Medicines Optimisation Strategy (2015/20)

Excellent care at the heart of the community

Version control

Document information

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Date	Version	Approver	Role
09/09/15	V1.0	Dr Richard Quirk	Chair Trust Wide Clinical Governance Group

Contents

1 INTRODUCTION

This strategy will guide the development of medicines optimisation within the Trust. It is a key document that relates to how the principles of medicines optimisation are integrated into the Trust's systems, work practices and culture at all levels. It is a fundamental component in realising our vision of excellent care at the heart of the community.

> *"Medicines optimisation is a vital agenda, not an agenda added on to something else we are trying to do, this is absolutely central to it."* Sir David Nicholson, Chief Executive, NHS[1]

The NHS Constitution[2] establishes the values and principles of NHS England. It sets out the rights and responsibilities of patients, public and healthcare staff. Treatment and care should take into account individual needs and preferences. Patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.

Medicines are the most common intervention for the prevention and treatment of illness and conditions. It is estimated that between 30% and 50% of medicines prescribed for long term conditions are not taken as intended[3]. A long-term condition is 'a condition that cannot, at present, be cured but is controlled by medication and/or other treatment or therapies'[3].

Medicines may cause side effects or adverse reactions. Some are predictable and are accepted risks of treatment; they can be avoided or minimised by careful prescribing and use. Some adverse reactions are unpredictable and therefore unavoidable. Around 5% to 8% of unplanned hospital admissions have been attributed to, or associated with adverse drug reactions with up to two-thirds of these being preventable. Adverse reactions are particularly common among vulnerable groups[4,5].

In contrast, medication errors are mistakes, slips or lapses made when medication is prescribed, dispensed or used and are usually avoidable. It is important to keep the problem of medication errors in perspective as most medication treatment is provided safely and effectively. Medication errors occur when human and system factors interact with the complex process of prescribing, dispensing, administering and clinical monitoring of medicines to produce an unintended and potentially harmful outcome. It is important that attention is focused on a 'fair blame' culture. Latent conditions within an organisation and triggering factors in clinical practice are important causes of errors. Checks and 'error traps' should therefore be built into all medication systems, processes and procedures[4].

The main theme of this strategy is a change in attitude required to optimise the safe and cost effective use of medicines by placing patients, clients, young adults and their carers at

the centre of what we do (all referred to as patients in the rest of this strategy) and to take a proactive approach in doing so.
There are still areas to be addressed to ensure patients get the best outcomes from medicines from ensuring patients receive sufficient information about their medicines to focusing on keeping patients well and reducing admission to hospital caused by preventable adverse effects from medicines. It is important that professionals and patients work together to improve the quality of medicines' use.

Medicines form an integral part of most patients' treatment or diagnosis, and the majority of clinical services within the Trust are involved in managing medicines at some level and hence medicines command a significant part of the Trust's resources, either directly or indirectly.

Medicines features in all the five domains NHS outcomes framework[6]:

Domains	1 Preventing people from dying prematurely	2 Enhancing quality of life for people with long-term conditions	3 Helping people to recover from episodes of ill health or following injury	4 Ensuring that people have a positive experience of care	5 Treating and caring for people in a safe environment and protecting them from avoidable harm

The aim of the strategy is to provide greater leadership and engagement by building on past successes. It supports the continuous quality improvements of medicines optimisation to ensure better patient outcomes.

2 TRUST VISION AND VALUES

The Trust's ambition is to achieve the very best for the people we serve - our work is driven by our vision of **excellent care at the heart of the community**.

To achieve our vision we want to raise awareness of the value and range of what we do and develop a reputation for excellence and innovation so that no one can doubt the central role that community healthcare services play in the local NHS.

