioned against a national specification, which provides clarity to both service users and SPS providers on access, functions, levels of service and performance
- The SPS should be commissioned from designated trusts that can meet the specification. The commissioning intention should be a consistent and system-wide service for England

C. Governance, accountability and leadership of Service

- An SPS National Management Board and Implementation Group should be established
- A leadership team comprising Head of SPS, Assistant Head of SPS (Medicines Preparation) and Assistant Head of SPS (Medicines Safety) should be appointed
- These posts should be joined by nominated leads from Medicines Information and Medicines Assurance in the Implementation Group

D. Funding of the Service

- Deployment in relation to the national specification from 2014-15 should be delivered within an agreed overall cost envelope (estimated at £7.1m as the sum of existing commissioner and provider-based funding). Detailed work on costing the national specification will be necessary
- Adjustments in relation to staff costs resulting from Agenda for Change will need to be factored into future funding agreements. Proposed new posts should be drawn from the existing establishment
- Further work is required to determine whether QA laboratory facilities currently funded by commissioners should continue to be a commissioning responsibility

Recommendations

- A. Organisation of the Specialist Pharmacy Service
- B. Commissioning of the Service
- C. Governance, accountability and leadership of the Service
- D. Funding of the Service

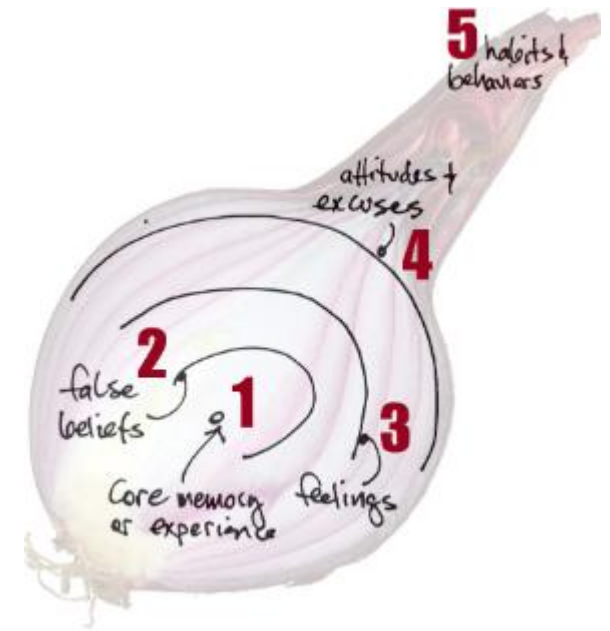
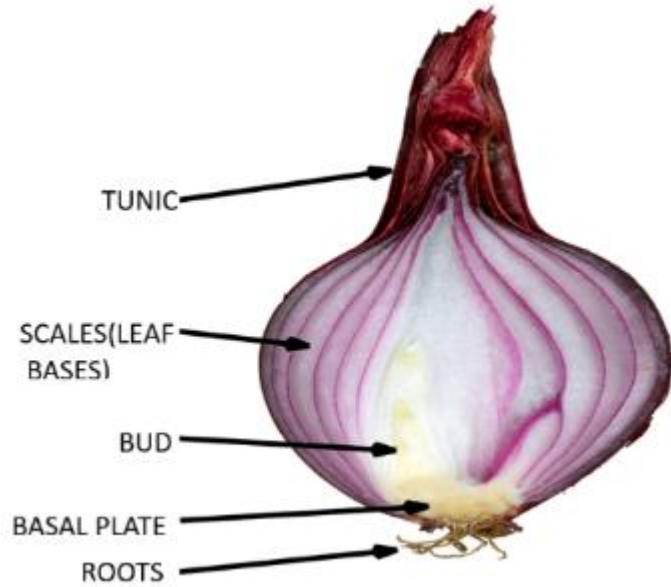
Key Strategic Lever 2: Head of SPS (?!)



It's merely implementation

Dr Keith Ridge

Peeling *and/or* Cutting an Onion



Cutting into the onion



Q. Why does cutting onions make our eyes tear?

A. When an onion is cut, certain (lachrymator) compounds are released causing the nerves around the eyes (lacrimal glands) to become irritated.

These compounds consist of methionine and cystine that are part of the amino acid family. (Protein is made up of several of these amino acids grouped together.)

When an onion is sliced or diced, the onion's cells release these compounds into the air.

When this occurs, "enzyme" works to alter the amino acids into lachrymator compounds.

This form of sulfuric acid irritates the nerves around the eyes making them tear.

How can we prevent this reaction?

1. Use a sharp knife to cut the onion to reduce the amount of damage to the onion cells.
2. Cool the onion in a refrigerator to suppress the scattering of the lachrymator.
3. Soak the onion in water to dissolve the amino acids. (Cutting the onions in half or quarters before soaking them is even more effective.)
4. Wear swimming goggles or ski goggles while cutting the onion.
5. Use a ventilator or fan to blow the allyl sulfide away.

