

A Vision and Strategy for Medicines Optimization 2016 – 2020

INTRODUCTION

NICE published 'Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes [NG5] in March 2015. The introduction quotes the following:

“Getting the most from medicines for both patients and the NHS is becoming increasingly important as more people are taking more medicines. Medicines prevent, treat or manage many illnesses or conditions and are the most common intervention in healthcare. However, it has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended (World Health Organization 2003).”

This NICE document follows a series of publications over the years, aimed at medicines optimization, including the publication 'Talking about Medicines – The management of medicines in trusts providing mental health services - 2007' published by the Healthcare Commission (now the Care Quality Commission). In an attempt to become more focussed on medicines optimization the Care Quality Commission set up a Medicine Optimization Reference Group in February 2016 to help define what good and outstanding medicines optimization looks like for any organization. The Trust's Chief Pharmacist – Strategy has been invited to be part of this group to represent mental health.

The Royal Pharmaceutical Society published a document called '*Medicines Optimization: Helping patients to make the most of medicines*' (May 2013) with four guiding principles:

- Aim to understand the patient's experience
- Evidence based choice of medicines
- Ensure medicines use is as safe as possible
- Make medicines optimization part of routine practice

Key to these publications is the change in attitude required to optimise the use of medicines by putting patients and carers at the centre of what we do. Also, medicines must not be viewed in isolation, but rather as treatments that complement other approaches like psychological therapies.

If we are to ensure that the Trust maximizes the benefits of medicines while minimising the clinical and financial risks, we need a medicines optimization vision of where we want to go that supports the Trust's 'Our 2020 vision' and a strategy to get us there.

If you require this document in an alternative format, i.e. easy read, large text, audio, Braille or a community language please contact the pharmacy team on 01243 623349 (Text Relay calls welcome)

A VISION FOR 2020

If a new member of staff were appointed on 1st April 2020 what would the Trust want them to find with regard to medicines optimization?

Keeping medicines optimization high on the Trust's and clinical delivery services (CDS) agendas

There is a medicines optimization team made up of pharmacists, a nurse and medicines optimization technicians who help deliver the Trust's medicines optimization strategy by supporting the clinical delivery services to achieve their own visions. The Trust's structure and its reporting mechanisms ensure medicines optimization is high on the Trust's overall agenda. There is strong medicines optimization leadership, directly accountable to the Executive Medical Director. This medicines optimization leadership will provide support to the senior management teams in all the CDSs. Robust and timely mechanisms exist through the Drugs and Therapeutics Group to manage the introduction of new drugs or drug indications and implement changes to practice based on new evidence, innovation and learning. Consultants understand the benefits of good planning and the need for robust business cases to support this process. Feedback on drug usage, to consultants and locality management teams, addresses clinical as well as financial priorities. Decisions take into account the impact on both primary and secondary care. Guidelines for clinical care and the Trust's formulary are regularly reviewed in response to NICE guidance, the availability of new treatments, clinical advances and drug price changes. A culture of reporting on and learning from medication related incidents and near misses is embedded in the Trust's culture. The Trust has a Medication Safety Group, led by the Medication Safety Officer, which reports to the Drugs & Therapeutics Group that has a responsibility for ensuring safe medicines use by commissioning audits, reviewing medication errors and adverse reactions and commissioning appropriate training. 'Report and Learn' medication articles appear both in the quarterly Drugs and Therapeutics Newsletter and the Report and Learn Bulletin. These articles highlight risk areas and solutions to reduce risks. Clinical audit is utilised to monitor actions taken. The Clinical Governance Team work closely with the Drugs & Therapeutics Group to monitor the implementation of NICE guidance, manage the use of patient group directions (PGDs) and monitor the use of guidelines that direct and influence clinical care.

A senior member of the Medicines Optimization Team is a member of the Effective Care Domain Group (or any future equivalent). This group receives reports from the Drugs and Therapeutics Group and ensures medicines optimization and clinical quality remain high priorities for the Trust. Business cases for new developments and additional consultant posts recognize the impact on drug costs and pharmacy services.

The service user experience

Large numbers of staff involved with patient medication have received adherence therapy training to help them to explore the beliefs and concerns their patients have about medication and other treatment options. The patient, and if appropriate the carer, are put at the centre of any treatment decision and their experiences will be listened to. Patients, and carers, if appropriate, will have been given information about both non-pharmacological and pharmacological approaches to treating their condition. Patient and carer representatives also sit on the Drugs and Therapeutics Group.

