NHS
**St Helens and Knowsley
Teaching Hospitals**
NHS Trust

Medicines Optimisation Strategy
2017-2020

Document Summary & Purpose
- Define the term Medicines Optimisation
- Outline the Trust's strategy for the optimisation of medicines in line with professional, NHS and regulatory standards
- Provide context in relation to the Trust's 5 Star Aims & Objectives
- Describe the relationship with the Trust's clinical & quality strategies
- Ensure that the Lord Carter and Sustainability & Transformation Programme (STP) priorities and objectives are supported by a transformational approach to patient care with medicines
- Inform an action plan to implement this Strategy

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APPROVING COMMITTEE	Quality Committee
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ACCOUNTABLE DIRECTOR	Medical Director
POLICY AUTHOR	Head of Pharmacy
TARGET AUDENCE	All staff who have involvement with handling or use of medicines
KEY WORDS	Medicines, Alerts, Safety, Drug, Recall, MHRA

Important Notes:

This Strategy is designed for optimal use as an electronic document. It contains bookmarks and hyperlinks which will not function if the Strategy is printed.

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as "uncontrolled" and, as such, may not necessarily contain the latest updates and amendment

St Helens & Knowsley Teaching Hospitals NHS Trust
Medicines Optimisation Strategy (v3)
2017 – 2020

1. Introduction

Medicines are a core aspect of patient care and are the most common therapeutic intervention. Even where surgery is the prime intervention, many medicines are used such as anaesthetics, sedatives, analgesics & antibiotics. The Trust's Five Star Patient Care objectives are strongly supported by ensuring that all our patients receive medicines in accordance with the 5 rights: right patient, right drug, right dose, right route, right time.
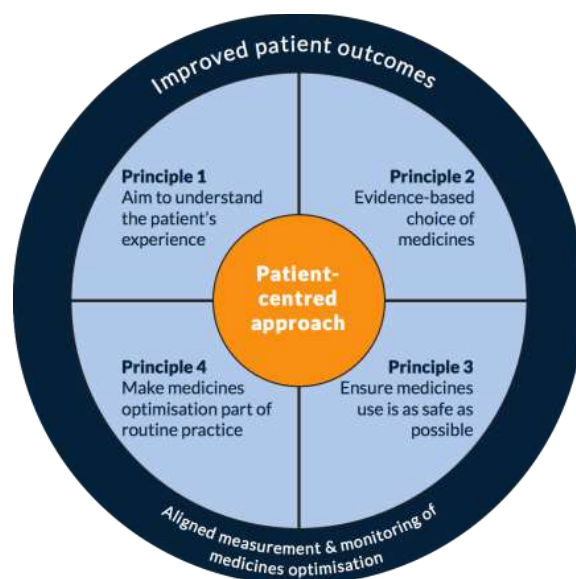
2. What is Medicines Optimisation?

Medicines optimisation is a holistic, patient-centred approach described within 'Medicines Optimisation - Helping Patients to Make the Most of Medicines' (Good Practice Guidance for Healthcare Professionals in England, May 2013). *This report was published by the Royal Pharmaceutical Society and is endorsed by NHS England, RCGPs, RCN, APBI, Academy of Royal Medical Colleges.*

This guidance specifies four guiding principles for medicines optimisation:

- aim to understand the patient's experience
- evidence based choice of medicines
- ensure medicines use is as safe as possible
- make medicines optimisation part of routine practice

These principles need to be applied by all clinical staff involved with medicines & patient care (not just front-line staff & Pharmacy staff). They are inter-related as summarised in the below:

3. Medicines Optimisation Strategy Rationale

A medicines-specific strategy is essential to ensure the Trust uses medicines safely and cost-effectively, in line with the latest professional and regulatory standards. The Lord Carter Report, the national STP initiative and the NHS Improvement Model Hospital project all recognise the importance of medicines in healthcare and strongly encourage a collaborative and innovative approach for improvement.

Elements of medicines optimisation are already included in the Trust's principal clinical strategies. These strategies are supported and complemented by the Medicines Optimisation Strategy.

The STHK Clinical & Quality Strategy 2014-18 includes medicines optimisation as a key element in achieving our high level priorities of safe, timely, highly effective and kind care. Detail of the action plan for this strategy is provided in section 4 of this document.