THE THEORY OF CHANGE MANAGEMENT

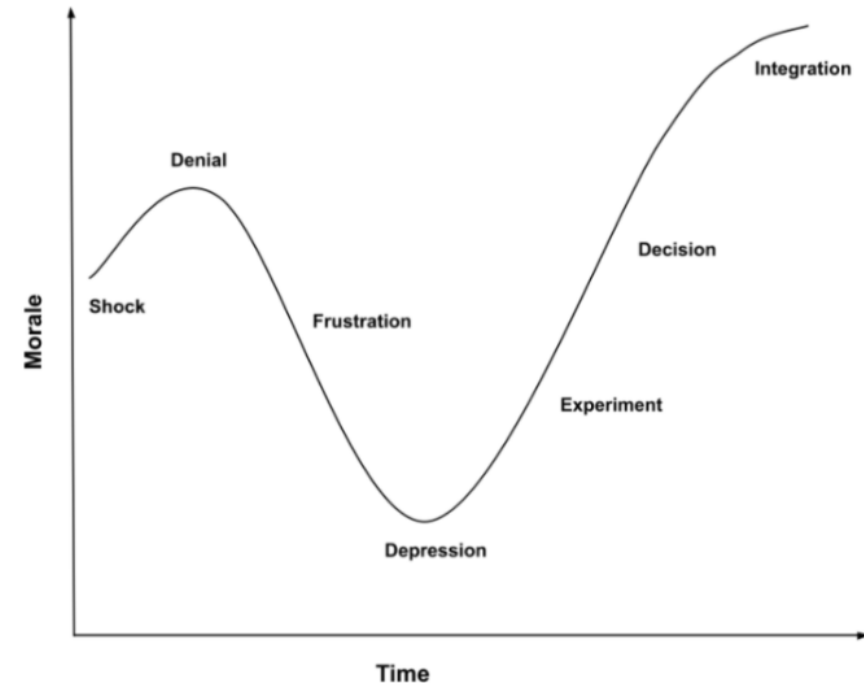
1. McKinsey 7S
 - in depth look at everything
 - When – in the beginning
2. Kotter
 - resistance to change
 - When – when 1 failed!
3. Kubler Ross
 - about the people
 - When - throughout

McKinsey 7S

1. Assess all components of the business
2. Strategy
 - what are the problems and what needs fixing
 - What's the plan to meet the goals and objectives
3. Structure
4. Systems
 - Day to day activities and what impact would change have on them?
5. Shared values
6. Style (culture)
7. Staff (roles and capabilities)
8. Skills (competencies and skills)

Kubler Ross

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



It's merely
implementation –
problem 1

Figure 2: NHSE SPS funding received per region 2015/16

North of England

£1.7m

**Midlands and East of
England**

£1million

South of England

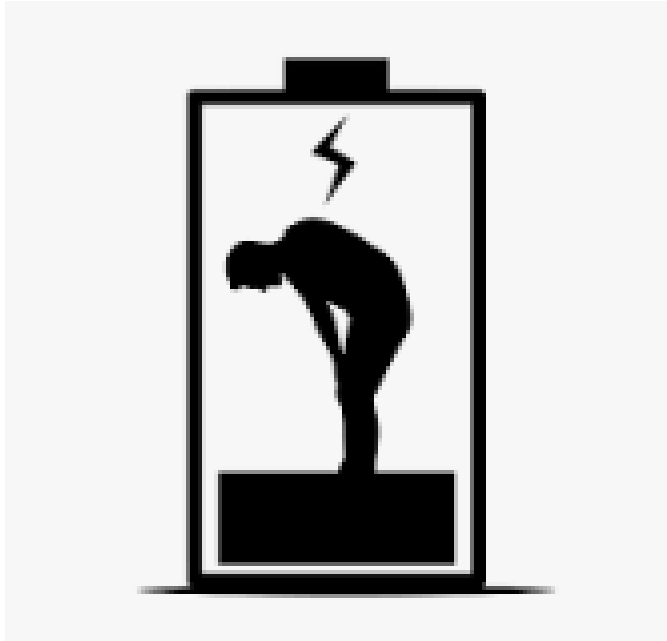
£1.2m

London

£1.9 million

Total aggregated budget £7.1 million (provider and
commissioner funding)

NHSEI Region	Amount	Pays for
Y&NE	£360,000	QA and Procurement
NW	£1m	QA and procurement
Midlands	£220,000	Procurement in East and West Midlands
London	£60,000	Procurement
South East	£120,000	Procurement
South West	£350,000	Medicines Information and Procurement
East of England	£ zero	N/A



The too difficult box





Context

Lord Carter Review : Procurement & Efficiency Programme Hospital Pharmacy & Medicines Optimisation