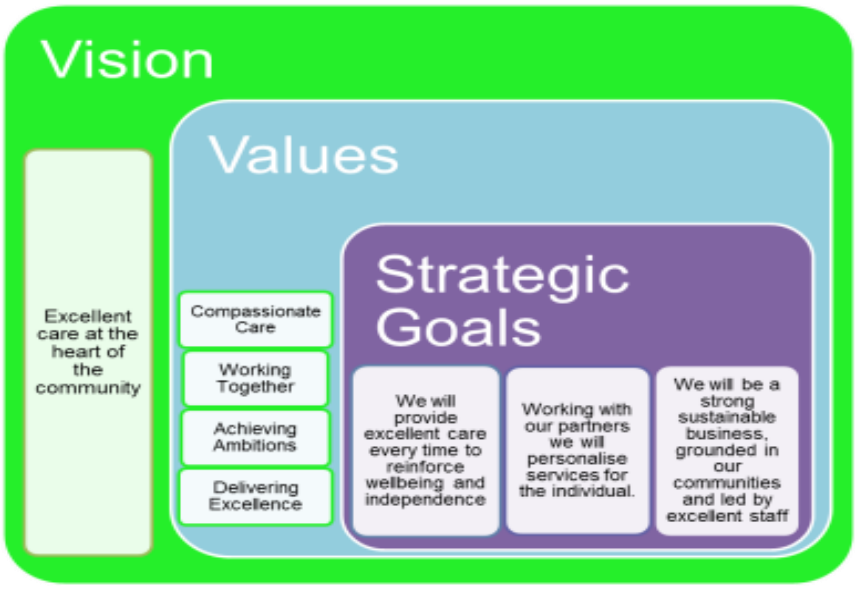
This strategy is informed by the Trust's clinical care strategy. The aim is to deliver '*the right services to the right people, in the right place, by the right people and at the right time, quality and cost' by ensuring that the organisation has in place the right strategies, structures, systems, staff and skills, underpinned by shared values.*

To realise our vision we will remain true to our core values:

- Compassionate care.
- Working together.
- Achieving ambitions.
- Delivering excellence.

The SCT vision points us to where we want to get to, and what we want to be. To move us in this direction the Trust has the strategic objectives as below:

- We will provide excellent, compassionate care to people in or close to their homes so that they can lead healthy and independent lives.
- Our services will be shaped by our users, partners and staff and personalised for the individual and their specific circumstances.
- We will be a socially responsible, strong and sustainable business led by excellent staff.



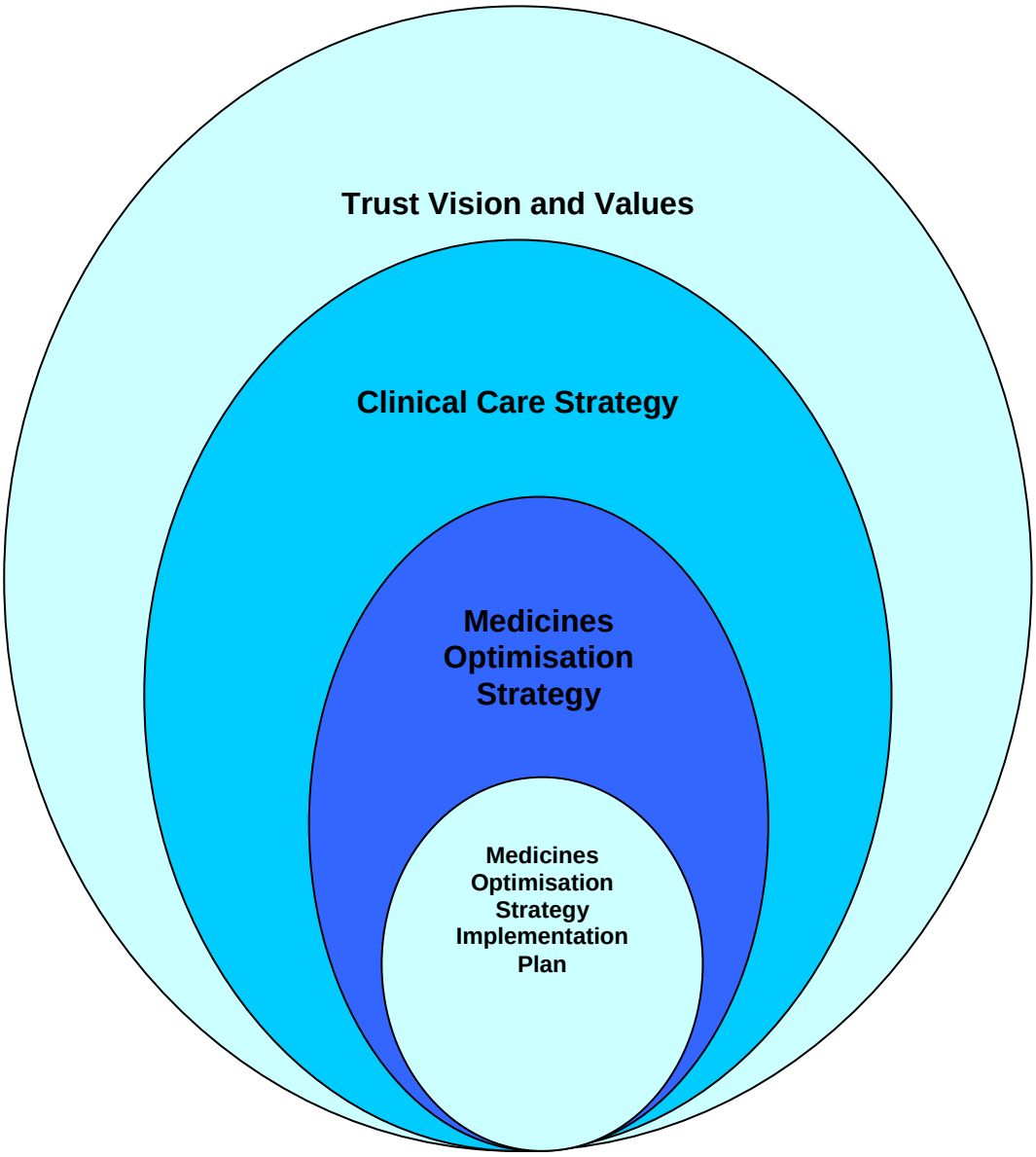
3 MEDICINES OPTIMISATION VISION AND STRATEGY