All patients admitted to inpatient units have been actively encouraged to bring all their medicines with them including over the counter medicines and herbal remedies. If this does not happen, carers are approached to bring medicines in after admission. These medicines continue to be administered to the patient if assessed as suitable. Assuming patients (or carers) give permission; unsuitable medicines are destroyed in a way that minimizes the impact on the environment. Patients (or carers) are assessed so those requiring additional pharmacy support can get it. This will have included a detailed discussion about their beliefs and concerns about taking medicines, more detailed information on how to use their medicines in a format or language best suited to their needs, an assessment with regard to use of monitored dosage systems or a review of their ability to cope unsupported at home. Inpatients will have

access to one to one counselling by a member of the pharmacy team and will also be able to attend a medication education group if there is local demand for these to be run. Advice on cultural and religious concerns, relating to medication, will be available from pharmacy. Medicines optimization technicians undertake at least one drug round per week on each admission ward in order to meet all the patients and discuss their medication with them. On discharge there is a high level of confidence that the patient (or carer) will continue to use the medication as prescribed. On rehabilitation wards, where appropriate, patients assessed as competent are encouraged to self-administer their own medicines. Medicines are stored in individual patient drug drawers or cupboards and are pre-labelled for issue to the patient on discharge.

Good communication about medication between primary and secondary care is well established to improve local joined up patient care. Information on why drugs have been stopped, started or changed is always sent to the GP. The quantities supplied on discharge ensure the patient does not have to go to their GP within the first few days, but have also been assessed to pose no additional risk to the patient. By encouraging patients to bring all their medicines to hospital, no inappropriate medicines are left at home to confuse the patient or carer following discharge. There are good communication links between the pharmacy team on the wards and pharmacy staff supporting community teams to follow up patients after discharge if they have particular problems around medication.

In the community, patients likely to be on long-term medication are able to discuss their beliefs and concerns about medication with a member of the multidisciplinary team. Access to advice from a specialist mental health pharmacist is available to patients and carers when needed as each community team has some dedicated on-site pharmacist time to support them. Pharmacists are fully integrated into the early intervention teams, assertive outreach teams and crisis response teams to ensure better use of medication and management of side effects. Patients and carers are directed to suitable websites on medicines information via staff, posters and the Trust's website. Information in other formats or languages is available if needed. Clinical guidelines have been drawn up using robust mechanisms incorporating the patient perspective, are updated regularly and remain readily available.

Minimising Clinical and Financial Risk

Most patients bring their own medicines into hospital with them to allow compilation of more accurate medication histories and reduce the risk of unwanted medicines being in the home after discharge. 95% of patients have their medicines reconciled by a medicines optimization technician within one working day of admission. At weekends this will be achieved by utilizing Care Notes, the electronic prescribing system and patient's NHS Summary Care Record (SCR). Outside normal pharmacy working hours, pharmacy-trained nurses are able to access SCRs to provide summaries for the doctor when patients are admitted.

A 'fair blame' and 'near miss' reporting system is well established. The culture in the Trust ensures significant medicine related incidents and near misses are reported. These are systematically reviewed and used to improve systems, monitor tensions within the system and provide feedback to all clinical staff involved in medicines optimization. The role of reviewing this data is led by the Trust's Medication Safety Officer, supported by a multi-disciplinary team representing all those prescribing, administering and dispensing medication at both locality and Trust level. Mandatory medicines optimization training is provided for all trained nurses, tailored to different needs, via a variety of formats and nurses are given adequate time to complete this. A less intensive programme is available for other professions, assistants and care workers and additional training in high-risk areas such as prescribing, administering drugs and rapid tranquillization is well established and completed.

Electronic patient records, electronic discharge summaries, electronic prescribing and electronic medicines administration recording are all well established throughout the Trust and contribute to high quality data capture and data transfer.

Regular audits relating to medicines optimization issues are undertaken in all specialities, including at the primary/secondary care interface. All significant adverse drug reactions are reported to the pharmacy team. These are investigated and where appropriate processed

through the incident reporting system and channelled through the national yellow-card reporting scheme.

Financial risk has been minimised by effective purchasing, the managed entry of new drug treatments, new generic availability, reduction in wastage and regular feedback to prescribers on drug usage and costs in both inpatient and community settings. All this contributes to the Trust living within its means.

Extending the role of prescribing

Where appropriate, nurses and pharmacists have become fully qualified non-medical prescribers. Individual patient management plans, clear monitoring arrangements, ongoing training and audit underpins these extended roles and complement well established use of Patient Group Directions and medicines administered under protocols (MAUPs).

Improving prescribing

Robust training and assessment of new prescribers at national and regional level should ensure that only those deemed competent are able to prescribe and this is further enhanced by local training delivery on psychotropic medicines. Similar training is provided for staff administering drugs and those involved in dispensing. The Medicines Optimization Team is actively involved in training medical students to improve their prescribing and links are well established with the medical school. Good use is made of on-line training programmes, including ones for high-risk areas such as rapid tranquilization and diabetes. Online drug chart training is completed by 100% of new junior doctors and nurses joining the Trust and by new to post senior doctors prescribing on the wards. In addition all new junior doctors complete an online clinical training programme before they start or within one week of joining the Trust.