Medicines Optimisation CRG

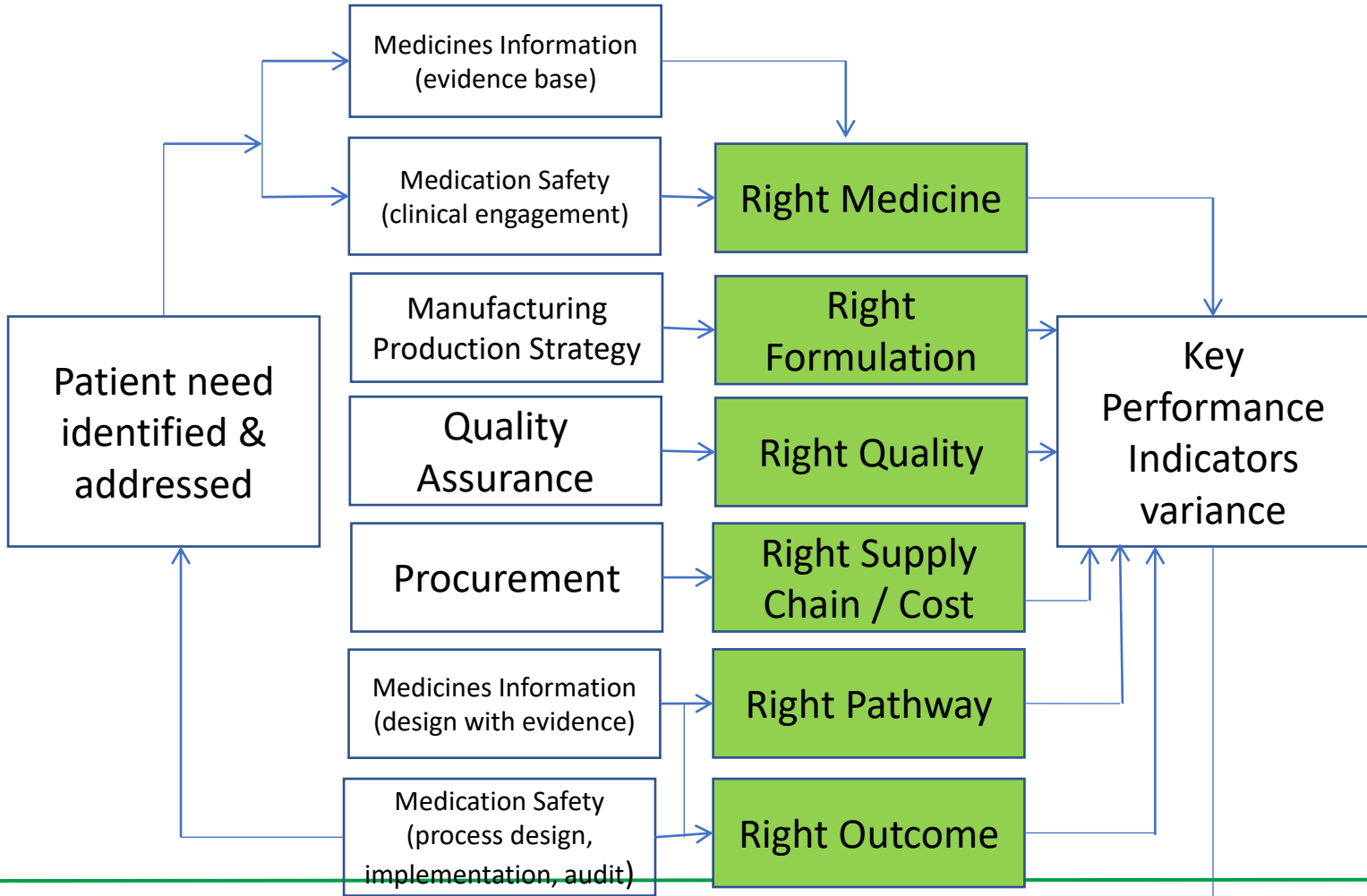
Specialised Commissioning CCG Commissioning

