Bonus pay for medicines management

Sam Crowe reports on a bonus scheme for one hospital's pharmacy department, that will be paid when a range of targets are met

More than 100 pharmacists and support staff at City Hospital Sunderland stand to gain bonuses of £600 if they meet four targets designed to improve the speed, effectiveness and quality of service provided at the trust.

The one-year pilot is one of six second-wave sites piloting the NHS team bonus reward scheme that went live in April. The first wave of ten pilots was announced by Health Minister John Hutton and began in October last year.

David Miller, chief pharmacist at City Hospital, Sunderland NHS Trust, says that the trust was invited to bid for the pilot because of its three-star performance rating. "As part of our modernisation agenda we started looking at new ways of doing medicines management, most of which has been suggested in A Spoonful of Sugar [the Audit Commission report]. The pilot was based in line with previous work that had been done looking at redesigning how pharmacy staff work within the trust, and initiatives like extending the working day," he says.

Four tough targets

Four tough targets have been set by the pilot, through discussions with the Department of Health and Hay Consultancy, who are helping to administer the scheme. These are:

Quality – reducing the time between the decision to discharge a patient and provision of their discharge medication (75 per cent of discharge medication supply to be given within four hours of decision to discharge);

Efficiency – re-use more of patients' own drugs and cut the amount of drug destroyed, make savings by not reissuing medicines patients already have, and stop inappropriate medication (recover an average of 50 per cent by value of patients' own drugs for use during their stay);

Effectiveness – make sure all patients are given reminder cards explaining their medication, dose regimen and potential side-effects (90 per cent of discharge patients should receive reminder cards, excluding intermediate care patients);

Effectiveness – reduce prescribing and administration errors on prescriptions (80 per cent of prescriptions must have a validated medication history).

Mr Miller says: "We initially intended to do this pilot on two wards, one surgical and one medical. But under the team bonus scheme you are able to stretch the targets, for example, achieving a particular target 90 per cent of the time, as opposed to 80 per cent, or stretch the scope of the project. We decided to stretch the scope by incorporating more wards."

Although the pilot is being implemented on eight wards – four orthopaedic and four elderly wards – there are no extra resources to deliver the pilot targets. "It's a one-off bonus payment to bring about change within the trust, as a pump primer to help change working methods," says Mr Miller. If successful, each staff member will receive a £600 bonus, irrespective of grade or job. If the pharmacy department meets all four of the targets then the full bonus is paid. If three of the four targets are achieved, they will be paid 75 per cent of the bonus and so on. There is also a £60,000 bonus that will be paid to the pharmacy department that can be used for environmental improvements.

A crucial factor in judging the pilot's success will be whether or not the service can be improved within existing resource levels, and not affecting other performance measures, such as staff absences, vacancies and overtime payments. The pilot is being monitored internally, by working closely with the clinical governance team at the trust, and externally on behalf of the DoH by IES and Hay Consultancy. "Not only do we want to succeed in achieving the team bonus, but we want to demonstrate improvements in services across the board," adds Mr Miller. For this reason, the pharmacy department is collecting additional data to that required by the pilot, in the hope that the improvements and targets can be eventually rolled out across all 25 wards.

Will improvements be self-funding?

Mr Miller hopes that many of the improvements in performance from the pilot will pay for themselves. For example, savings made from reducing medicines waste and using more of patients' own medicines could pay for the additional staff needed to improve the service. Speeding up the discharge process by having ward pharmacy staff on hand to transcribe prescriptions quickly and counsel patients may generate efficiency savings elsewhere in the trust.

Mr Miller says that the team approach to the bonus scheme is important. "The people delivering ward stock services or filling boxes in the pharmacy department have just as much input as other staff and although, for example, outpatient staff might not appear to have an input directly they still have to modernise their way of working to free resources to help meet the targets."

Clinicians support the changes. "As a group they are very pro-pharmacy, and they want more pharmacy input at ward level. So far we've had total support and no objections," says Mr Miller.

Another challenge will be to maintain continuous improvements in the pharmacy service within current resource levels after the project. "We must keep looking to generate the resources to deliver this, whether these are from efficiency savings or savings on drugs not prescribed."

Sam Crowe is a freelance writer