A fully staffed, well structured clinical pharmacy service has developed to actively promote good prescribing and all acute wards receive this service five days a week. Both community and ward based clinical teams have ready access to the pharmacy team to assist them in prescribing decisions, anticipating errors, undertaking medication histories, medication reviews and discharge planning and to develop the medicines optimization skills of the whole team. A wide range of guidelines for clinical care have been drawn up that incorporate the latest evidence on drug treatment. Information technology is utilised to allow 24-hour access to prescribing decision support tools as well as to an emergency medicines information service provided by the on-call pharmacist.

Working with clinical commissioning groups (CCGs)

Senior members of the Trust's Medicines Optimization Team sit on the area prescribing committees within Sussex and attend those in Kent and Hampshire when appropriate to ensure ownership of drug use decisions by all partner organisations. The Trust Drugs & Therapeutics Group has members representing the CCGs in Sussex. Communication systems are in place to ensure prescribers and if appropriate patient and carer representatives, are consulted about guidelines for clinical care (and formulary changes) and any resulting changes are implemented smoothly. Joint formularies have been established with each CCG that include all relevant NICE Technology Appraised medicines.

The entry of new drugs into use is managed in a timely way with regard to evidence, cost effectiveness and national and local guidance. Audits are designed to monitor the impact of new drugs approved for use so the real benefits can be assessed. Horizon scanning takes place to improve business planning for new drug developments.

The Trust has recognized the need for local ownership at CCG level while maintaining a consistency across the services. Robust mechanisms are in place to identify problems at the interface. These are addressed at a systems rather than individual level. Senior members of each CCGs' medicines optimization team recognize the collaborative approach taken by the Trust around medication issues, so have a positive attitude to coming to solutions to issues that are in the best interests of patients.

Procurement and Staffing

Tendering has taken place to establish the most cost effective supply model and this is kept under regular review against performance indicators. Whenever possible, regional and national medicine purchasing contracts negotiated by the NHS are widely utilized to get the best prices.

The Trust's Medicines Optimization Team has a high national profile that encourages people to apply to work for the Trust. Retention rates are high, due to the empowering and engaging roles within the team.

A Strategy for Medicines Optimization

Vision 1 (*Patient experience*)

Patients (and carers where appropriate) are consulted on their beliefs and concerns about medicines and given well informed information about medication. They are empowered to be partners in medication treatment decisions

Strategies to achieve this:

1. Invest in adherence therapy training for appropriate clinical staff to help ensure patients and carers concerns and beliefs about medicines are understood.
2. Aid service users (and carers) in exercising treatment choices by ensuring multidisciplinary team members have adequate and appropriate knowledge of medicines and have access to a dedicated pharmacist for their service.
3. Provide service users and carers with easy access to medication information in a suitable format and or language to empower them to make informed choices around treatment options in every clinical area.
4. Develop medicines education for patients (and carers) incorporating psychosocial and health belief models. This includes full engagement with the recovery colleges run by the Trust.
5. Develop the role of medicines optimization technicians to undertake drug rounds to engage with all inpatients about their medication.

Vision 2 (*Clinical and service effectiveness*)

There is a fully staffed, structured and co-ordinated medicines optimization team to help deliver the medicines optimization strategy.

Strategies to achieve this:

1. Further invest to extend the pharmacy team to include a medicines optimization nurse to assist in medicines optimization, e.g. training, error reduction, audit etc.
2. Further develop the role of pharmacists and medicines optimization technicians in supporting adult community mental health teams, learning disability services and child & young peoples' mental health services.
3. Succession plan for future Chief and senior pharmacists.

Vision 3 (*Patient safety*)

The risks associated with medication have been significantly reduced.

Strategies to achieve this:

1. Ensure induction training adequately covers prescribing, administration and incident and near-miss reporting.
2. Ensure all professions are involved in reviewing drug-related incidents and near-misses by establishing a Medicines Safety Group.
3. Continue to develop web-based medication related training and e-learning to cover high-risk areas.
4. Revise Care Notes to optimize access to medication related patient information.
5. Invest in an electronic prescribing and medicines administration (EPMA) system that includes electronic discharge summaries.
6. Continue to ensure all medication related policies are up to date, evidence-based, and fully implemented.
7. Establish a robust link with the patient safety team at the NHS Commissioning Board.
8. Further develop medicines optimization training for non-medical and non-nursing staff involved in care-coordinating patients or handling and administering medicines.
9. Ensure adequate support is in place for non-medical prescribers.
10. Ensure the Internet is fully utilised to provide easy access to appropriate, up to date medication related policies, guidelines and information.