5 Year Forward View

Innovation Scorecard



Specialist Pharmacy Service : High Level Pathway

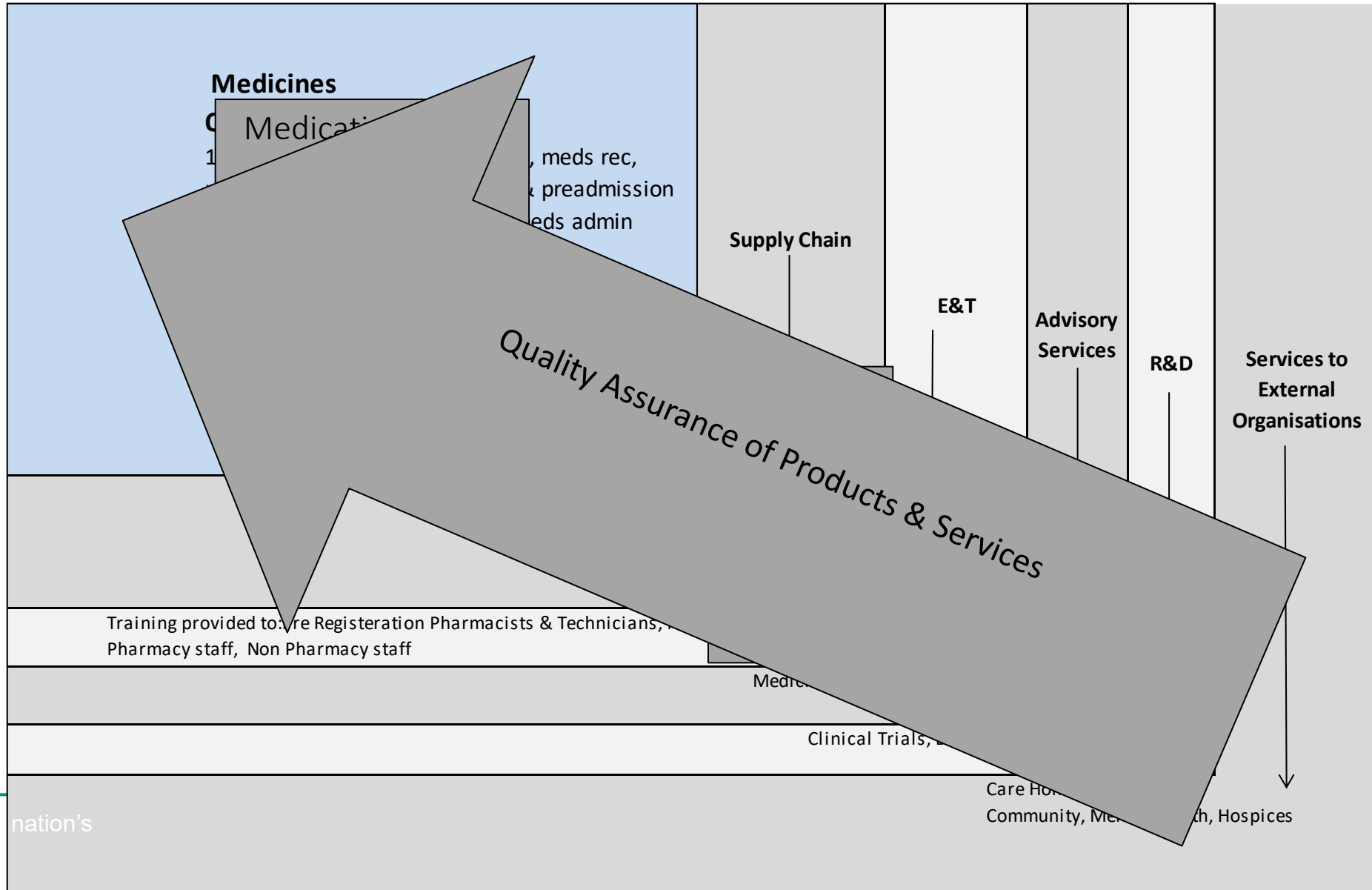


SPS – the brand – the website





Key Strategic Lever 3: Carter Review





Department
of Health

Hospital Pharmacy and Medicines Theme Group: Production and Bespoke Compounding

Dr Justine Scanlan & Owen Inglis Humphrey

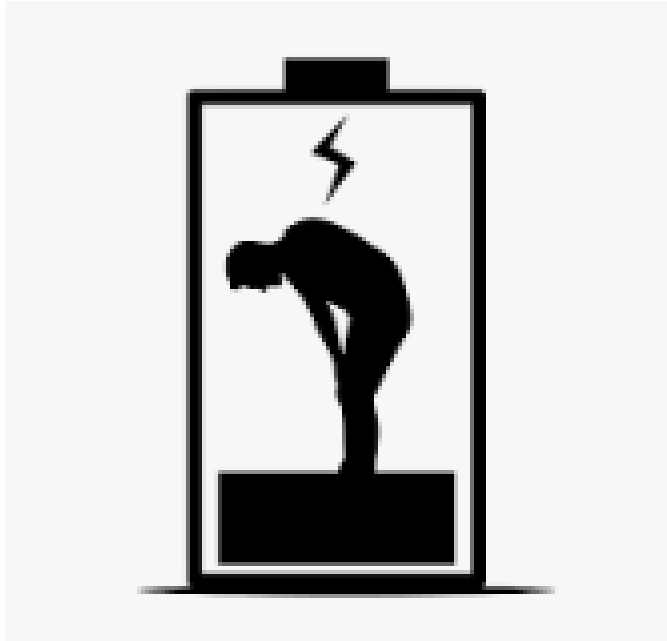
31st July 2015

Engagement with Stakeholders



- 26 different hosts
- 26 HR departments
- 26 Finance departments

- Contract
- Specification




The too difficult box



KEY STRATEGIC LEVER 4: COVID 19



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[COVID-19 Vaccines](#) [Guidance](#) [Events](#) [Networks](#) [Planning](#) [Training](#) [Publications](#) [Q Search](#)

[General information and guidance](#) [Pfizer-BioNTech](#) [AstraZeneca](#) [Moderna](#)

