Wirral Community NHS Trust

Medicines Optimisation Strategy 2014 - 2017
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## Review and Amendment Log

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<th>Type of Change</th>
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<tbody>
<tr>
<td>1</td>
<td>New</td>
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<td>Developed to support the delivery of medicines optimisation throughout trust services</td>
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1. Foreword

The purpose of this strategy is to support the delivery of medicines optimisation throughout the trust where the right patient receives the right choice of medicine at the right time.

Medicines optimisation focuses on outcomes and patients rather than processes and systems. This focus on improved outcomes for patients is likely to ensure that the patients and the trust get best value from the investment in medicines made by the trust and wider NHS.

Medicines are utilised in most of the services the trust delivers and therefore effective medicines optimisation supports the delivery of high quality services and supports our vision to be the outstanding provider of high quality, integrated care to the communities we serve.

Simon Gilby

Chief Executive
2. Strategic Principles for Medicine Optimisation

Wirral Community Trust is committed to helping patients make the most of their medicines.

The trust’s objectives to achieve medicines optimisation are based on the four guiding principles outlined by the Royal Pharmaceutical Society of Great Britain [2013] ensuring that the right patients get the right choice of medicine, at the right time.

- Principle One – Aim to understand the patient’s experience
- Principle Two – Ensure choice of medicine is evidence based
- Principle Three – Ensure medicine use is as safe as possible
- Principle Four – Make medicines optimisation part of routine practice

These principles support the trust’s strategic objective to deliver safe and effective patient care

3. Introduction

Medicines management is an integral part of the trust’s core business, playing a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from medicines. However there is a growing body of evidence to suggest patients are not making the most of their medicines:

Nationally only 16% of patients who are prescribed a new medication take it as prescribed, experience no problems and receive as much information as they need.

Ten days after starting a medicine, almost a third of patients are already non-adherent, of these 55% don’t realise they are not taking their medicines correctly, whilst 45% are intentionally non-adherent. RPSGB 2013

Medicines optimisation is a patient–focused approach to getting the best investment in and use of medicines and requires an enhanced level of patient centred professionalism and partnership between the clinical professional and the patient.

Medicines optimisation is about ensuring that 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; and improve medicines safety. Ultimately medicines optimisation can help patients to take ownership of their treatment. These same principles should also be applied to medical appliances such as catheters and dressings.

However, the medicines optimisation approach requires multidisciplinary team working between trust services, the commissioners, our partner healthcare providers and our patients.

4. Trust Vision and Values

The trust vision is to be the outstanding provider of high quality, integrated community care to Wirral and the communities we serve.

Our values show what we stand for, believe in and are passionate about:

- Health is our passion, with patients at the heart of everything we do
- Exceptional care as standard
- Actively supporting each other to do our jobs
- Responsive, professional and innovative
- Trusted to deliver

5. Strategy Development

The need for a trust medicines optimisation strategy was identified following the publication of the Royal Pharmaceutical Society of Great Britain’s good practice guidance, “Medicines Optimisation: Helping patients to make the most of their medicines 2013”. The trust strategy adheres to the same four principles for medicines optimisation as outlined in the RPSGB guidance.

Current state

Currently there are robust systems within the trust for the management of medicines underpinned by an overarching medicines policy agreed by the board. Supporting this policy is a comprehensive set of procedures developed by the trust’s Medicines Management Group covering different aspects of medicines management delivered by trust services. Adherence to procedures is monitored via regular clinical audits. The Medicines Management Group reviews medication incidents and monitors associated action plans. The board receives monthly reports of the number of medication incidents and trends are reported by exception. Adherence to national best practice guidelines such as NICE Guidance is monitored via the Quality Patient Experience and Risk Group.
This strategy moves the trust from effective medicines management focusing on improving systems and processes to patient focused medicines optimisation, improving medication adherence through shared decision making and evidence based practice.

**Care Quality Commission**

The Care Quality Commission is an independent regulator that regulates the delivery of health and social care in England. The guidance set out in outcome 9: of the “Essential Standards of Quality and Safety” identifies the expected standards for the safe management of medicines and therefore helps providers ensure compliance with Regulation 13 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2009.

**NICE**

The National Institute for Health and Care Excellence (NICE) sets the nationally agreed standards for quality healthcare. Guidance is evidence based and cost effectiveness is considered.

**Roles and Responsibilities**

**Trust Board**

The Board of Directors has overall responsibility for ensuring that the trust delivers high quality services that are efficient and effective. The Board is made up of the Chairman, Chief Executive, Executive Directors, Director of Quality and Nursing, Medical Director and Non-Executive Directors. The Board demonstrates commitment to medicines optimisation by the endorsement of this strategy.

**Chief Executive**

The Chief Executive is accountable for the quality and compliance with safe and effective clinical governance systems for all aspects of safe medicines management and optimisation within the trust.