Medicines are also specified within the Trust's Nursing & Midwifery Strategy 2014-18. Within the 6C's of this Strategy, section 1.4 of 'Care' relates specifically to the reduction of medication errors associated with nursing & midwifery practice. Medicines are factors within other elements of the 6C's and a collaborative, multi-disciplinary approach is endorsed to achieve the strategy's goals.
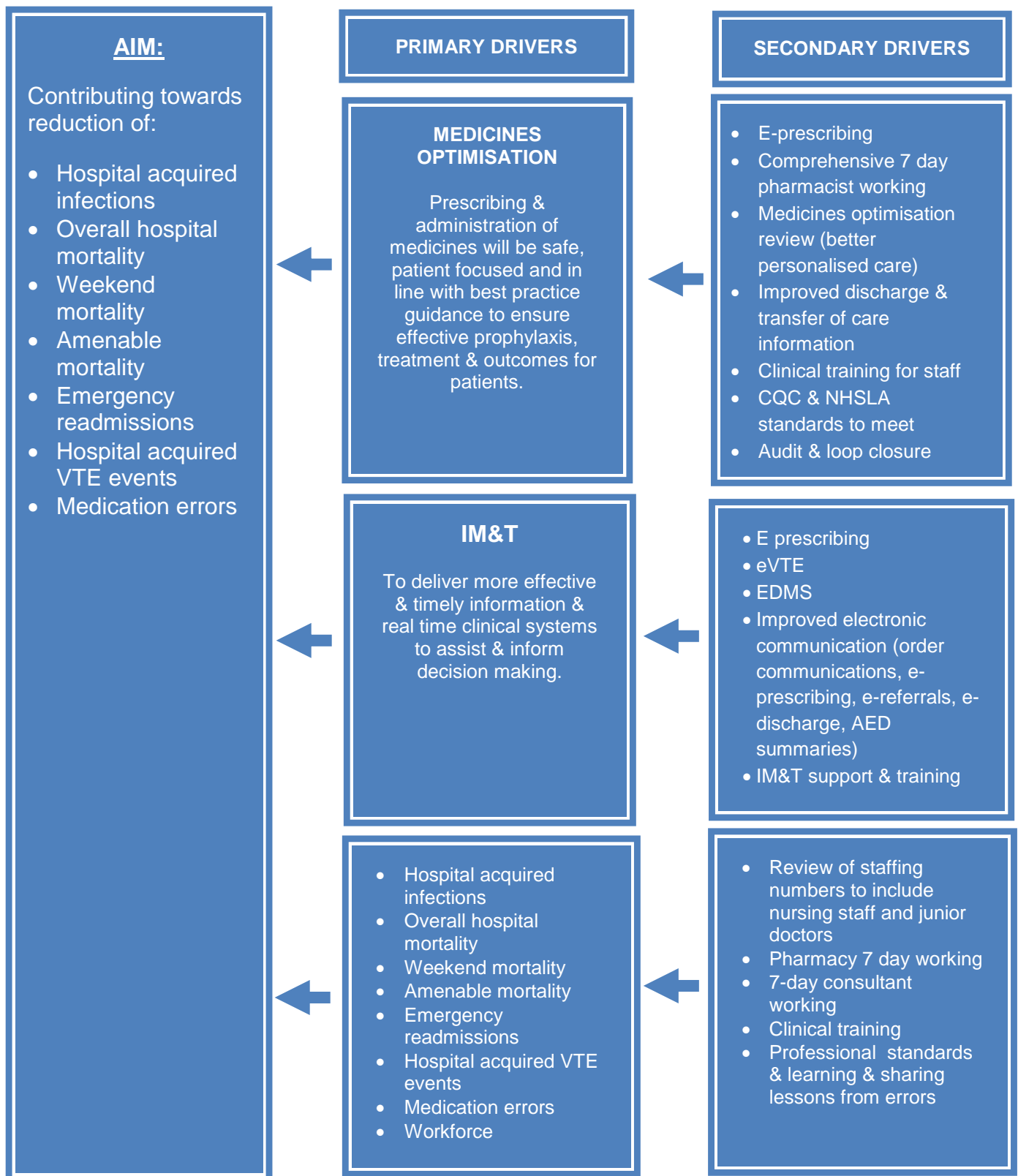

