PURPOSE OF REPORT:

The purpose of the report is to inform the Strategic Partnership Board how the Greater Manchester Hospital Pharmacy Collaborative (GMHPTC), in response to ambitious locality plans and national recommendations set out in the Lord Carter of Coles report into operational productivity and performance in English NHS acute hospitals, is reviewing the delivery of Hospital Pharmacy services across Greater Manchester (GM), and making informed recommendations for how a number of services are delivered in the future.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Note the context of the GM Hospital Pharmacy Transformation Programme
- Support the Hospital Pharmacy programme
- Support the ‘Your Medicines Matter’ campaign

CONTACT OFFICER:

Gareth Adams, Programme Manager, Hospital Pharmacy Transformation Collaborative
gareth.adams@pat.nhs.uk
1.0 BACKGROUND

1.1 Greater Manchester Hospital Pharmacy Transformation Collaborative (GMHPTC) was established by the Chief Pharmacists across the region. GMHPTC is now a distinct project within Transformation Theme 4 - Standardising Clinical Support and Corporate Functions and is challenged with overseeing transformation of hospital pharmacy services as part of health and social care devolution across Greater Manchester (GM). This local challenge has since been strengthened by the Lord Carter of Coles report into operational productivity and performance with many of the hospital pharmacy recommendations providing a transformational focus. The Collaborative is jointly chaired by the Chief Pharmacists of The Christie NHS FT; Stockport NHS FT and Greater Manchester Mental Health NHS FT.

1.2 By 31st March 2017 all acute NHS Trusts are required to have submitted a Hospital Pharmacy Transformation Programme (HPTP) to NHSI, detailing their responses to the recommendations of the Carter report. In particular Trusts have been asked to focus on how pharmacy teams can enhance their clinical focus, supporting the medicines optimisation agenda, and how through collaboration delivery of infrastructure services can be transformed.

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*The Carter Report, February 2016, Hospital pharmacy services assigned as clinical or infrastructure.*

1.3 Nationally it has been estimated that currently about 45% of hospital pharmacy resource is devoted to clinical (medicine optimisation) activities. By 2020 the ambition is that this needs to rise to 80%.
2.0 GREATER MANCHESTER HOSPITAL PHARMACY TRANSFORMATION PROGRAMME

2.1 Accompanying this report is the GM HPTP. Through collaboration a regional plan is awaiting submission and approval to NHSI. Acute Trusts will submit their document individually once it has received the necessary organisational ratification.

2.2 The Chief Pharmacists of GM recognise that through collaboration and a collective desire to deliver infrastructure services differently, the ambitions of both GM and Carter can be achieved.

2.3 The Collaborative have identified infrastructure services across GM. Project teams have been established to conduct service evaluations and these will then provide a series of options for how these services can be delivered in the future. Business cases will then be developed to support new models of service delivery.

3.0 ‘YOUR MEDICINES MATTER’ CAMPAIGN- PRIORITY PROJECT

3.1 ‘Your Medicines Matter’ is a campaign which aims to encourage and remind patients and carers to take their medicines into hospital with them. The campaign is scheduled to be launched in April 2017. Whilst “nothing new” this campaign is an opportunity for all healthcare providers in Greater Manchester to have a shared focus on delivering a patient safety initiative, which should improve safety and reduce cost. Using a patient’s Own Drugs (PODs) can lead to fewer missed doses, improved medicines reconciliation on admission, speedier and safer discharge, and a reduction in medicines waste across the whole economy. For information, the campaign plan has been included in this report.

4.0 RECOMMENDATIONS

4.1 The Strategic Partnership Board is asked to:

- Note the context of the GM Hospital Pharmacy Transformation Programme
- Support the Hospital Pharmacy programme
- Support the ‘Your Medicines Matter’ campaign
Transformation Theme 4
Hospital Pharmacy Transformation Programme

March 2017

CONTENTS
1.0 FOREWORD

Greater Manchester Hospital Pharmacy Transformation Collaborative (GMHPTC) has been established for over 12 months. Initially the group was challenged with overseeing transformation of hospital pharmacy services as part of health and social care devolution across Greater Manchester (GM). This local challenge has since been strengthened by Lord Carter’s report with pharmacy recommendations providing transformational focus.