The Medicines Optimisation Vision (the *Aim)* is where we aim to be, and will ensure that all staff, patients and the public have an understanding of what we want to achieve in terms of medicines optimisation.

The medicines optimisation aims are:

- Aligned with the Trust's vision, values, strategic objectives and culture.
- Informed by the Trust's Clinical Care Strategy and national guidance.

The Medicines Optimisation Strategy (the *How*) is how we plan to achieve our medicines management visions. This Medicines Optimisation Strategy is a live document that we expect all staff within the Trust to refer to when making decisions about medicines. We will review this Medicines Optimisation Strategy once a year to check that it continues to be aligned to our Clinical Care Strategy and with any new national guidance issued. This annual review or 'refresh' of this strategy is to ensure it is still current and continues to reflect the Trust's direction of travel for medicines.
The figure below shows how our Medicines Optimisation Strategy links with the Trust's Vision and Values and Clinical Care Strategy.



3.1 Aim to understand the patient's experience

National data show that many patients do not receive the intended benefit from their medicines and that many patients do not take their medicines as prescribed.

Mrs M, 74 years old, lives alone, awaiting assessment for dementia. Mrs M has a partially funded social care package providing one visit in the morning to help administer eye drops for glaucoma (high pressure in the eye) and oral medicines. The Trust's Proactive care pharmacist was asked by a nurse to review Mrs M's medicines at a local multi-disciplinary team meeting. The Proactive care pharmacist visited Mrs M at home and found that Mrs M should receive two different eye drops but only one was given and that the eye drops given by carers in the morning should be given at night. The pharmacist contacted the ophthalmology department at the acute hospital and it was agreed to change the two eye drops for Mrs M to a combination product requiring one eye drop once a day. Mrs M is now receiving appropriate glaucoma treatment and her eyesight decline will now be slowed down.

We need to ensure that the right patient gets the right choice of medicines at the right time. We want to help patients to: improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage of medicines and improve medicines safety. We want to find out and focus on patients and their experiences. We want to encourage patients to take ownership of their treatment. We will achieve this via multi-disciplinary team working where healthcare professionals will work together (across organisational boundaries) to individualise care, monitor the outcomes carefully, review medicines more frequently and support patients where needed and by working closely with patients and their carers.

