

FACE2FACE

Information Manager (Pharmacy): NHS London Procurement Partnership

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Rishi Rampersad

Question:

What is your job title?

Answer:

Information Manager (Pharmacy) with the NHS London Procurement Partnership (NHS LPP).

NHS LPP is a membership organisation founded and funded by NHS organisations. Working with our members, together we support the NHS to make the most of its purchasing power to maximise investment in patient care - helping trusts to deliver the highest quality services while at the same time ensuring value for money.

What are your main responsibilities/duties?

The main responsibility of my role is to analyse and develop data resources to inform medicines optimisation in primary and secondary care. This includes the development of benchmarking tools, detailed analysis of clinical data and identification of pan-London opportunities for our stakeholders. My main focus is to provide the best information and tools possible to help our clinicians and pharmacists improve the quality of prescribing and achieve savings opportunities.

To whom do you report and where does the post fit in the management structure?

I report to the Pharmacy and Medicines Optimisation Lead (Primary Care) and work closely with the Pharmacy and Medicines Optimisation Lead (Secondary Care). They both report to the NHS Lead for Medicines Optimisation and Pharmacy Procurement.

How was the post funded and is this on a non-recurring or recurring basis?

The post is funded by the NHS organisations that are members of NHS LPP. It is a permanent post.

When was the post first established?

It was established as a substantive post in November 2011.

Are you the first post holder?

Yes.

What were the main drivers for the establishment of the post and how did it come about?

Prior to the creation of the post, the reporting and benchmarking was provided by part time consultants. It was identified that, by improving

benchmarking tools, greater opportunities could be identified. Having a full-time analyst would allow for more detailed and targeted reports to be created. At the time, the functionality of the dashboards was very limited and they had lots of scope for improvement. Also, most of the data had only been focused on primary care with no meaningful secondary care information available.

With all of those opportunities for development available, the post was created to drive that agenda forward.

What have been the main difficulties in establishing/developing the post to its current level?

For many years, the information available in primary care was well developed, which allowed benchmarking tools to be easily created. In secondary care there weren't any comparable sources of data and there was little engagement between individual trusts to share information with each other. This provided a number of challenges with the creation and enrichment of the data. Working closely with the trusts increased their level of engagement, which helped us to provide meaningful reports.

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When the role was first established, the focus was predominantly on usage based data. As the landscape of the NHS changed we were challenged to move to a more outcome oriented approach. We have been able to work around the limitations of the data available to bring a new level of comparability to our reports. We have linked and compared prescribing data with GP Quality Outcomes Framework (QoF) achievement (e.g. disease prevalence, HBA1c control, cardiovascular primary prevention) and hospital admissions data. This has given us greater scope to identify not only cost based initiatives but also quality based initiatives. As more data is released we are constantly striving to improve and enhance our offering as well as providing training for the local analysts in Clinical Commissioning Groups (CCGs) to create local resources.

What have been the main achievements/successes of the post?

We now have very detailed dashboards for London in both primary and

secondary care. They have been refined over the years and now show key performance indicators (KPIs) covering a range of clinical areas (e.g. mental health, respiratory, cardiovascular). These not only show the trends and benchmarked graphs but also map achievements to geographical location (current financial year and previous financial year). The dashboards are interactive with the ability to select individual trusts and groups of trusts.

Also, in secondary care, the dashboards map the location of hospitals in relation to CCGs and, where applicable, aligns the trust's prescribing to its local CCG for relevant primary care initiatives (e.g. non-analogue insulin prescribing). This provides a powerful tool to look at interface prescribing and how CCGs are affected by the trusts in their area.

We also now have a comprehensive suite of specialist reports for our priority clinical areas (e.g. respiratory, cardiovascular) as identified by our stakeholders.

What are the main challenges/priorities for future development within the post which you currently face?

Going forward, I am hoping to create a larger array of outcome oriented reports and provide our CCGs with templates and tools to replicate them at a practice level. I will also be providing practice level dashboards for each CCG, which will free up analyst time to focus on local prescribing and opportunities rather than replicating the CCG level dashboards we currently provide.

Finally, I am in the process of creating web-based versions of our reports that are dynamic and further enhance available functionality (e.g. interactive maps and graphs).

What are the key competencies required to do the post and what options are available for training?

The role has two main facets which are equally important. The first is pharmacy experience. I have utilised my experience

as a qualified pharmacy technician in both hospitals and CCGs to help develop and interpret the information I provide. I can work closely with the pharmacist in the team to identify new priorities and opportunities. The ability to quickly interpret and understand the requests (as well as knowledge of what is available) is key to providing the service. This also helps when engaging with clinicians and pharmacists, helping them understand the data and how they can use it in practice.

The second element is good IT skills, especially using the advanced functions of Excel and database programs (e.g. MS Access, SQL Server). This is essential as manipulating large datasets and linking multiple data sources is fundamental. This not only allows for greater speed in producing reports but also in bringing new data visualisations and functionality to our end users.

How does the post fit with general career development opportunities within the profession?

The post opens up a wide range of possibilities both within pharmacy and in other analytical roles. The opportunity to work with a wide range of different professions and engage with stakeholders is essential. Working at a strategic level and delivering projects at a pan-London level provides a wider view of the health economy as a whole. Also, working with both primary and secondary care provides the flexibility to transition into either.



How do you think the post might be developed in the future?

Information is crucial to the future direction of the NHS and this role is at the forefront of developing tools and benchmarking to aid in this. Moving to more outcome based reporting processes will be our main focus going forward. Also, supporting our stakeholders to enhance and improve their local reporting to help identify and action their local priorities.

What messages would you give to others who might be establishing/developing a similar post?

This is a great opportunity to move medicines optimisation forward. The role has the potential to revolutionise the way you use information to improve patient outcomes. It is important to always remember your stakeholders as they are the ones who should drive your goals. These tools should no longer be just about financial targets but also putting patient safety and care at the forefront.

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