In order to achieve its vision of “delivering the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester” the GM Health and Social Care Partnership created 5 transformational themes. GMHPTC is a distinct project within Transformation Theme 4- Standardising Clinical Support and Corporate Functions (Appendix 1) and is challenged with delivering hospital pharmacy recommendations from the Carter report. Monthly GMHPTC highlight reports are provided to the Theme 4 Programme Board ensuring key milestones are achieved. The Collaborative has access to transformation funding via the GM Health and Social Care Partnership.

2.0 GEOGRAPHIC AND OPERATIONAL CONTEXT

Greater Manchester currently commissions 11 NHS providers to deliver acute and specialist services over 17 sites. With a number of scheduled re-configurations or mergers taking place across the region this number will reduce over the coming years in an attempt to enhance the quality of care provided through reduction in unwarranted variation.

During 2015/16, GM secondary and tertiary care drug spend equated to over £430 million. This is a figure which is predicted to rise over the coming years due to the nature of high cost specialist medicines which are being developed and entering the market.

Hospital Pharmacy across GM employs over 1200 staff who currently invest a significant proportion of time into the variable infrastructure services identified by Lord Carter. Refocusing our workforce, ensuring that more than 80% of Trusts’ pharmacy resource is utilised for direct medicines optimisation activities, medicines governance and safety remit supports the reduction in unwarranted variation and will ensure investment into medicines is optimised.

3.0 GMHPTC MEMBERSHIP

Collaborative membership, as detailed overleaf, depicts a diverse and all-encompassing participation from healthcare providers across GM and beyond. This level of collaboration ensures unwarranted hospital pharmacy variation can be challenged across a complete GM healthcare footprint and permits hospital pharmacy efficiency and productivity to be scrutinised across the region as a whole.
GMHPTC Membership

| 5 Boroughs Partnership NHS FT | Bolton NHS FT | Central Manchester University Hospital NHS FT |
| Greater Manchester Mental Health NHS FT | Pennine Acute Hospital NHS Trust | Pennine Care NHS FT |
| Salford Royal NHS FT | Stockport NHS FT | Tameside and Glossop Integrated care NHS FT |
| The Christie NHS FT | University Hospital of South Manchester NHS FT | Wrightington, Wigan and Leigh NHS FT |

Membership also includes:

- SRO for the programme: Joanne Fitzpatrick, Executive Director of Finance and Business Development, The Christie NHS Foundation Trust Joanne.Fitzpatrick@christie.nhs.uk
- Gareth Adams, Programme Manager, Greater Manchester Hospital Pharmacy Transformation Collaborative Gareth.adams@pat.nhs.uk
- Jeff Niel, Theme 4 Programme Manager, Greater Manchester Health & Social Care Partnership jeff.niel@nhs.net
- Matt Graham, Director of Strategy and Business Development University Hospital of South Manchester, Matt.Graham@UHSM.NHS.UK
- Ann Bracegirdle, Associate Director of Finance, Tameside and Glossop Integrated Care NHS Foundation Trust ann.bracegirdle@tgh.nhs.uk
- Chef Pharmacist, East Cheshire NHS Trust. Associate member of the group.

4.0 MEDICINES OPTIMISATION

Investing more than 80% of GM trusts’ pharmacy resource into direct medicines optimisation activities, medicines governance and safety will ensure that patients and the NHS receive optimal outcomes and value from regional medication investment. Medicines optimisation therefore motivates and focuses our service reviews as infrastructure collaboration generates operational and workforce efficiencies which locally can be reinvested into clinical patient facing medicines optimisation roles.

Ensuring medicines use is as safe as possible is one of the four key principles of medicines optimisation. Safety covers all aspects of medicines usage, including unwanted effects, interactions, safe processes and systems, and effective communication between
professionals. Refocusing our clinical workforce and working collaboratively encourages the safe and effective use of medicines and therefore underpins GMHPTC clinical and infrastructure reviews.

Our medicines optimisation efforts will be aligned with those of the Greater Manchester Medicines Strategy Board who are aiming to make GM the safest, most effective place to receive medicines and treatments through application of personalised, precision medicine across our social-clinical model of care. GMHPTC will have representation on the Medicines Strategy Board to ensure alignment in our transformational programmes.