Mrs B was referred to the clinical medication review pharmacist by a clinical nurse lead due to concerns about problematic polypharmacy. The pharmacist visited Mrs B at home to talk with her about her medicines and identified various problems with Mrs B's medication, which was discussed with the GP. The result was that several medicines were stopped: aspirin (until an anticoagulant was discontinued), ibuprofen and diclofenac as the patient was already on another strong painkiller, a drug for blood-pressure, the instructions for a diuretic were changed and a drug for reducing blood sugar was stopped. When Mrs B was followed up by the pharmacist she was extremely grateful for the review as the number of tablets she had to take had been reduced and she now had a better understanding about the medication she was taking. Mrs B's blood-pressure, blood sugar and pain were controlled which resulted in improved adherence.

Patients' self-care has a key role to play in safety, quality and medicines optimisation.

AIM:

- ✓ We aim to use a patient-centred approached for the best use of medicines achieving the best quality outcomes from medicines and reducing waste.
- ✓ We aim for shared-decision making to be the 'norm' and will involve patients fully in their own care with decisions being made in partnership between patients and clinicians.
- ✓ We want to help patients make the most of their medicines.
- ✓ We want patients to feel able to ask us when they have a query or a difficulty with their medicines.
- ✓ We want patients to feel able to discuss and review their medicines with healthcare professionals involved in their care.
- ✓ We aim to increase the number of non-medical staff (e.g., nurses, podiatrists, physiotherapists and pharmacists) with prescribing competence to improve patient access to prescription medicines
- ✓ We aim to deliver workshops or training to staff in how to support patients to self-care and self-manage their own medicines.

HOW:

- We will involve patients in the decisions made about their medicines and ensure they are supported to take their medicines as intended.
- We will support patients to be more engaged, understand more about their medicines and are able to make choices, including choices about prevention and healthy living.
- We will create an environment where patients feel they can share openly their experiences of taking or not taking their medicines, their views about what medicines mean to them, and how they impact on their daily lives.
- We will aim for optimal patient outcomes from choosing medicines using best evidence.
- We will work to ensure that patients receive consistent messages about medicines because the healthcare team liaise effectively.
- We will ask patients if they feel they have received information about their medicines to find ways to improve this.
- We will involve a pharmacist with the relevant clinical knowledge and skills in developing care pathways that involve medicines use.
- We will aim for pharmacists to be part of multi-disciplinary teams to improve outcomes for patients who have long–term conditions and take multiple medicines.
- We will support the development of appropriate community staff to enable non-medical prescribing, thus improving access to prescribed medicines.
- We will encourage staff with prescribing qualifications to use their skills in ensuring appropriate prescribing within their area of competency.

- We will ensure medicines are stopped or de-prescribed where medicines are producing suboptimal benefit (if on maximum therapeutic dose).
- We will ensure effective medicines-related communications when patients are moving between care settings, including sharing relevant information with patients.
- We will support development of self-management plans for patients (as part of the multidisciplinary team).
- We will introduce the use of patient decision aids to support healthcare professionals to adopt a shared decision-making approach to ensure that patients, their family members or carers where appropriate, are able to make well-informed choices that are consistent with the patient's values and preferences.

3.2 Ensure medicines use is a safe as possible.

Every day many patients are treated safely by the Trust and many of these treatments involve medicines. It is important to us that patients receive the right medicine, at the right time, at the right dose via the correct route and that the treatment is being monitored.

Medication errors can happen at any stage during the medicines process from prescribing, ordering, administration, monitoring to disposing of the medicines. Some of the medication errors reported by the Trust may relate to mistakes happening outside our Trust but where our staff have identified these errors they have rectified them. Where possible we will inform the other organisation about this, thereby sharing learning and enabling shared improvements in particular related to transfer of care.

We asked an independent audit provider to audit how we manage medication incidents. They found that staff are aware of and do report medication incidents. They found that some staff were unclear about reporting medication incidents originating outside of our care.
We need to make sure that we communicate clearly to all staff that it is important they report all medication incidents, including the ones originating outside our care but which our staff pick up. We will feed these incidents back to other organisations, GPs or community pharmacies so they can learn from this and improve their practices.

We encourage staff to report any medication errors including when staff prevent an error from happening which is a near-miss. We have an electronic incident reporting system where the manger will also review the incident and identify what needs to be done better next time or if we need to provide a particular member of staff with additional support, such as training. Our medicines management team will also look at several reported medication incidents and identify what we as a trust can learn from this and take action to improve practice.