COVID-19 Vaccines

Information and guidance from across SPS on pharmaceutical aspects of COVID-19 vaccines' use

General information and guidance >

- [Giving vaccines legally](#)
- [Handling multiple vaccines](#)
- [Handling in Community Pharmacies](#)
- [Handling in PCNs](#)
- [Handling in Trusts and Vaccination Centres](#)
- [Temporary vaccination sites](#)
- [Cold chain management](#)
- [Answers to Questions](#)

Pfizer-BioNTech >

- [Handling in PCNs](#)
- [Handling in Trusts](#)
- [Answers to Questions](#)

AstraZeneca >

- [Handling in PCNs](#)
- [Handling in Trusts](#)
- [Answers to Questions](#)

Moderna >

- [Handling in PCNs](#)
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Specialist
Pharmacy
Service

Going back to
our roots

Putting
legislation into
practice

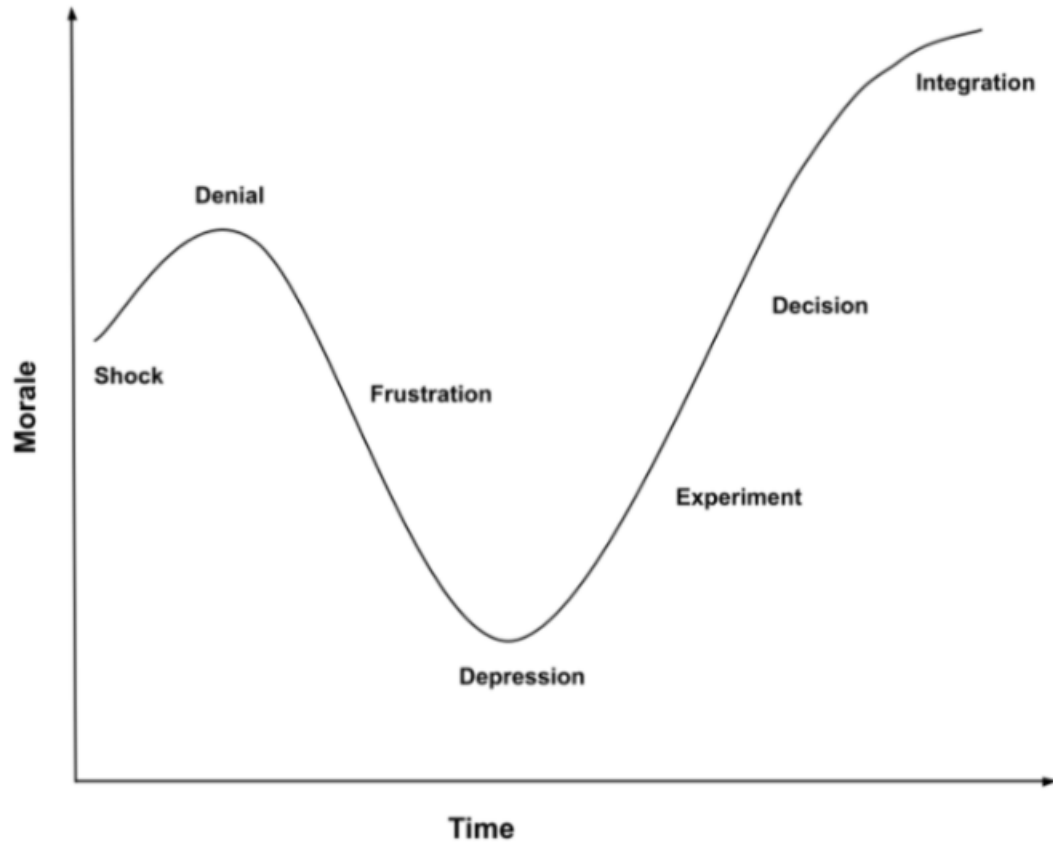




1. Approach
 - “Do Once”
 - Key SPS personnel with SPS corporate and multi function buy-in
2. Outputs
 - Strategy
 - **Support Professional Judgement**
 - Policy
 - **Advisory documents and risk assessment tools**
 - Practice
 - **Templates**
 - **SOPs, work instructions and worksheets**
3. Issues
 - Services with multiple commissioners
 - Individuals who have worked alone for some time



KEY STRATEGIC LEVER 5: SPS TRANSFORMATION





Kotter

1. Creating a sense of urgency – why does change matter?
2. Building a coalition - stakeholders
3. Developing a strategic vision
4. Involving everyone in the plan
5. Reducing obstacles
6. Focusing on short term wins
7. Keeping the momentum going
8. Add some stability