5.0 PRIORITISATION AND INITIATION OF GMHPTC REVIEWS

Reviewing local and regional provision of pharmacy infrastructure services is the focus for GMHPTC and prioritising these reviews was deemed essential. Appendix 2 is a prioritisation matrix which the group developed to enable differentiation into 4 categories- ‘priority’, ‘will do’, ‘should do’ and ‘won’t do’. Projects groups have been established for the ‘priority’ and ‘must do’ categories (Appendix 3) to enable a multifaceted programme initiation. Each project has a Chief Pharmacist assigned who, along with the GMHPTC programme manager, is responsible for delivering the approved transformational change.

As an enabler benchmarking GM Hospital pharmacy services was deemed critical. Using the Medicines Optimisation benchmarking metrics, data has been collated which will inform and guide project groups and subsequent reviews.

6.0 VARIABLE INFRASTRUCTURE SERVICES CURRENTLY UNDER GMHPTC REVIEW

6.1 Store/distribution and procurement- Priority project, review initiated

McKesson, on a consultancy basis, are supporting GMHPTC Trusts in undertaking a comprehensive assessment of the pharmacy supply chain across the region. Data from the collaborative has been provided for review and analysis and detailed visits to Central Manchester NHS University Hospitals Foundation Trust and Stockport NHS Foundation Trust have been conducted. The final report, detailing a summary of McKesson’s findings, innovative practice and a series of options for the GMHPTC to consider will direct future supply chain workstreams and will be available in the coming months. Discussions with pharmacy wholesalers to condense and streamline the number of pharmacy deliveries are on-going and Specialist Pharmacy Services procurement KPI’s are being piloted across three sites within GM with the intention being to adopt and report monthly from April 2017.

6.2 Greater Manchester ‘Your Medicines Matter’ Campaign- Priority project, campaign launch scheduled April 2017

The use of Patients’ Own Drugs (PODs) throughout hospital admission is a quality initiative that many Trusts have explored in the past. Launching a GMHPTC campaign across the region will revive historic programmes and will communicate, with consistency, how patients and healthcare professionals should manage patient own medication on admission into hospital. Administering PODs can lead to fewer missed doses and reduces patient confusion
on discharge as familiarity with medication supports adherence. This campaign also aligns with the NHS financial agenda as medication will not have to be reissued from hospital pharmacy stock. Reduced inpatient dispensing, supporting Lord Carter’s recommendations, will also create additional workforce capacity to invest in direct medicines optimisation activities.

6.3 **Aseptic production across GM- Will do project, review initiated**

Initially a scoping exercise will review aseptic resource and capacity across the region. A data request has been disseminated to the nine NHS aseptic units across GM with data analyses scheduled for April 2017. Once complete and understood a GM collaborative aseptic strategy can be developed ensuring demand across GM, and potentially beyond, is achieved. Service gaps and enhancements will also be examined to understand how GM aseptic services can support and potentially ease the growing operational and workforce pressures all Trusts are currently facing. Various delivery proposals will be considered as part of the aseptic review as will GM investment required to support the strategy and possibly increased demand.

6.4 **Digital Medicines and automation- Will do project**

The project group will work with GM organisations supporting digital strategies and the implementation of electronic prescribing. The introduction of dm+d codes will be supported and monitored ensuring the rebates from NHS Digital are received. The project group will work with pharmacy systems providers to ensure the products provided are fit for purpose and will start to look at integration of pharmacy systems with electronic patient prescribing systems. Salford Royal NHS FT, as one of the global digital exemplar sites, is undertaking a review of automation across the Trust. The report will be published in May 2017 and shared with all GM organisations. Promoting the transfer of health data is a priority for the group as is developing and implementing an electronic communications and referrals system with community pharmacy and GP practice pharmacists. Projects within scope include trialling closed loop prescribing, assessing how automation can create efficiencies within services such as aseptics and enhancing the transfer / administration of medicines.

6.5 **Mental Health- Will do project, review initiated**

Draft Mental Health Medicines Optimisation metrics have been developed and information is being collected across the three Mental Health Trusts within the GM collaborative. Discussions with NHSI to support developing, testing and implementing Mental Health pharmacy model hospital metrics are ongoing.
7.0 VARIABLE INFRASTRUCTURE SERVICES AWAITING GMHPTC REVIEW (2017/18)

The following reviews have been prioritised by GMHPTC and scoping will commence in the coming months.

7.1 Outpatients and Homecare- Will do project

Review current service delivery models across GM identifying potential opportunities to enhance, transform and collaborate.