External drivers:
- NICE Clinical Guideline NG5 – Medicines Optimisation (March 2015)
- Lord Carter Report – Operational productivity & performance in English NHS acute hospitals – unwarranted variations (Feb 2016)
- Sustainability & Transformation Partnerships (STPs) – Cheshire & Merseyside STP Nov 2016. The C&M STP includes a hospital pharmacy workstream within which STHK Hospitals is a proactive partner
- NICE NG46 – Controlled drugs: safe use and management (April 2016)
- RPS Medicines Optimisation: Helping patients to make the most of their medicines (May 2013)
- RPS Professional standards for hospital pharmacy (July 2012. New version under review 2017)
- NHSI Model Hospital initiative
- GMC Good practice in prescribing and managing medicines and devices (2013)
- NMC Standards for medicines management (2012. New version under consultation 2017)
- CQC Regulation 12 – Safe care and treatment

Internal drivers:
- Trust Clinical & Quality Strategy 2014-18
- Trust Nursing & Midwifery Strategy 2014-18
- Corporate Aims & Objectives 2017-18
- Hospital Pharmacy Transformation Programme (HPTP) April 2017

4. Medicines Optimisation within the Trust Clinical & Quality Strategy 2014-18

Diagram adapted from Trust Clinical & Quality Strategy Action Plan 2014-18

AIM:

Contributing towards reduction of:

- Hospital acquired infections
- Overall hospital mortality
- Weekend mortality
- Amenable mortality
- Emergency readmissions
- Hospital acquired VTE events
- Medication errors

PRIMARY DRIVERS

MEDICINES OPTIMISATION

Prescribing & administration of medicines will be safe, patient focused and in line with best practice guidance to ensure effective prophylaxis, treatment & outcomes for patients.

IM&T

To deliver more effective & timely information & real time clinical systems to assist & inform decision making.

- Hospital acquired infections
- Overall hospital mortality
- Weekend mortality
- Amenable mortality
- Emergency readmissions
- Hospital acquired VTE events
- Medication errors
- Workforce

SECONDARY DRIVERS

- E-prescribing
- Comprehensive 7 day pharmacist working
- Medicines optimisation review (better personalised care)
- Improved discharge & transfer of care information
- Clinical training for staff
- CQC & NHSLA standards to meet
- Audit & loop closure

- E prescribing
- eVTE
- EDMS
- Improved electronic communication (order communications, e-prescribing, e-referrals, e-discharge, AED summaries)
- IM&T support & training

- Review of staffing numbers to include nursing staff and junior doctors
- Pharmacy 7 day working
- 7-day consultant working
- Clinical training
- Professional standards & learning & sharing lessons from errors

Medicines Optimisation Strategic Objectives

Domain 1 – Strategy, Risk & Governance

1.1	**Medicines optimisation strategy (MOS)**. Overall MOS to be approved by the Quality Committee. An action plan to be produced. Progress regarding the MOS, Model Hospital for Medicines & Pharmacy, Lord Carter Hospital Pharmacy Transformation Programme (HPTP) to be reported to the Quality Committee quarterly.
1.2	**Medicines groups.** The Drug & Therapeutics Group (DTG) will report to the Clinical Effectiveness Council and the Medicines Safety Group (MSG) will report to the Patient Safety Council. Both groups will provide reports on a quarterly basis and review their terms of reference at least annually. The electronic prescribing and medicines administration system (ePMA) project will be managed by the ePMA Project Board. The chairs of these groups will be delegated this authority by the Medical Director.
1.3	**Medicines Policy.** The Medicines Policy and associated policies, procedures & guidelines will be published on the intranet in formats supporting ease of use.