Vision 4 (*Value for money*)

The cost effective use of resources has been achieved.

Strategies to achieve this:

1. Continue to maximise opportunities for consortium purchasing and other cost optimization strategies.
2. Keep service level agreements and contracts for pharmacy services under regular review to match the needs of the Trust, going out to tender if appropriate.
3. Continue to proactively manage the introduction of new drugs and new indications through the Drugs and Therapeutics Group.
4. Utilize clinical audit to monitor the introduction of new treatments and support robust business cases.
5. Routinely review mechanisms for cost effective, patient centred prescribing and drug administration taking place nationally and internationally, and ensure those utilised by the Trust are appropriate, effective and current.
6. Produce regular reports for prescribers and for the Trust finance team on cost effective prescribing, individual and team prescribing performance, and progress against agreed savings targets.
7. Following the introduction of pharmacists into the community adult mental health services, ensure stock holding and medicine management systems are optimizing the use of resources, by inspection, audit and training.

8. Following approval to use new drugs or established drugs for new indications, audits will be undertaken to monitor the uptake in line with guidelines and the benefit to patients.

Vision 5 (Clinical and service effectiveness and Patient safety)

The organisational structure and reporting mechanisms ensure medicines optimization is high on the Trust's agenda.

Strategies to achieve this:

1. A Medicines Safety Group is set up and actively promotes, the reporting of medication related incidents and near misses and the learning from incidents and investigations.
2. The senior leadership of the Medicines Optimization Team regularly produce medicine optimization reports for the clinical delivery services.
3. A senior member of the Medicines Optimization Team sits on the Effective Care Domain Group (or equivalent).
4. An annual report on medicines optimization is produced for the Board.
5. The Drugs & Therapeutics Newsletter continues to be produced at least quarterly.

Vision 6 (Clinical and service effectiveness)

Non-medical healthcare professionals will undertake prescribing and/or initiate treatment where appropriate.

Strategies to achieve this:

1. Ensure service reviews and development plans take account of the opportunities presented by non-medical prescribers.
2. Ensure clear roles, funding and support is provided for non-medical prescribers.
3. Ensure medicines information, on going training and prescribing support is available for all new prescribers.
4. Maintain a process to produce, monitor and update Patient Group Directions (PGDs) and protocols for medicines administration (MAUPs).

Vision 7 (Patient experience, Clinical and service effectiveness)

There is a pro-active approach to help ensure all patients admitted to inpatient units or prescribed medication by community teams get the full benefit of their drug treatment with minimised risks.

Strategies to achieve this:

1. Invest in adherence therapy training for staff involved in patients' medication.
2. Continue to encourage patients to bring all their medicines with them on admission. If this does not occur, carers and relatives to be asked to bring the medicines in as soon as possible.
3. Further invest in community team based pharmacy staff to:
 - Work with staff to ensure patients are put at the centre of decisions about their medication to improve adherence
 - Establish greater consistency of prescribing in the community by promoting prescribing guidelines and auditing practice
 - Ensure better transfer of medication information between wards, community teams and primary care.

- Ensure the side-effects of medication are understood and monitored by teams to improve the physical health of our patients.
4. Develop easier access to medicines information in suitable formats and languages, utilizing both IT and traditional methods of communication.

Vision 8 (Clinical and service effectiveness, Patient safety and Patient experience)

Day to day prescribing has improved.

Strategies to achieve this:

1. Maintain and update prescribing competency assessments and training packages for new medical staff
2. Further increase the availability of clinical pharmacists to all teams by increased investment in pharmacy staff and developing the role of medicines optimization technicians.
3. Develop and maintain guidelines for clinical care and ensure these are easily accessible.
4. Explore the role of specialist pharmacists in training medical students to improve their prescribing.
5. Invest in IT to allow electronic prescribing and medication administration recording, and discharge summary production. Ensure the system includes a comprehensive prescribing decisions support tool and ensure there is access to an emergency medicines information service out of hours.
6. Involve patient/carer representatives in guideline development and in the work of the Drugs and Therapeutics Group.

Vision 9 (Clinical and service effectiveness)

Primary and secondary care work together to improve the cost effective use of medicines

Strategies to achieve this:

1. The senior leadership of the Medicines Optimization Team will continue to work closely with the clinical commissioning groups (CCGs) prescribing leads and medicine management leads, regularly attending their area prescribing committees.
2. CCG medicines optimization leads (or deputies) will continue to be invited to sit on the Drugs & Therapeutics Group and will receive the agenda and minutes.
3. A system to learn from and prevent future medication related errors occurring at the interface will be developed.
4. Mechanisms for developing evidence based interface guidelines will be strengthened in all CCG localities.
5. Mechanisms to reduce duplication of work will be developed.
6. The Drugs & Therapeutics Newsletter will continue to be shared with partner organizations.

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