

Issues for non-executive  
board members

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# Managing the use of medicines in hospitals

A follow-up review



Prepared for the Auditor General for Scotland  
April 2009

# Managing the use of medicines in hospitals: follow-up review

**Issues for non-executive board members**

# Introduction

1. Audit Scotland published its national report, *Managing the use of medicines in hospital: follow-up review* on 16 April 2009. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how medicines are managed within their acute hospitals. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

Reference to main report	Issue	Questions for non-executive board members to consider
<b>Part 1 Planning for medicines management</b>		
Page 11	Boards need a good understanding of medicines issues when they are making decisions on budgets for medicines and how medicines are managed. Pharmacists have this knowledge and should have input to the decision-making process at a senior level.	<ul style="list-style-type: none"> <li>▪ Are senior pharmacy staff involved in agreeing the hospital medicines budget before it is signed off?</li> <li>▪ Are pharmacy managers involved in decision-making about medicines management at a senior level?</li> </ul>
<b>Part 2 Safe and cost-effective use of medicines</b>		
Page 14	New legislation on the use of controlled drugs legislation came into effect from 1 March 2007. Boards should take action to ensure they are complying with the legislation.	<ul style="list-style-type: none"> <li>▪ Has the board audited its position against the requirements of the controlled drugs legislation?</li> <li>▪ Is the board meeting the requirements of the legislation?</li> <li>▪ If not, does the board have an action plan with timescales for meeting the requirements?</li> </ul>
Page 15	The Emergency Care Summary (ECS) contains key patient information from GP records. Staff in hospital emergency departments and wards need this information to help them manage patients safely in an emergency situation. Not all boards have rolled out the ECS across all emergency departments and acute receiving units.	<ul style="list-style-type: none"> <li>▪ Is the ECS used in all emergency departments and acute receiving units within the board?</li> <li>▪ If not, does the board have an action plan with timescales for rolling the ECS out across these areas?</li> </ul>
Page 16	The Emergency Care Summary should be as accurate, complete and up-to-date as possible. Boards have identified some concerns about the quality of the data in the ECS.	<ul style="list-style-type: none"> <li>▪ Is the board taking action to encourage GP practices to ensure that the data on the ECS are as accurate, complete and up-to-date as possible?</li> </ul>

### Part 3 The changing workforce

Page 19	Workforce planning for hospital pharmacy staff is not well developed. There is a lack of evidence to show if boards base their workforce projections on local service needs.	<ul style="list-style-type: none"><li>▪ Does the board have a pharmacy workforce plan that is based on an assessment of need, and which considers the appropriate numbers, skill mix and other resources such as automation, to meet future needs for dispensary, clinical and other work?</li><li>▪ Does the pharmacy workforce plan link with other workforce and service plans, eg does it take account of other staff roles such as doctors and nurses and any planned changes to the way services are delivered?</li><li>▪ Has the pharmacy workforce plan been fully costed; and is it affordable and sustainable?</li></ul>
Page 19	Most boards reported problems recruiting and retaining pharmacy staff. Some boards reported that the process of moving staff onto Agenda for Change pay bands was a particular difficulty. Boards need to complete the Agenda for Change assimilation and review process for pharmacy staff as a matter of urgency.	<ul style="list-style-type: none"><li>▪ Is the board working to ensure that the Agenda for Change assimilation and review process for pharmacy staff is completed as a matter of urgency?</li></ul>
Page 20	All patients should receive care from a clinical pharmacist. Boards should ensure that their clinical pharmacy service is able to meet this need.	<ul style="list-style-type: none"><li>▪ Has the board reviewed the provision of clinical pharmacy services and developed a plan to meet any identified gaps in the service?</li></ul>

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Audit Scotland, 110 George Street, Edinburgh EH2 4LH  
T: 0845 146 1010 F: 0845 146 1009  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

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