Domain 2 – Safe Use of Medicines

2.1	**Reducing medicines administration errors.** • A programme to reduce delayed and omitted doses of medicines will be prioritised • Additional initiatives will be informed by review of incidents, risk assessments and national/network recommendations • Novel approaches to support nursing staff in safe administration of medicines will be investigated eg. use of pharmacy staff, technology, ePMA
2.2	**Reducing prescribing errors.** • Key recommendations from the Trust-sponsored PhD research into pharmacist feedback to prescribers following prescribing errors will be implemented into regular practice. This will be monitored and used as a clinical pharmacy KPI
2.3	**Medicines reconciliation and review**. • Initiatives will be undertaken to achieve 100% reconciliation of medicines within 24 hours of admission by suitably qualified clinical staff. • We will investigate and develop the use of systems to identify patients for whom detailed medicines optimisation review is the highest priority and assign clinical pharmacy resources in a targeted manner. • Risk assessment/review tools for high risk groups of patients will be assessed and will inform service development plans eg. STOPP START, AKI, falls, transfer of care
2.5	**Medication incidents.** • The Medicines Safety Officer (MSO) will work closely with the Trust's Quality & Risk Team to maximise learning and improvements in practice as a result of medication safety incidents. • The MSO will be involved in the formal investigation of all medication safety incidents with severity ratings of moderate or above.
2.6	**Risk management** • The MSO will work closely with senior clinical staff to ensure that all key medicines safety risks are identified and action plans are in place to reduce risks where the rating is moderate or above. • The MSO will actively participate in safety networks to support the reduction in risk associated with medicines within the Trust • High risk drugs include those identified nationally and also through local risk assessment. Initiatives to minimise the risks associated with unavoidable use of high

	risk drugs will be supported and reviewed
2.7	**Medication safety alerts**
	• Medication safety alerts will be reviewed by the MSO and progress will be reported monthly to the Patient Safety Council
2.8	**Controlled drugs (CDs)**
	• The Accountable Officer for CDs (CDAO) will actively participate in local intelligence network meetings and other networks to support the safe use of CDs within the Trust
	• CDs will be managed and reviewed in accordance with latest best practice
	• Incidents, concerns and networking will inform actions to improve practice

Domain 3 – Effective Choice of Medicines & Patient Outcomes

3.1	**Antimicrobial stewardship strategy**
	• The Antimicrobial Team will produce, implement and manage an antimicrobial stewardship strategy to ensure the safe, effective use of antimicrobials within the Trust in line with national and local standards & guidelines
3.2	**Medicines Formulary and NICE recommendations**
	• The Trust will participate in the Pan Mersey Area Prescribing Committee (APC) in the production and management of the Joint Medicines Formulary
	• The Formulary will be updated in accordance with the latest NICE technology appraisals and other relevant guidance
	• Implementation of the Formulary and NICE recommendations within the Trust will be managed in accordance with Trust Policy and contractual requirements
3.3	**Benchmarking**
	• Benchmarking systems such as Define and the Model Hospital will be utilised to inform actions to optimise the cost-effective and safe use of medicines
3.6	**Clinical audit of medicines**
	• The audit programme for medicines will be developed and prioritised to provide assurance that medicines are used safely and effectively
	• Audits will include a variety of methodologies including observation of practice and quality ward rounds
3.7	**Decision support**
	• Systems to aid clinical staff in the safe use of medicines will be developed in line with available technology
	• The Pharmacy medicines information service will prioritise the promotion of high quality use of accessible information resources to support clinical decisions
3.8	**Commissioning and primary care interface**
	• We will work closely with local and NGSE commissioners to ensure contractual requirements are met in relation to medicines
	• The hospital pharmacy and local CCG medicines management teams will work closely on joint initiatives to optimise the use of medicines
	• We will ensure the safe, cost-effective use of high-cost drugs in line with local & national priorities and available resources

Domain 4 – The Patient Experience

4.1	**Discharge medicines (TTOs)**
	• Pharmacy will work closely with ward and operational staff to optimise TTO flows and avoid delays in discharge due to TTOs
	• KPIs for TTOs will be included in the Trust's Integrated Performance Report (IPR)
	• Initiatives to ensure patients are counselled about their medicines prior to discharge will be supported
4.3	**Transfer of care**
	• The NHSE electronic transfer of information to community pharmacists (eTCP)

