

Trust Board Meeting

3rd July 2014

Paper Reference:	e.g. TB(14-15) xx for Trust Board (<i>completed by Secretariat</i>)
Report Title:	Medicines Optimisation Strategy 2014-18
Executive Summary:	<p>This Strategy sets out the recommendations of the Trust Drugs & Therapeutics Committee as to how the Trust aims to optimise the use of medicines for service users (and carers).</p> <ul style="list-style-type: none">– We will continue to build on and maintain the excellent progress that has already been made.– We will improve the cost-effective use of medicines– We will reduce the risks associated with the use of medicines– We will proactively provide independent and balanced information to service users, their carers, family and friends which empowers them to participate in medication treatment decisions– We will ensure that medicines optimisation is high on the Trust's agenda and that the Trust Board is assured about the safe effective use of medicines by the Trust– We will ensure that we employ and deploy the most appropriate skillmix in the workforce to maximise the safe and effective use of medicines– We will be innovative & forward-thinking in order to generate income for the Trust
Action Required:	For approval
Link to Strategic Objectives:	<p>The strategy links to the following Trust objectives:-</p> <ul style="list-style-type: none">• We will provide consistent, high quality, safe services that represent value for money• We will develop stronger external partnerships and business opportunities that improve, access responsiveness and service range.• We will have reciprocal relationships, which value service users, carers, staff and the community as co-producers of services.• We will enable increased hope, control and opportunity for our service users.• We will become a leading innovative provider of health and social care services.• We will develop leadership and talent throughout the organisation.
Risks:	Patient safety, affordability

Quality Impact:	The strategy will have a positive Trust-wide impact on patient care by improving the quality of services delivered by staff.
Resource Implications:	Whilst it may be anticipated that the strategy will be delivered within the current budget for existing Trust service structures, any changes to service structures e.g. investing in home treatment teams in order to increase the number of service users treated at home, may have resource implications for Pharmacy and other services which could affect strategy deliverables. In addition, national directives e.g. the recent patient safety alert concerning medication error/incident reporting, may also require additional resources to achieve their implementation.
Legal/Regulatory Implications:	CQC Outcome 9. TDA medicines optimisation domains NHS LA NHS England/MHRA patient safety alerts Medicines Act and associated Regulations Misuse of Drugs Act and associated Regulations Other legislation applicable to medicines
Equalities Impact:	The strategy has been developed in response to feedback from service users and carers, commissioners, users of the Pharmacy medicines information service, a survey of junior doctors and user analytics from the choiceandmedication website
Groups Consulted:	Drugs & Therapeutics Committee (including service user & carer reps), Safe Medication Practice Committee, Compliance and Clinical Practice Standards Group, Integrated Governance Group, Quality & Safety Assurance Committee, SWL Mental Health Interface Prescribing Committee, CCG medicines management committees, K&R Local Pharmaceutical Committee, SWL MH Clinical Quality Review Group, carers groups and SURG.
Author:	Dianne Adams Chief Pharmacist
Owner:	Dr Emma Whicher Medical Director.

A Strategy for Optimising the Use of Medicines 2014 to 2018

‘the quality use of medicines that aims to produce the best outcomes for patients’



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Contents

Introduction	3
Context	3
Quality Strategy	6
Medicines Optimisation Framework	7
Our Challenges for 2014-18	8
Our Vision for 2014-18	9
Implementation	13
Delivery Plan	14
Measurement	14
Appendices	15
• South West London and St George's Mental Health NHS Trust	
• Strategic Vision	
• Our Values	
• Strategic Objectives	
• List of Documents	
• List of Stakeholders	
• Drugs & Therapeutics Committee Members	
• Glossary of Terms	

Introduction

Medicines optimisation is about ensuring the right patients get the right choice of medicine at the right time. By focusing on patients and their experiences, the goal is to help patients to

- Improve their outcomes
- Take their medicines correctly
- Avoid taking unnecessary medicines
- Reduce wastage of medicines
- Improve medicines safety

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment. The purpose of this Medicines Optimisation Strategy is to help patients get the best out of their medicines when prescribing, dispensing, administering or taking medicines, using four simple but important principles:

- 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.