KEY STRATEGIC LEVER 5: SPS TRANSFORMATION

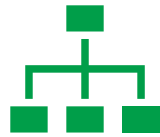
REASONS & IMPETUS FOR CHANGE



Customers

Inequity of funding and service delivery

“One man band” in some functions / areas



Workforce

Succession planning and no clear oversight of staffing levels



Digital Transformation

Able to work remotely as a team

Embrace Technology – omnichannel telephony, iQAPs
EL Audit



COVID-19 Approach

Extremely successful and a very valued NHS service

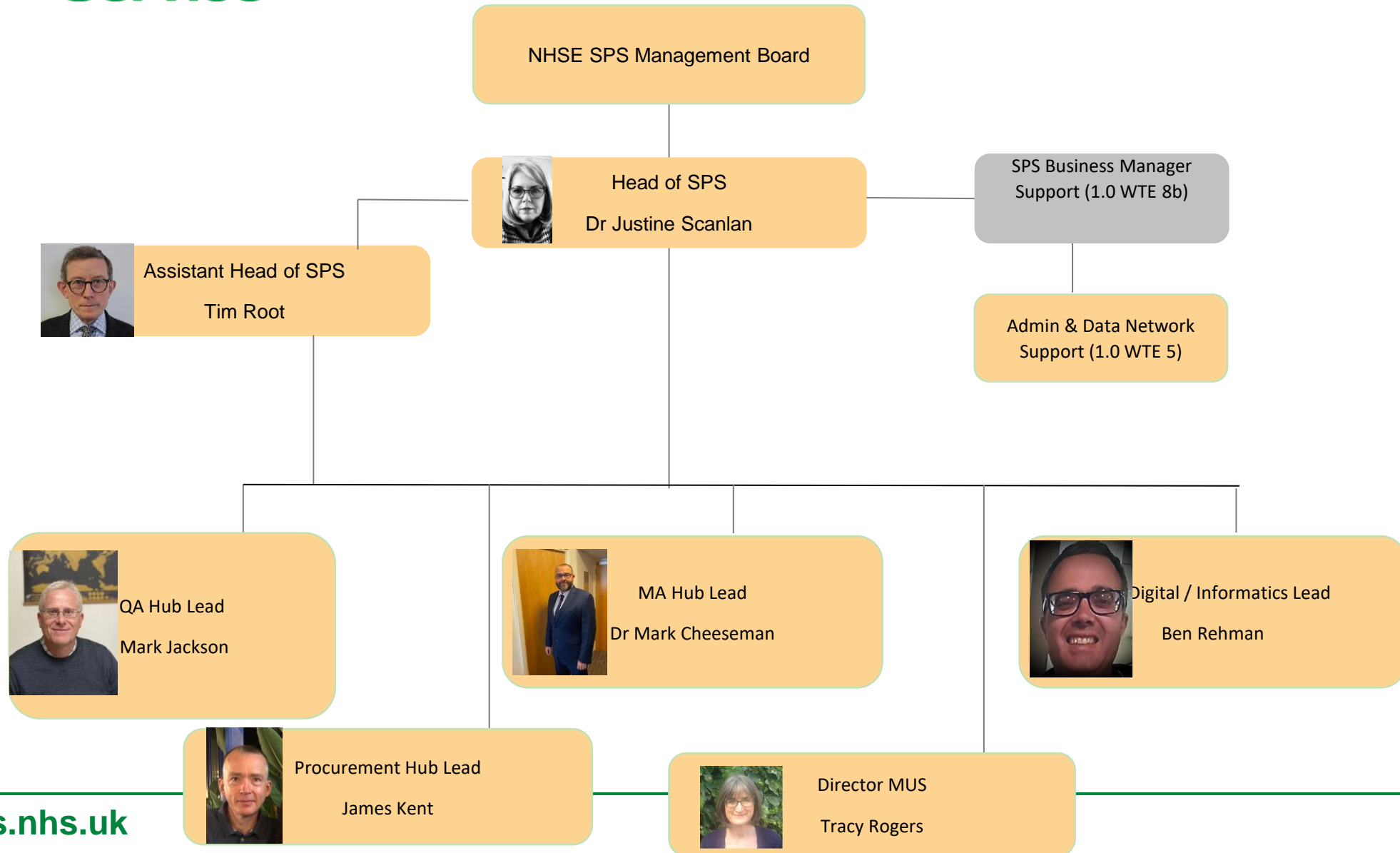


PRINCIPLES OF THE TRANSFORMATION

- To secure a sustainable future
- Configured as one managed service
- Meets the needs of NHSEI as our commissioner and stakeholders
- Continues to demonstrate value for money.
- Continues to adapt to new challenges as they arise
- Meets the needs of the integrated care agenda
- To enable the opportunity to bid for additional funding for new work