	• system will be implemented • Initiatives to support the follow-up of patients after discharge to ensure optimal use of medicines will be investigated and supported where possible
4.4	**Outpatient waiting times.** • Outpatient prescription dispensing waiting times will be minimised and included as a KPI in the Trust's Integrated Performance Report (IPR) • Pharmacy will conduct annual surveys of outpatients to assess patient satisfaction
4.5	**Patient information** • Ensure that all patients are provided with suitable, accessible information about their medicines • Investigate and support the use of patient decision aids where suitable
4.6	**Self-medication** • Investigate and support inpatient self-medication where this is suitable • Investigate and support the use of patient self-management plans where suitable
4.7	**Patients' own medicines** • Ensure the safe use of patients' own medicines for inpatients and • Minimise the wastage of patients own medicines and the unnecessary dispensing of medicines wherever possible

Domain 5 – Environment for Medicines Optimisation

5.1	**e-Prescribing and medicines administration (ePMA)** • Configure, develop and fully roll out the JAC ePMA system across the Trust. • Ensure the ePMA project delivers benefits including reduced risk, greater efficiency and improved reporting.
5.2	**e-Prescribing of chemotherapy and dose-banding** • Chemotherapy used in the haemato-oncology will be prescribed electronically in line with NHSE Specialised Commissioning requirements • Chemotherapy dose-banding will be implemented in line with NHSE Specialised Commissioning requirements
5.3	**Safe & secure handling of medicines**. • Daily safe medicines storage & security checklists will be completed in each clinical area where medicines are stored • Quarterly medicines storage & security audits and spot checks will be performed and reported to the Quality Committee
5.5	**Electronic patient records (EPR)** • Support the implementation and development of the Medway, System C EPR system to support the safe, effective use of medicines
5.6	**Computer-controlled drug storage** • Expand the utilisation of computer-controlled medicines storage cabinets (eg. Omnicell) in clinical areas where this will improve safety, flows, security and release clinical staff time
5.7	**Alternative service models for medicines optimisation** • Participate in collaborative workstreams (eg. STP, LDS) to transform hospital pharmacy services in line with Lord Carter recommendations • Examine the feasibility of outsourcing outpatients dispensing in line with the Lord Carter recommendations • Aseptic dispensing services will be optimised to maximise the provision of ready-made injectable medicines in clinical areas • Implement the national recommendations for outpatient parenteral antibiotic therapy (OPAT) services • Implement the national recommendations for homecare delivery of medicines • Ensure that alternative service models provide high standards of patient care in line with national standards and local service level agreements

Domain 6 – Workforce for Medicines Optimisation

6.1	**Pharmacy Organisational Development Plan (OD Plan)** • A Pharmacy OD Plan will be produced using the McKinsey 7S model to support the high performance delivery of Pharmacy services • The Pharmacy Leadership Team will be responsible for implementing & updating the OD Plan, reporting progress to the Workforce Council • The OD Plan will be informed by pharmacy staff satisfaction and pulse surveys • The Plan is dynamic and will evolve to support changing requirements such as Lord Carter transformation, outsourcing, increased ward-based services, recruitment

6.2	**Clinical pharmacy business plan**
	• A plan to develop clinical pharmacy in line with local needs, national standards and best practice will be presented to the Executive Team in 2017
	• The Plan prioritises the following:
	    ○ Pilot of pharmacy team within the Emergency Department
	    ○ Expanded pharmacy team on the admissions wards 1b and 1c
	    ○ Addressing clinical pharmacy gaps on wards 4a and ICU
	    ○ ≥50% pharmacists being NMPs by 2020

6.4	**Increased percentage of Pharmacy staff time on wards** • The Pharmacy Leadership Team will support initiatives to remodel service to maximise the delivery of ward-based services including pharmacists, technicians and assistants
6.5	**Multi-disciplinary medicines optimisation** • The Pharmacy Team will work closely with medical, nursing and other clinical staff to promote safe, effective use of medicines • The Pharmacy Link Nurse initiative will continue to be developed • A business case for a medicines optimisation nurse post will be produced and linked to implementation of the Medicines Safety Thermometer within the Trust • Successful enhanced recovery pathways involving pharmacy staff will be investigated and used to inform business plans within the Trust
6.6	**Clinical education** • Pharmacy, medical, nursing and other clinical staff will work closely with the clinical education team to promote continuous improvement in the safe and effective use of medicines • Resources such as e-learning will be adopted where available and suitable • The educational principles of the Trust-sponsored PhD into prescribing error feedback by pharmacists will be adopted

ENDS