Medicines optimisation differs from medicines management in a number of ways but most importantly, rather than the focus being on process and systems it focuses on improved outcomes for patients, which should help ensure that patients and the NHS get better value from the investment in medicines.

This strategy presents the findings and recommendations of the Trust Drugs & Therapeutics Committee, the Trust Safe Medication Practice Committee and the SWL Mental Health Interface Prescribing Forum. It is based on principles outlined in The Royal Pharmaceutical Society's 'Medicines Optimisation: Helping Patients to make the most of their medicines, the Trust Development Authority guidance and toolkit for medicines optimisation and CQC Outcome 9 Management of Medicines.

Context

Medicines are the most common intervention in healthcare and the NHS spends £13.8 billion per year on medicines (Office of Health Economics Statistics & Information). The number of prescribed items is growing at 5.3% annually

http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/Volume_and_cost_year_to_Mar_2010.pdf

The cost of waste prescription medicines in primary and community care in England is estimated to be £300 million a year, with up to half of that figure likely to be avoidable. An estimated £90 million worth of unused prescription medicines are retained in people's homes at any one time.

South West London & St George's MH NHS Trust spends almost £3m a year on the supply of 140,000 items p.a. to patients, which are dispensed either in Trust (110,000) or community pharmacies (30,000).

Patients and their carers often have inadequate information about their medicines. Up to half of all patients may not be taking their medicines as recommended by the prescriber.

Adverse events to medicines represent a considerable burden on the NHS and have a significant impact on patients. Approximately 5% to 8% of all hospital admissions are due to preventable adverse events of medicines.

When patients transfer between different care providers, such as at the time of hospital admission or discharge, there is a greater risk of poor communication and unintended changes to medicines. 30% to 70% of patients have an error or unintentional change to their medicines when they move from one care setting to another.

Liberating the NHS (2010) white paper emphasised the need to improve the outcomes of healthcare for all, to deliver care that is safer, more effective, and that provides a better experience for patients. It established improvement in quality and healthcare outcomes as the primary purpose of all NHS-funded care.

The Francis Report (2013) emphasised the need to put patients first at all times, and that they must be protected from avoidable harm.

The Berwick report (2013) recommends 4 guiding principles for improving patient safety, including:

- place the quality and safety of patient care above all other aims for the NHS
- engage, empower, and hear patients and carers throughout the entire system, and at all times.

The NHS constitution for England (2013) gives people the right to be involved in discussions and decisions about their health and care, and to be given information to enable them to do this.

Medicines management considers the systems of processes and behaviours determining how medicines are used by patients and the NHS. Medicines management has primarily been led by pharmacy teams and is the term that has been used historically in the NHS for managing people's medicines.

Medicines management is an important enabler of medicines optimisation. However, medicines optimisation focuses on actions taken by all health and social care practitioners and requires greater patient engagement and professional collaboration across health and social care settings.

The National Institute for Health and Care Excellence is in the process of developing a clinical guideline for medicines optimisation, due for publication in February 2015.

The RPS published its guidance on medicines optimisation in May 2013, following the Sept 2012 RPS conference when Sir David Nicholson highlighted its importance(<http://www.nhsalliance.org/wp-content/uploads/2013/03/Medicines-optimisation.pdf>).

The Care Quality Commission checks provider compliance with 16 essential standards relating to the quality and safety of care. Each of the standards has an associated outcome that all people who use services should experience as a result of the care they receive. Providers must have evidence that they meet these outcomes. Outcome 9 relates to Management of medicines and states that 'People should be given the medicines they need when they need them, and in a safe way'

The Trust Development Authority has developed a medicine optimisation & pharmaceutical services framework which allows Trusts to assess their performance in six domains:-

- strategy risk and governance
- safe use of medicines
- effective choice of medicines
- the patient experience
- environment for medicines optimisation
- workforce for medicines optimisation

In the revised NHS Litigation Authority standards introduced in 2013-14, for MH & LD Trusts (Standard 6), there are three specific criteria associated with the use of medicines.