We issue a 'Learning from Incidents' newsletter which is circulated to all staff based on reported medication incidents as a way of feeding back to staff. We asked an independent audit provider to find out if staff felt they received local and organisational feedback from medication incidents. It was found that this is an area we as a trust need to look at to ensure staff feel that they receive feedback including what improvements to practice have been made as a result. We will re-look at how we can best communicate this to staff.

All the incidents reported by our trust also feed into the National Reporting and Learning System (NRLS) to help with sharing and learning across England. We will review and produce actions plans for national patient safety alerts to ensure we as a trust have addressed all the safety issues.

The Trust has a Patient Safety & Risk Manager overseeing the incident reporting system. We have a Medication Safety Officer who will focus on improving the quality of medication errors data, learning, improvements and supporting the feedback strategy to staff. We will input into the Kent Surrey Sussex Patient Safety Collaborative as a way of sharing what we do to see if we can learn from what other organisations are doing.

We have worked with our clinicians around medication errors including improving our medicines management processes. We have reduced the proportion of medication incidents assessed as causing moderate or above harm from 2.48% in 2013/14 to 0.67% in 2014/5. This remains a high priority area for the Trust.

The key point is to ensure that we are aware of and act on all errors so that we can improve practice. There is also some evidence available implying that an increase in reporting may indicate that an organisation has a good reporting culture and provides an opportunity to learn and improve medication systems.

There is no room for complacency.

AIM:

- ✓ We aim to ensure all medication errors are reported and harm from medicines is measured and that lessons learned are routinely embedded into policies, training and practice.
- ✓ We want to provide harm-free care.
- ✓ We want staff to receive clear feedback from medication errors so they know what lessons have been learnt and what improvements to practice have been made.
- ✓ We aim to avoid any incidents that are considered to be 'Never Events'.
- ✓ We aim to empower staff and patients to develop a patient safety culture that supports everybody to challenge poor practice and to implement improvement in patient care.

- ✓ We aim to put patients, carers and clinical staff at the heart of patient safety improvements.

HOW:

- We will ask staff to report all medication incidents and any near-misses.
- We will reduce the proportion of avoidable harm from medication incidents.
- We will have medication incident data that are of a high quality.
- We will review and learn from reported medication incidents locally where they happen and share this wider if appropriate.
- We will review anonymised medication incidents, identify where lessons are learned and identify improvements to be made, including producing regular *Learning from Incidents* newsletters.
- We will compare reported medication incidents with data available nationally or find other ways that we can compare how we are doing against other similar healthcare organisations (e.g., benchmarking).
- We will make sure our Chief Pharmacist is made aware of all serious incidents involving medicines and that our Chief Pharmacist or a member of our medicines management team is involved in any investigation e.g., root cause analysis.
- We will share *Learning from Incidents* related to medicines across the Trust so ensure staff are aware.
- We will maintain an annual medicines incident improvement plan to monitor progress made.
- We want to encourage staff including pharmacy staff to raise any professional concerns they may have and for these to be investigated and, if substantiated, dealt with at the appropriate level of the Trust.

3.3 Continuously improving medicines management standards to deliver quality patient care

We have a Medicines Management Team consisting of pharmacists and pharmacy technicians that provides the Trust with a focal point for the development of medicines policies, procedures and guidance including the governance arrangements in place for management of all medicines across the Trust including ongoing training and education in best practice use of medicines.

Our aim is where possible to standardise our medicines documentation, systems, processes and procedures across the Trust taking account of how different local services work.

The adult inpatient units were all using different medication prescription and administration charts (medication charts). Matrons, nurses, medical and pharmacy staff worked together to developed trust-wide medication chart which also included a risk assessment for venous thrombo-prophylaxis. This drug chart was first piloted to make sure it was an improvement to the previous drug chart before full implementation.

Many different healthcare professionals are involved with prescribing, preparing and administering medicines such as for example nurses, podiatrists, dentists, doctors and physiotherapists.

We have a Medicines Policy that applies to all staff across the Trust. We have comprehensive guidelines and procedures in place to support staff and minimise risks to patients from medicines. We ensure that medicines are used within a legal and best practice framework.

We produce a yearly medicines management audit plan with the aim of either providing assurance that we are meeting the required medicines standards or as a way of identifying areas were we need to improve further.

We provide training to staff in how to handle medicines safely.