STRUCTURE





SPS SERVICE SPECIFICATION



Strategy

- Support Professional Judgement

Policy

- Advisory documents and risk assessment tools

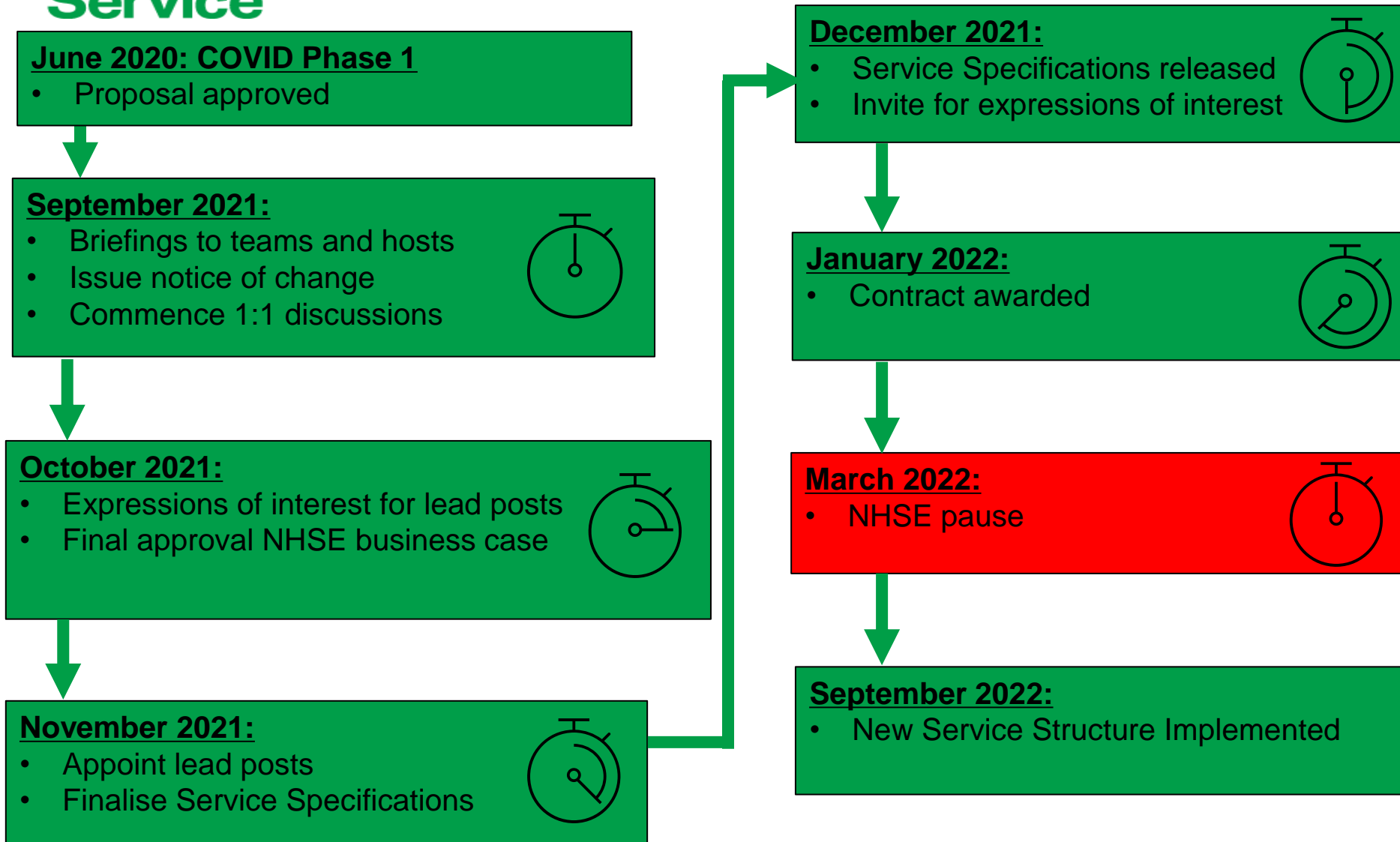
Practice

- Templates
- SOPs, work instructions and worksheets

<https://www.sps.nhs.uk/wp-content/uploads/2022/02/Specialist-Pharmacy-Service-Specification-April-2022-March-2025.pdf>