Organisations providing MH&LD services must have approved documented processes for

- rapid tranquilisation.
- the medicines management training requirements for all permanent staff.
- medicines management in all care settings.

The Trust medicines management policy (Trust Medicines Code) and other policies relating to medicines are updated to ensure that the NHSLA standards are incorporated.

The Trust has had a medicines management strategy since 2002, following the publication by the Audit Commission of the landmark document A Spoonful of Sugar in December 2001 and the document which prompted the re-engineering of Hospital Pharmacy services 'Pharmacy in the Future-Implementing the NHS Plan' in September 2000.

Further Trust medicines strategies followed in 2006 and in 2010.

Publication of this strategy follows the pattern of updating it every 4 years.

Quality Strategy

The medicines optimisation strategy is one of the clinical strategies which underpin the Trust Quality Strategy.

Our approach focuses on three components of quality:-



The Trust must achieve all three of these areas of safety, effectiveness, and service user experience to assure our stakeholders on the quality of our services. We will ensure services are:

- Safe and will reduce risks which may cause harm;
- Effective in clinical and service user reported outcomes;
- Considered by our patients, service users, their carers, families and friends as being a positive or good service user experience.

Medicines Optimisation Framework



The quality use of medicines that aims to produce the best possible outcomes for patients.

This strategy seeks to build upon all the good work which has preceded it and to maintain the excellent progress which has been made since 2010, whilst putting the patient at the heart of the process.

In order to develop this strategy a range of materials were reviewed including:

- Patient surveys
- SWLSTG surveys of doctors in training,
- A survey of users of the Pharmacy MI service
- Real Time Feedback from patients
- Choiceandmedication analytics
- Trust Quality Strategy
- Regulatory & statutory requirements & guidance such as patient safety alerts

This information covered the following:

- The quality of information provided to patients that enables them to choose between medicines suitable for treatment of their condition, whether the purpose of the medicine was explained to them, and whether they were provided with information about side-effects.
- The quality of Trust medicines policies

- The quality of the Trust Medicines Information service
- The financial context within which medicines are prescribed now and in the future
- The mission and core values of the Trust and the implications for medicines management
- The legal framework governing the use of medicines
- The national patient safety agenda

Through discussions at the DTC it was agreed that the strategy should address the following themes (visions):

- We will continue to build on and maintain the excellent progress that has already been made.
- We will improve the cost-effective use of medicines
- We will reduce the risks associated with the use of medicines
- We will proactively provide independent and balanced information to service users, their carers, family and friends which empowers them to participate in medication treatment decisions
- We will ensure that medicines optimisation is high on the Trust's agenda and that the Trust Board is assured about the safe effective use of medicines by the Trust
- We will ensure that we employ and deploy the most appropriate skillmix in the workforce to maximise the safe and effective use of medicines
- We will be innovative & forward-thinking in order to generate income for and/or to increase the profile/reputation of the Trust

The implementation of the initiatives to address our visions (the delivery plan) will be a collaborative process and will require the active participation of all clinical teams/service leads.

All decisions need to be guided by the vision, values, behaviours and strategic objectives of the Trust as a whole (see Appendices).

Our Challenges for 2014-2018

Political:

The requirement for the Trust to achieve Foundation status increases uncertainty about the structure of clinical services.

We are committed to working in partnership with our commissioners.

Financial

Reduced funding within the NHS will have an impact; innovation will be important to maintain high quality.

Clinical

The changing health needs of the population, such as more people living to an older age, will require a change of approach.

Mental health patients die on average 20 year earlier than other patients, usually because their physical healthcare needs have been neglected.