7.2 Workforce- education and training- Will do project

Essential to the success of our transformational programme is ensuring that the pharmacy workforce is appropriately educated and equipped to deliver new roles and new ways of working. As a priority non-medical prescribing training for pharmacists will be reviewed to increase the number of actively prescribing pharmacists across the region. Medicines management roles undertaken by nursing colleagues will be analysed attempting to appropriately reassign these duties to the pharmacy workforce. Infrastructure succession planning will be considered, fundamental to current and future service delivery. Ensuring Trusts across GM are working to common clinical standards will facilitate reducing variation in service provision and utilising higher level apprenticeships will be explored.

8.0 VARIABLE INFRASTRUCTURE SERVICES- PHASE 2 (2018-19)

8.1 Clinical Trials- Should do project

Maintaining and developing clinical trial capacity across GM is fundamental. Common Clinical Trial SOP’s will be developed and adhered too. A collaborative approach to the provision of clinical trials will be explored.

8.2 Medicines information (Mi)- Should do project

Understand local service provision and then, in conjunction with the Specialist Pharmacy Service Mi review, explore delivery options across GM.

9.0 COMMUNICATIONS AND ENGAGEMENT

To ensure that the hospital pharmacy workforce is aware of the GM HPTC programme a comprehensive communications and engagement plan has been developed and cascaded. Communicating and educating our workforce with consistency and transparency will create support and engagement into the transformational programme.
10.0 RISK, ISSUES AND MITIGATIONS

10.1 GM Hospital Pharmacy Transformation risks

10.1.1. Capital risk

Insufficient capital to invest in hospital pharmacy transformation solutions has been identified as a risk by the collaborative as restricted funding would impact on identified service improvements. The GM Finance Executive Group is working to identify sources of capital funding that can be used to invest across our transformation portfolio.

10.1.2. Workforce capacity

Due to the abundance of initiatives currently taking place across GM (Manchester Single Hospital Service, creating hospital chains across the region, Carter/HoPMOp implementation) there is a risk that some organisations won’t have the capacity to deliver service transformational work while still meeting local operational demands. Consequently this would impact on agreed transformational deadlines and delay service enhancement.

10.1.3. Trust prioritisation

Local transformation across GM (Manchester Single Hospital Service, creating hospital chains across the region) may be prioritised over regional collaboration due to local pressures. Consequently this would impact on agreed transformational deadlines and delay service enhancement.

10.2 GM Hospital Pharmacy Transformation issues

10.2.1 Information Management and Technology

Across GM we recognise IM&T is a critical dependency which underpins our capability to deliver many of our transformation plans. In response GMHPTC will initiate discussions with pharmacy IT providers, combining with GMHSC Transformation Programme theme 5 - IM&T, to determine how limitations can be overcome.

10.2.2 Local Contracts

Throughout the collaborative existing provider contracts will impact the delivery of infrastructure reviews and service redesign. Strategically this will be taken into consideration whilst project plans are being developed.
11.0 **Appendix A**: Greater Manchester Health and Social Care Partnership Theme 4- Standardising Clinical Support and Corporate Functions governance structure. Hospital Pharmacy is grouped with other Carter focused projects within transformation theme 4. Hospital Pharmacy reports to the GM Strategic Partnership Board via Theme 4 Programme Board on a monthly basis.

To identify further opportunities to share services within the public sector of Greater Manchester, and to then implement appropriate forms of collaboration.

1. **Corporate Functions**
   - To identify further opportunities to share services within the public sector of Greater Manchester, and to then implement appropriate forms of collaboration.

2. **Pathology**
   - Review pathology to identify the maximum potential savings from collaboration across Greater Manchester and to then implement the changes identified.

3. **Procurement**
   - Build on work initiated by North West Procurement Development Team (NWPD) and undertake review of the procurement opportunities across Greater Manchester Acute Providers to centralise procurement, initially in several clusters.

4. **Hospital Pharmacy**
   - To identify service quality and savings opportunities through hospital pharmacy collaboration and joint procurement and to then implement the identified changes.

5. **Radiology**
   - Review radiology to identify the maximum potential savings from collaboration across Greater Manchester and to then implement the changes identified.