**Quality and Governance Committee**

Quality and Governance Committee oversees with delegated responsibility from Board all aspects of quality governance. The Quality, Patient Experience & Risk Group (QPER) monitors operational performance and reports to Quality and Governance Committee, the Medicines Management Group reports to the Quality, Patient Experience & Risk Group.
Medicines Management Group

The Medicines Management Group oversees the safe development and implementation of procedures and systems for safe medicines management. The group is responsible for development of this strategy.

Divisional Manager

The divisional manager is responsible for monitoring that service leads have appropriate systems in place to promote medicines optimisation.

Service Lead

The service lead is responsible for ensuring that all relevant staff are conversant with this strategy and are appropriately trained and qualified to fulfil their specific duties.

Individual Employees

Individual employees are responsible for incorporating medicines optimisation into routine practice.

Wirral Community Trust Strategic Objectives

The principles of medicine optimisation are in line with the trust’s strategic objectives which are grouped into four themes as outlined below:

Our Patients and Community: Putting our patients and communities at the centre

- We will deliver safe and effective patient care
- We will deliver a positive experience of our services
- We will engage effectively with the patients and communities we serve
- Reducing inequalities will be integral to all service development and delivery

Our Services: Leading, developing and delivering high quality services

- We will effectively manage and develop our relationships with our current and new commissioners and stakeholders
- We will defend and grow our core business
- We will lead the delivery of out of hospital integrated care
- We will deliver to expectations of our commissioners and demonstrate quality and value

Our People: Valuing the individual, the team and the organisation

- We will further develop and maintain a competent, caring and flexible workforce
- We will develop leadership at every level of the organisation
- We will continuously develop the organisation and its governance framework
Our Sustainability: Supporting sustainable delivery

- We will optimise the use of our resources
- Our support and infrastructure services will operate to enhance the delivery of our services and secure future sustainability
- We will develop our information and business intelligence to make informed decisions about what we do
- We will effectively manage our finances and fully deliver our efficiency programmes
- We will deliver transformation supported by innovation and research

6. Delivering Medicines Optimisation

The model below summarizes the four principles of medicines optimisation
6.1 Principle One – Aim to understand the patient’s experience

To do this we will:

- Enable patients to be engaged, understand their medicines and feel able to make choices, including choices about prevention and healthy living
- Explore patients’ beliefs and preferences about medicines to enable a shared decision about treatment
- Enable patients to feel confident enough to openly share their experiences of taking or not taking medicines
- Practitioners will share patients’ concerns about medication with the prescriber responsible for the patients’ care
- Where complaints or concerns are received involving medicines, we will implement lessons learnt to improve practice

To measure improvement we will:

- Monitor outcomes from patient surveys to ask if patients were involved in decisions about their care and if they were given answers to their questions in a form that they could understand
- Utilise Medication Safety Thermometer methodology to collect data on patients’ experience
- Utilise clinical review tools, to review consultations
- Monitor identified actions following complaints and concerns to ensure they are completed
6.2 Principle Two – Ensure choice of medicine is evidence based

To do this we will:

- Choose medicines using best evidence (for example, following NICE guidance and local formularies)
- Follow the locally agreed antimicrobial guidelines to reduce emergence of resistant bacteria
- Not use treatments of limited clinical value and stop medicines no longer required
- Challenge and rectify medicine use that is not based upon best evidence
- Provide prescribing guidance and patient group directions based on best evidence
- Train non medical prescribers in line with the single competency framework for all prescribers [National Prescribing Centre 2012]
- Promote NHS approved shared decision making tools, to support patients to decide on treatment options

To measure improvement we will:

- Identify relevant medication related national guidance including NICE and monitor compliance
- Monitor prescribing data to highlight adherence to best evidence, local formularies and to local antimicrobial guidelines
- Investigate deviations from best evidence prescribing, to ensure deviations only occur in exceptional and justifiable circumstances
- Audit practitioners following training to establish improvements in individual staff awareness of medicines optimisation
6.3 Principle Three – Ensure medicine use is as safe as possible

To do this we will:

- Reduce incidents of avoidable harm from medicines
- Promote Yellow Card reporting for suspected adverse drug reactions
- Encourage near miss and medication incident reporting and investigate as appropriate incorporating learning into clinical practice
- Ensure medicines and prescription stationery are stored appropriately and securely by trained staff
- Engage with partner health care providers to improve communication and seamless care.
- Respond to and implement all national patient safety alerts involving medicines

To measure improvement we will:

- Monitor medication incidents in line with Patient Safety Alert Improving medication error incident reporting March 2014
- Audit the safe and secure handling of medicines and prescription stationery in line with NHS Protect checklists January 2014
- Monitor medication incidents involving transfer of care between our partner healthcare providers
- Put action plans in place and reaudit where appropriate to monitor improvement
- Monitor adherence to national patient safety alerts via the Medicines Management Group
6.4 Principle Four – Make medicines optimisation part of routine practice

To do this we will:

- Encourage practitioners to routinely discuss with patients and/or their carers how to get the best outcomes from medicines
- Enable patients to feel able to discuss their medicines with any practitioner involved in their care
- Signpost patients to further help with their medicines
- Report concerns including side effects reported by patients
- Empower staff to implement quality improvements involving medicines
- Identify suboptimal prescribing and provide appropriate training and support to improve practice
- Regularly feedback to staff learning from medication incidents via the trust's Medicines Management Bulletin

To measure improvement we will:

- Monitor outcomes from joint safety initiatives with our partner healthcare providers
- Participate in validated research to measure quality improvements introduced by staff
- Adopt a programme of clinical and non-clinical audit to inform the continuous improvement and development of safe systems
7. Equality Impact Assessment

During the development of this strategy the trust has considered the needs of each protected characteristic as outlined in the Equality Act (2010) with the aim of minimising and if possible remove any disproportionate impact on patients for each of the protected characteristics, age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.

If staff become aware of any clinical evidence of exclusion that impact on the delivery of care, a trust incident form would need to be completed and an appropriate action plan put in place

8. Safeguarding

In any situation where staff may consider a patient to be a vulnerable adult/child or the feedback relates to a safeguarding issue, staff need to follow the trust safeguarding policies and discuss the situation with their line manager and document outcomes. The Director of Quality and Nursing must also be informed.

9. Conclusion

The strategy will inform the trust’s medicines management objectives as outlined in the Medicines Management Annual Report. The objectives will be implemented and monitored through the Medicines Management Group. The overriding priority for the next 3 years will be to promote the right patients getting the right choice of medicine, at the right time.

Implementation of the strategy will ensure the best possible outcomes from medicines.

Adopting the strategy will promote:

- An open dialogue with the patient and/or their carer about patient’s choice and experience of using medicines to manage their condition.
- Evidence based choice of medicines, ensuring that the most appropriate choice of clinically and cost effective medicines (informed by the best available evidence bases) are made that can best meet the needs of the patient
- Medicines use will as safe as possible
- By making medicines optimisation part of routine practice, the trust will promote a culture of continuous quality improvement
10. References

Medicines optimisation, Royal Pharmaceutical Society of Great Britain May 2013


Medicines security, self-assessment tool, NHS Protect January 2014

A single prescribing competency Framework for all Prescribers, National Prescribing Centre May 2012

Medicines adherence, Involving patients in decisions about prescribing medicines and supporting adherence. NICE Clinical Guideline 76

11. Consultation

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<th>Communication Team</th>
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<td>Staff Council</td>
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<td>Clinical Forum</td>
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<td>Quality, Patient Experience and Risk Group</td>
<td>Quality and Governance Team</td>
<td>Non Executives</td>
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<td>WUTH Pharmacy Manager</td>
<td>Medical Director</td>
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12. Strategic Review

This strategy will be reviewed annually by the Medicines Management Group
## Appendix 1

### Medicines Management Objectives in line with the Medicines Optimisation Strategy

Please refer to the Trust’s Annual Medicines Management Report for Full details

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<thead>
<tr>
<th>Medicines Optimisation Principle</th>
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<th>Principle Two</th>
<th>Principle Three</th>
<th>Principle Four</th>
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<td></td>
<td>Aim to understand the patient’s experience</td>
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<td>Make medicines optimisation part of routine practice</td>
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<td>Medicines Management Objectives</td>
<td>The trust is committed to participation in collecting medication safety data utilising Medication Safety Thermometer methodology. It is anticipated that this will commence in quarter 3 2014/2015</td>
<td>The Medicines Management Group will monitor adherence with NICE Technological Appraisals and guidelines relating to medicines and produce action plans as appropriate</td>
<td>The Medicines Management Group will analyse all reported medication incidents and put action plans in place to reduce the possibility of reoccurrence as appropriate.</td>
<td>The trust will participate in validated research. A project planned for 2014/15 is to design and test the effectiveness of a visual aid for optimising inhaled medication in patients suffering from chronic obstructive pulmonary disease</td>
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To comply with the Patient Safety Alert NHS/PSA/2014/005, the trust is committed to inviting a patient representative to join the Medicines Management Group where incidents involving medication are analysed

| Medicines Management Objectives | To comply with the Patient Safety Alert NHS/PSA/2014/005, the trust is committed to inviting a patient representative to join the Medicines Management Group where incidents involving medication are analysed | The Medicines Management Group will monitor and review antimicrobial and controlled drug prescribing data at least twice a year and put action plans in place to improve compliance with national and local evidence based guidelines | The NHS Protect Medicine Security checklist for departments will form the basis for the 2014/15 non clinical audit of adherence with the trust policy for the safe handling and administration of medicines | The trust will produce a minimum of 10 Medicine Management Bulletins, each will have a section on learning from medication incidents |

### Medicines Optimisation Strategy 2014/2017 – Version 1