Our Vision for 2014-2018

We have considered a number of key issues in the development of this strategy, and in order to achieve our delivery plan, we have developed seven medicines optimisation 'visions':

1. We will continue to build on and maintain the excellent progress that has already been made

We have

- Improved compliance with the Trust formulary, which is an evidence-based cost-effective list of medicines approved for use by patients of the Trust
- Implemented stage 2 medicines reconciliation by Pharmacy services staff within 72 hours for 85% of new admissions
- Implemented monthly audit of omitted doses on all wards to improve medicines administration & patient experience
- Improved medicines incident and error reporting in order for staff to learn from errors and improve patient safety.
- Developed three types of medicines management e-learning packages which are current, relevant and kept up-to-date to improve patient safety & experience www.e-medlearning.com
- Enabled most clinical staff (nursing, junior doctors, AHPs, social workers, support workers etc) to undertake mandatory medicines training at the defined intervals
- Audited safe and secure handling of medicines and controlled stationery annually
- Implemented a medicines & prescribing clinical audit programme to complement the POMH (UK) audit programme in order to drive up standards of practice.
- Ensured that service users and staff have access to a co-ordinated team of pharmacists and technicians in all wards, HTTs and CMHTs
- Ensured that patient safety alerts are acted upon

We will

- Ensure that the above are maintained and improved where possible

Position in 2018

- Our patients will routinely take ownership of their treatment.

2. We will improve the cost-effective use of medicines

We will

- Improve level 1 medicines reconciliation, undertaken by medical staff on admission
- Embed medicines reconciliation in home treatment teams
- Improve the use of patients own drugs to reduce wastage
- Improve Trust formulary adherence
- Empower patients to take their own medicines whilst in hospital
- Improve financial reporting on medicines expenditure

- Implement an electronic prescribing and medicines administration system
- Offer training in MH medicines to community pharmacy colleagues to improve the effectiveness of patient care after discharge

Position in 2018

- Optimal patient outcomes are obtained from choosing a medicine using best evidence (for example, following NICE guidance, local formularies etc) and these outcomes are measured.
- Treatments of limited clinical value are not used and medicines no longer required are stopped.
- Decisions about access to medicines are transparent and in accordance with the NHS Constitution.

3. We will reduce the risks associated with use of medicines

We will

- Develop a medicines administration competency assessment framework for nursing staff
- Develop a mandatory medicines training package for all grades of doctor
- Ensure all safeguarding issues involving medicines are acted upon appropriately
- Improve the practice of rapid tranquillisation through better monitoring systems (Ulysses)
- Encourage & facilitate the reporting of errors, near-misses and ADRs
- Minimise medication errors through training/e-learning
- Minimise the risks of prescribing high risk drugs such as clozapine and lithium
- Improve the transfer of care of patients at the interface by ensuring that medication changes are recorded on the TTA upon discharge
- Ensure safe and appropriate use of antimicrobials through better antimicrobial stewardship
- Improve the safe and secure handling of controlled drugs
- Work closely with clinical commissioning, prescribing & medicines management leads to prevent medication-related errors and secure safe transfer for patients across care interfaces.

Position in 2018

- Incidents of avoidable harm from medicines are reduced.
- Patients have more confidence in taking their medicines.
- Patients feel able to ask healthcare professionals when they have a query or a difficulty with their medicines.
- Patients remain well and there is a reduction in admissions and readmissions to hospitals related to medicines usage.
- Patients discuss potential side-effects and there is an increase in reporting to the Medicines and Healthcare products Regulatory Agency (MHRA).
- Patients take unused medicines to community pharmacies for safe disposal.

4 We will proactively provide independent & balanced information in a suitable format or language to service users, their carers, family & friends (where appropriate) which empowers them to participate in medication treatment decisions

We will

- Embed the concept of non-queuing administration so that the privacy and dignity of patients is safeguarded.
- Ensure inpatients have easy access to advice from pharmacists through bookable appointments
- Promote medicines optimisation clinics to patients in CMHTs
- Ensure every patient is counselled about their medicines prior to discharge
- Engage with patients and the public in a structured way through the Recovery College using fixed slots & standardised presentations for medicine education sessions.
- Act on patient feedback from systems such as RTF/'Patient Opinion'/patient surveys.
- Ensure that allergies are documented on ECR for all patients.