**Project SRO**: Joanne Fitzpatrick  
**Project Manager**: Gareth Adams
12.0 Appendix B- GMHPTC prioritisation matrix identifying ‘priority’, ‘will do’, ‘should do’ and ‘won’t do’ groups. Prioritisation was assigned through assessing the benefit each service can yield versus the effort which is required to undertake the review. Benefit was graded as either financial, workforce or service efficiencies and Effort was either complexity or time required to undertake the review.

GM HPTC Prioritisation Matrix

- **High Benefit / High Effort**: 
  - **Must do**: Store/distribution & procurement, GM PODs campaign
  - **Should do**: Aseptics production, Digital medicines & automation, Review outpatient pharmacy dispensing, Homecare review, Mental Health hospital pharmacy review, Workforce planning

- **High Benefit / Low Effort**: 
  - **Could do**: Clinical Trials review, Medicines Information review

- **Low Benefit / High Effort**: 
  - **Won’t do**: Formulary

- **Low Benefit / Low Effort**: 
  - 

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13.0 Appendix C - GMHPTC project groups with SROs assigned. Phase 1 projects are currently under review.

GM Hospital Pharmacy Transformation Programme

SRO Joanne Fitzpatrick, Programme Manager Gareth Adams

Store/distribution and procurement
- Understand existing store / distribution and procurement systems across GM via the McKesson review. Consider opportunities identified and implement transformation to deliver Carter’s recommendations
  - Project SRO: Richard Hey
  - Deputy SRO’s: Kash Haque, Lorraine Prescott

Digital medicines / automation
- Support implementation of electronic prescribing across GM. Develop electronic communications/referrals with primary care and explore how automation can be an enabler to the other projects. Support dm+d implementation
  - Project SRO: Lindsay Harper
  - Deputy SRO’s: Tony Sliver, Kash Haque

Aseptic production
- Review aseptic resource and capacity across GM. Develop a GM aseptic strategy to optimise productivity ensuring demand across GM is met. Various delivery proposals will be considered as part of this review.
  - Project SRO: Paul Buckle
  - Deputy SRO’s: Steve Simpson Mike Parks, Rob Duncombe

Mental Health
- Support NHSI and the HoPMOc team in developing, testing and implementing Mental Health model hospital metrics across GM. Benchmark Mental Health services across GM
  - Project SRO’s: Mental Health Chief Pharmacists Petra Brown, Jane Wilson, Lesley Smith, Lorraine Prescott

Workforce planning
- Ensure that more than 60% of Trusts pharmacy resource, operating across 7 days, is utilised for direct medicines optimisation activities. Review pharmacy E&T and explore utilisation of higher level apprenticeships. As a priority review NMP strategy and pharmacy workforce development
  - Project SRO: Mike Parks
  - Deputy SRO’s: Charlotte Skitterall, Philippa Jones, Petra Brown

GM POD Campaign
- Develop and launch a collaborative Patient Own Drug campaign across GM. Baseline assessment will be measured as will the success and financial impact of the campaign
  - Project SRO: Collaborative
  - Project Manager: Gareth Adams

Homecare review
- Review current service delivery models across GM / nationally to identify potential opportunities to enhance, transform and collaborate
  - Project SRO: Charlotte Skitterall
  - Deputy SRO’s: Rob Duncombe, Paul Buckley, Mike Parks

Outpatient dispensing review
- Review current service delivery models across GM / nationally to identify potential opportunities to enhance, transform and collaborate
  - Project SRO: Charlotte Skitterall
  - Deputy SRO’s: Rob Duncombe, Paul Buckley

Projects to be delivered in line with the recommendations set out in Lord Carter’s ‘Review of Operational Productivity in Hospitals’

Supporting enablers
- HR
- IMT
- Estates
- Communications
- Finance
- Legal

Phase 2 of the review 2018-19
- Phase 2 of the project will include the following reviews across GM:
  - Medicines Information - to understand local service provision and explore collaboration
  - Clinical Trials - to explore the development of standard operating procedures and encourage a collaborative approach to research and development service provision
Campaign Plan

GM-wide ‘Your medicines matter’ campaign

GM Transformation Theme 4: Hospital Pharmacy Programme

Alison Whelan – Communications, Marketing and Engagement Consultant and Annette Cloherty, Interim Campaigns Manager

2 March 2017
1.0 Introduction

This document sets out the plan to launch the GM-wide ‘Your medicines matter’ campaign (previously known as Patients’ Own Drug campaign) by using a consistent message to patients, carers and healthcare professionals across the region.