Pharmacy staff visit all our adult inpatient units and undertake medicines reconciliation of all newly admitted patients to ensure patients have received all the right medicines. Our pharmacy staff visit our children and young people's facilities to check their medicines and to support and work with these children and young people's services to continuously improve practice.

Our Medicines Management Team will produce regular prescribing reports where this is possible and feed these back to the relevant prescribers whether they are medical or non-medical prescribers

We are using the 'Professional Standards for Hospital Pharmacy Services" issued by the Royal Pharmaceutical Society as a guide for setting the quality standards that we as a community trust wish to achieve with the ultimate aim of delivering patient-centred care and good quality outcomes.

All our pharmacy staff employed by us are part of our Medicines Management Team. This allows coordination of pharmacy staff across our Trust, reduces any duplication in work, facilitates sharing and peer-review of pharmacy practice, ensures all pharmacy staff are aware of the different work-stream and provide consistent advice. This has allowed us to start looking at introducing similar internal development and training opportunities for our pharmacy staff in line with what other larger trusts do. The aim is to work towards a different skill-mix to allow for succession planning and to attract suitable pharmacy staff for

new or vacant positions. We are in the process of starting to take pharmacy student placements as a way of introducing them to community health services early in their career. Where pharmacy staff are part of delivering local clinical service they will be based with and work with the relevant local multi-disciplinary teams. We think this is the model that works best for us.

AIMS:

- ✓ We aim to lead the way in terms of medicines management standards relating to community trusts through a process of continuous quality improvement by implementing and embedding best medicines management practices.
- ✓ We aim to ensure all staff are trained and competent to undertake the activities expected of them in terms of medicines.
- ✓ We want clear accountability for medicines optimisation and pharmaceutical services from board to operational units.
- ✓ We aim to standardise medicines management systems, process and procedures across the Trust where this is appropriate.
- ✓ We want medicines optimisation, medicines and any pharmacy resources required to be considered when the Trust tenders for community services or reconfiguring or transforming existing services.

HOW:

- We will ensure that medicines optimisation and medicines outcomes are integrated into the Trust's strategies, working practices and culture at all levels.
- We will ensure that medicines management systems, processes and work practices are designed to prevent or reduce harm to patients from medicines and to deliver good clinical outcomes through robust decision-making processes.
- We will ensure the physical environment supports the optimal use of medicines.
- We will ensure that a named senior pharmacist is directly involved in the planning and development of electronic information or prescribing systems related to medicines.
- We will support the use of new technology where this will help to improve patient care and outcome.
- We will keep service level agreements or contracts for pharmacy services under regular review to match the needs of the Trust including reviewing all available options to ensure the best option in terms of cost-effectiveness but weighted towards a quality service.
- We will produce regular prescribing reports for prescribers and for the Trust's finance team on cost-effective prescribing, individual and team or outpatient prescribing including reviewing adherence to the local health economy formulary.
- We will undertake pharmacy workforce planning. We will ensure our pharmacy workforce is appropriately resourced in order to support service quality, productivity and safety.

- We will ensure all staff working with medicines have received appropriate training and are competent to do so.
- We will ensure that governance frameworks are in place for medicines and that these are in line with national best practice for example for controlled drugs and high-cost medicines.
- We will link in with national or local initiatives to find new ways of continuously improving how we manage medicines.
- We will maintain our governance processes and procedures for Patient Group Directions and ensure these are in date.
- We will review national best practice documents or guidance related to for example acute hospitals to identify ways of how we as a community service healthcare provider can improve our medicines management processes further.
- We will ensure, in situations where the Trust works in a formal partnership with another organisation that the management and responsibilities of medicines and medicines management are clearly outlined in written documents.
- We will produce a medicines optimisation tool kit or check list to be used within the Trust as guidance to ensure medicines are included when new services are being tendered for or existing services transformed.

3.4 Evidence based choice of medicines

We are members of relevant local health economy Area Prescribing Committees (APCs) managed by local Clinical Commissioning Groups (CCGs). We participate in making decisions on evidenced based medicines that are included in local formularies. These local formularies are used by healthcare professionals across the local healthcare economy. We expect our prescribers to follow the prescribing decisions of the relevant APC.