Position in 2018

- Patients are more engaged, understand more about their medicines and are able to make choices, including choices about prevention and healthy living.
- Patients' beliefs and preferences about medicines are understood to enable a shared decision about treatment.
- Patients are able to take/use their medicines as agreed.
- Patients feel confident enough to share openly their experiences of taking or not taking medicines, their views about what medicines mean to them, and how medicines impact on their daily life.

5 We will ensure that medicines optimisation is high on the Trust's agenda and that the Trust Board is assured about the safe and effective use of medicines by the Trust

We will

- Expect health professionals to routinely discuss with each other and with patients and/or their carers how to get the best outcomes from medicines throughout the patient's care
- Improve prescribing compliance with the Trust formulary and clinical policies
- Consider medicines optimisation to be a routine part of Trust business
- Report regularly on progress to the DTC, the QSAC and the Trust Board
- Make reports and resources available on Insite and the Trust website

Position in 2018

- Patients feel able to discuss and review their medicines with anyone involved in their care.
- Patients receive consistent messages about medicines because the healthcare team liaise effectively.
- It becomes routine practice to signpost patients to further help with their medicines and to local patient support groups.
- Inter-professional and inter-agency communication about patients' medicines is improved.
- Medicines wastage is reduced.
- The NHS achieves greater value for money invested in medicines.
- The impact of medicines optimisation is routinely measured
- Board assurance

6 We will ensure that we employ and deploy the most appropriate skillmix in the workforce to maximise the safe and effective use of medicines

We will

- Ensure appropriate Pharmacy skill mix through ongoing review of staffing mix and banding, now that all services are directly provided
- Recruit a Band 6 pharmacist to reduce locum agency reliance and to improve recruitment & retention of pharmacists
- Work with nursing colleagues to identify medicines optimisation champions and nurses with a special interest in medicines optimisation
- Re-deploy Pharmacy staff to more clinical/medicines optimisation roles, if and when dispensing levels decrease.
- Develop a non-medical prescribing strategy & policy
- Ensure that medicines are available to patients 7 days a week when required through appropriate systems and skillmix

Position in 2018

- All staff involved with prescribing supply or administration of medicines will be knowledgeable and know when, how and where to signpost patients for further information.
- All patients will receive their medicines in a timely manner

7 We will be innovative & forward-thinking in order to generate income for the Trust

We will

- Capitalise on business opportunities e.g. novel supply mechanisms
- Outsource the expertise of MH specialist pharmacists by training them as independent prescribers and providing a service to primary care
- Sell the e-learning packages
- Contribute to development of business cases and service tenders where medicines are involved and/or where there is impact on Pharmacy Services
- Develop training/information packages for medicines used by national specialist services e.g. deaf, eating disorders, OCD.
- Facilitate clinical trials of medicines within the organisation
- Seek medicines-related research and publication opportunities within the Trust

Position in 2018

- Successful business opportunities will mean income for the Trust which can be re-deployed to improve patient care.

Implementation

Shared responsibility for the delivery of this strategy rests with the Chief Pharmacist, the Medical Director and the Director of Nursing and Quality Standards.

This is a 'live' document, which will be updated as appropriate in response to directives from relevant regulatory bodies, commissioners, feedback, and the wider Trust community.

Progress towards achieving the objectives will be monitored by the Trust Drugs & Therapeutics Committee (DTC) and the Quality & Safety Assurance Committee. An annual report will be taken to the Trust Board.

Measurement

The impact of medicines optimisation can be measured through some standard medicines optimisation key performance indicators which are routinely measured and available and which include:-

- CQC Outcome 9 (QRP)
- Prescribing budget performance (My Dashboard)
- Formulary compliance
- Medicines reconciliation compliance (My Dashboard)
- Service User Surveys
- Real Time Feedback
- Surveys of users of the Pharmacy Medicines Information Service

Delivery Plan

See separate document for details.