THE ROAD MAP





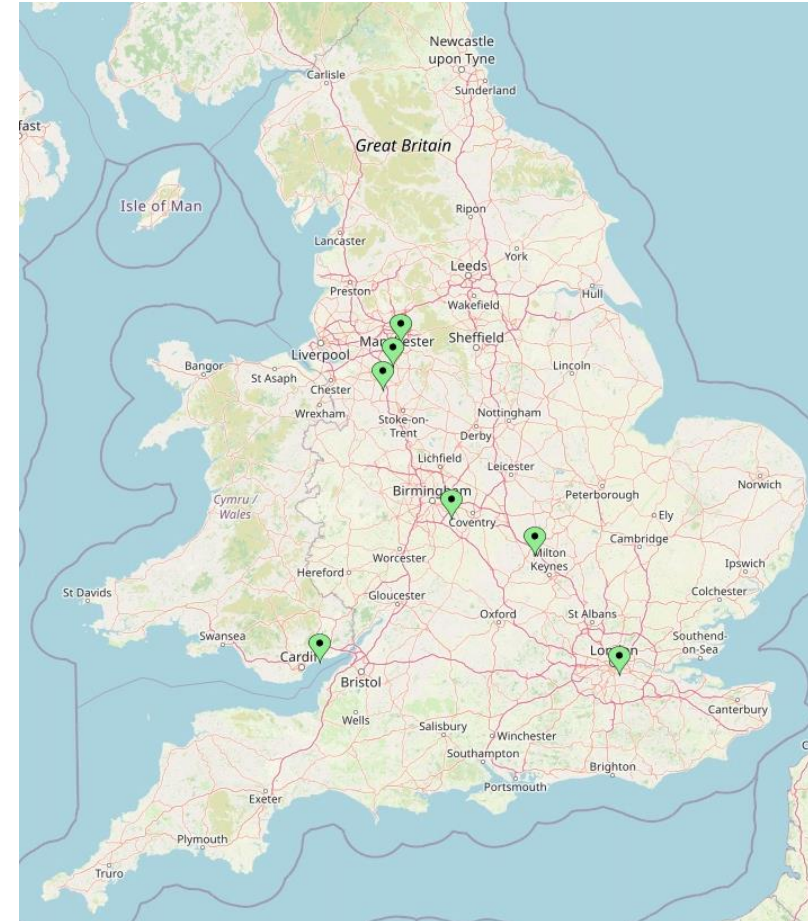
KEY STRATEGIC LEVER 6: RISKS TO NHSE

1. Living with COVID
 - Oral anti viral medicines
 - COVID vaccination programme
2. Maintaining resilience in medicines supply
 - MSRG, ADG
3. Special Medicines and Infusions including regulation
4. Lack of support to national enquiries and position statements
5. Loss of leadership and expertise



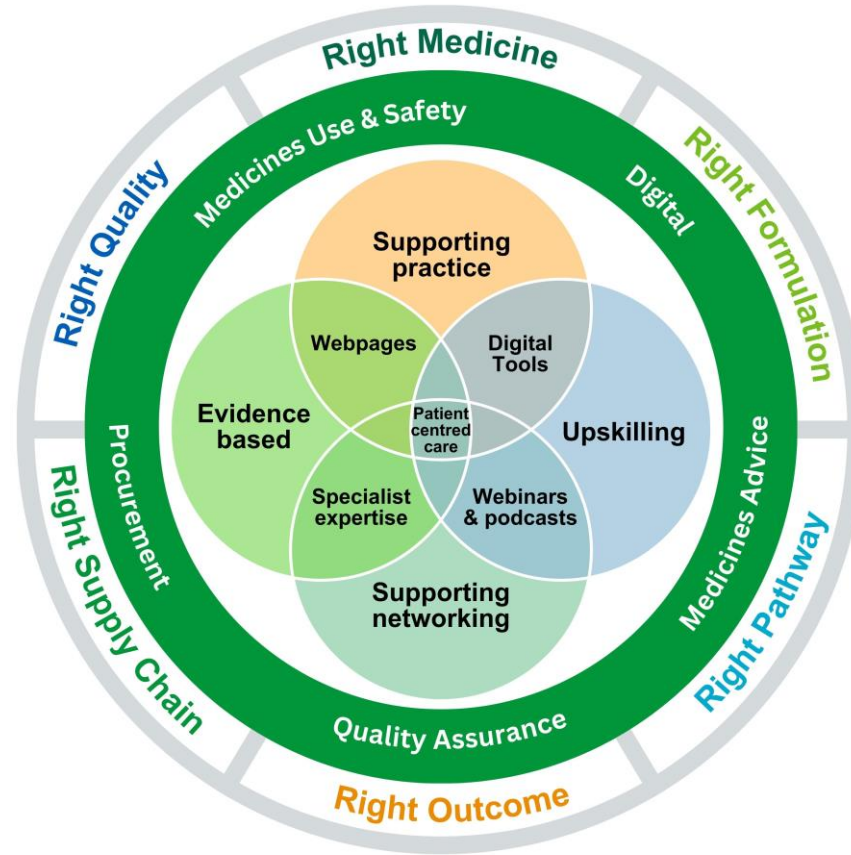
HOST ORGANISATIONS – 26 TO 9

1. Newcastle Hospitals NHS FT
2. Leeds Teaching Hospitals NHS Trust
3. Liverpool University Hospitals NHS FT
4. University Hospitals Birmingham NHS FT
5. East Suffolk and North Essex NHS FT
6. Guy's and St Thomas' NHS FT
7. London Northwest University Healthcare NHS FT
8. Berkshire Healthcare NHS FT
9. University Hospital Bristol NHS FT





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CPC 2023

- My day doesn't start unless I am logged onto SPS. Best of Pharmacy. I love you
- Thank you so much for your amazing work
- I'm a big fan of certain webpages!
- Ease of access of useful info in an easy to read format
- We often do not need to ring as the answer is on the website
- Used every day; use numerous resources
- Excellent service, always using it
- So good that I want more
- Really value the support from SPS
- Registering with SPS is part of induction for all PCN pharmacists
- Amazing work!

Thank you!

Dr Justine Scanlan
29th September 2023

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