We have set out the progress made to date on developing a single GM campaign identity to tie the campaign together, as well as providing GMHSC Partnership with an overview of the;

- agreed tactics
- non pay and pay costs that will support the April launch
- outlining tactics and non pay costs to help sustain activity post launch.

2.0 Campaign overview

The campaign aims to encourage and remind patients and carers to bring their medicines with them when they are admitted to hospital. Even though this is not a new initiative, with many Trusts driving this locally there is a huge opportunity to assist in tackling medication waste across GM.

Communication objectives - Raise awareness among the public, staff and stakeholders that patients should bring their own medicines into hospital with them. Baseline = obtain from patient/staff/stakeholder surveys TBC

Campaign objectives - Increase % of patients with PODs for each Trust. Baseline data from January discovered that 52% of inpatients audited brought PODs into hospital. On average each patient with PODs resulted in a cost avoidance figure of £45.83. As expected, wide variation across the group was observed. Data collection for February and March is scheduled prior to launching the campaign in April.

3.0 Developing the campaign

In order to develop a campaign that works for the whole of GM, we first needed to understand what local activity has already taken place, what has worked well, and what is needed locally from a region-wide campaign moving forward.

We have taken a range of information and insight on board when developing the messaging and identity for the GM campaign, as well as identifying channels/resources required to reach our audiences.

The name and tag line below was accepted by the Hospital Pharmacy Collaborative on 21 February. The chosen campaign name and tag line lends itself to working across a range of printed material and digital media, it also fits the GMHSC Partnership ‘Taking Charge’ public messaging.

**Your medicines matter, bring them with you**

Four creative campaign identity options were shared with the Collaborative at the 21 February meeting. Please refer to Appendix 1 to see the chosen GM campaign identity (the visual is in draft form). Upon sign off with GMHSC Partnership communications team, the campaign identity will be applied to all printed material and digital formats.
4.0 Tactical Campaign Plan

There is £23,190K budget available (non pay and pay) from the GMHSC Partnership development fund so the campaign tactics have been developed with this budget in mind. Phase 1 tactics presented below represent how the campaign will be launched. Phase 2 tactics will help to sustain awareness post launch, these are also presented in the following section.

As financial resources are limited, this campaign will rely on Trust’s to utilise their existing channels (using the appropriate comms leads channels as well as hospital pharmacy patient facing channels).

The recommended tactics for the whole campaign therefore focus on;

- supporting each Trust to make sure they have the right mix of resources available to them
- identifying the appropriate healthcare related ‘contact points’ that we feel the campaign material will be visible for patients and carers.

4.1 Launch - Phase 1 and Phase 2 Tactics

The early stages of the campaign will focus on internal communications to ensure that hospital pharmacy staff and other healthcare professionals are informed before a targeted public-facing campaign launches in April 2017.

Pre campaign launch tactics

- Tailored briefings for Trust staff
- External stakeholder briefing – for specific external audiences

We recommend that the public launch is determined by the system’s readiness. Only then do we advise that the next phase of the campaign takes place.

Campaign launch tactics – Phase 1 (early April)

- A Comms toolkit (including a range of resources such as posters, news copy for Trust newsletters, sample Tweets, sample Facebook posts)
- GM PR activity- press releases to regional newspapers and radio stations

As this presents a PR opportunity for the partnership GMSS will work closely with the Comms team to ensure that all existing channels are maximised i.e. newsletter, website, twitter etc. Possible patient case studies could be identified going forward.

Post campaign launch tactics – Phase 2

Within the budget available we are currently exploring the feasibility of advertising on Trust fleet vehicles and developing an animation/video. We will also explore the ‘free’ channels that exist in primary care settings, such as in GP waiting areas and within community pharmacies.

4.2 Managing Risks

This campaign activity will have an impact on demand management from the storing of drugs to perhaps the number of queries coming in to PALs and organisations like Healthwatch. As well as potential patient safety and system risks there is also a reputational risk for each organisation participating in the campaign as well as for the GMHSC Partnership. Risks have been discussed and the Hospital Pharmacy Collaborative has confirmed that Trusts are ready to accept medicines from patients.
Coming into hospital?

Your medicines matter. Remember, bring them with you.

Bringing all your medicines into hospital is safer, reduces waste and helps you get home quicker.