Appendices

South West London and St George's Mental Health NHS Trust

South West London and St George's Mental Health NHS Trust is the main provider of secondary care mental health services for adults, older people, children and adolescents living in the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth, serving a population of about 1 million. The Trust also provides a range of specialist regional and national services. It operates from over 90 locations with three main inpatient sites. At any one time approximately 20,000 people are receiving care and treatment from the Trust.

Services available in South West London:

- inpatient, outpatient and community services for children, adults and older people with mental health problems
- outpatient and community services for the treatment of alcohol and substance misuse
- inpatient and community forensic mental health services
- liaison psychiatry services for St George's, St Helier and Kingston Hospitals
- learning disability services for children and adults with mental health problems
- perinatal psychiatry
- psychotherapy services for patients with personality disorders
- psychological therapies in primary care under the national Improving Access to Psychological Therapies initiative

National services

- Mental health services for Deaf children and adults.
- Eating disorders services for children and adults.
- Services for the treatment of obsessive-compulsive and body-dysmorphic disorders.

Our aim is to serve the mental health needs of everyone in our diverse communities.

We work in partnership to

- promote mental health and improve awareness of its importance,
- support people with mental health problems and their families,
- provide care and treatment to the highest standards,
- help schools and employers to challenge stigma.

The Trust also provides education, training, and research in partnership with St George's University of London, Kingston University, London South Bank University, King's College London, University of Surrey, Tavistock Institute of Medical Psychology and Brunel University.

Trust Strategic vision

The Trust's Vision is

'We will provide innovative, high quality, personalised services'

Trust values & behaviours

VALUES

•BEHAVIOURS

Openness

- Creating and maintaining valued relationships
- Sharing information

Respect

- Creating equal partnerships
- Treating people with dignity and respect
- Encouraging diverse perspectives and views

Fairness

- Treating people as we would like to be treated ourselves

Collaboration

- Working in partnership in everything we do
- Listening and taking a genuine interest in others
- Welcoming and valuing diverse opinions

Excellence

- Championing a strong service ethos
- Continuous improvement through innovation
- Creating national best practice

Trust Strategic Objectives

The Trust will achieve this vision through the delivery of our strategic objectives:



List of Documents

Liberating the NHS (DH White Paper 2010)

Francis Report 2013

Berwick Report 2013

NHS Constitution 2013

NHS Patient Safety Alerts NHS England. <http://www.england.nhs.uk/ourwork/patientsafety/psa/>

List of Stakeholders

Internal

Drugs & Therapeutics Committee

Safe Medication Practice Committee

Compliance & Clinical Practice Standards Group

Integrated Governance Group

Quality & Safety Assurance Committee

Executive Management Team

Service Users & Carers Reference Groups

Trust Board

External

SWL Mental Health Interface Prescribing Forum

SWL CCGs

SWL MH Clinical Quality Review Group

Drugs & Therapeutics Committee Members

Dr H Miller – Chair
Dr M Zwi –Deputy Chair
Dr D Stephenson
Ms C Gamble
Dr M Alonso
Dr R Fahmy
Mr D Vaughan
Dr Y Al Daghistani
Ms D Adams
Dr S Rao
Mrs S Buckley
Dr A Roney
Mr N Nalladorai
Mr C Holvey
Dr D Smith
Dr J Walsh
Dr S Adams
Dr B Nereli
Dr C Harrison
Dr C Durkin
Dr D Stinson
Dr A Corniello
Mr A Dean
Mr J Wilson
Ms A Cain

Glossary of Terms

ADR	Adverse Drug Reaction
CCG	Clinical Commissioning Group
CMHT	Community Mental Health Teams
CQC	Care Quality Commission
DTC	Drugs & Therapeutics Committee
ECR	Electronic Care Record
HTT	Home Treatment Team/s
MHRA	Medicines and Healthcare products Regulatory Agency
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Care Excellence
OCD	Obsessive compulsive disorder
POMH	Prescribing Observatory for Mental Health
QRP	Quality & Risk Profile
QSAC	Quality & Safety Assurance Committee
RTF	Real Time Feedback
SMPC	Safe Medication Practice Committee
TDA	Trust Development Authority
TTA/TTO	(Medicines) To Take Away/Out