The local healthcare economy prescribing guidelines are accessible on the Trust's intranet so they are available to prescribers at the point of prescribing or if specialist healthcare professional recommend specific treatments to other healthcare professionals.

Our consultant paediatricians worked with GPs to arrange for shared care guidelines for treatment of children with sleeping disorders and attention deficit disorder are supported by our pharmacists.

We will continue to review National Institute for Health and Care Excellence (NICE) documents for relevance to the Trust and ensure these are implemented where appropriate.

AIM:

- ✓ We want to ensure the most appropriate choice of clinically and cost effective medicines are made that can best meet the need of the patients.

HOW:

- We will ensure our pharmacy staff support our paediatricians in their prescribing choices including the development of shared care guidelines to support working across the interface between paediatrician and GPs.
- We will ensure our pharmacy staff support our medical prescribers and non-medical prescribers with prescribing choices including completing any formulary applications for a medicine to be added to the formulary.
- We will continue to be a member representing the Trust on the relevant Area Prescribing Committees (APCs) serving the different local health economies related to Clinical Commissioning Groups (CCGs).
- We will produce a more detailed procedure for prescribing of unlicensed or off-licensed medicines including ensuring that patients, young people and their carers are informed about receiving these medicines.
- We will make sure our pharmacists are consulted on any documents involving medicines as an extra check or clinical advice to ensure these reflect current national or local requirements.
- We will work with our clinicians, pharmacists and the CCGs to develop shared care guidelines to support the shared care arrangement between specialists and the patient's GP in delivering patient care.

3.5 Getting the medicines right and keeping patients safe when they transfer between care providers

Nationally it is widely accepted that when patients move between care providers the risk of miscommunication and unintended changes to medications is a significant problem. It has been found that between 30 and 70% of patients have either had an error or an unintentional change to their medicines when their care is transferred.

Hundreds of patients are admitted or discharged from the Trust every month. Within the adult inpatient wards we will start to plan towards the patient being discharged on admission.

We work jointly with other organisations that have responsibilities related to patients' medicines. Appropriate information is shared between the patient's GP, care homes, social services, care agencies, community hospitals, community nursing and community pharmacy to ensure safe and seamless care.

Where patient care is being delivered by different healthcare organisations, it is important to us that patients are unaware of the boundaries between these healthcare organisations and are provided with safe and seamless care.

AIM:

- ✓ We aim to ensure that when patients transfer to another healthcare provider (e.g., back to their general practitioner) that our healthcare professionals undertake a final check so that all necessary information about the patient's medicines is accurately recorded and transferred with the patient, and that responsibility for ongoing prescribing and administration is clear.
- ✓ We want healthcare professionals to be responsible for checking that the information about a patient's medicines has been accurately received, recorded and acted upon.
- ✓ We aim to ensure that patients (or their parents, carers or advocates) are encouraged to actively be involved in managing their medicines and know in plain terms why, when and what medicines they are taking.
- ✓ We aim to ensure that information about patients' medicines is communicated in a timely, clear, unambiguous and legible manner.

HOW:

- We will ensure there are robust procedures in place to check patients' medicines when they are admitted to our inpatient wards to ensure we have the correct list.
- We will ensure that pharmacy staff check patients' medicines as soon as possible after admission to our inpatient wards and this is recorded and any issues resolved.
- We will ensure there are robust procedures in place when patients are discharged from our care to another healthcare provider so that the correct list of medicines is transferred with the patient.
- We will support patients to manage their own medicines while they are in our care.
- We will work with other providers or agencies to find ways of improving medicines transfer information.
- We will ensure that all adult inpatient wards managed by the Trust have infrastructure, typically individual lockable bedside lockers for medicines, procedures and trained staff to support patient self-administration of their medicines.
- We will ensure that patients within the adult inpatient wards are offered the opportunity to self-administer or are supported to do so.
- We will ensure that patients who are unable to self-administer their medicines within the adult inpatient wards are discussed at multi-disciplinary team meetings to determine, in discussion with the patient or carer, what support is required on discharge.
- We will ensure we have clear procedures in place to support patients who may lack capacity to understand why they are taking their medicines. This will also support our staff so they know how to best support these patients.

3.6 Ensuring the optimal use of antimicrobials, helping to reduce healthcare associated infections and development of resistance to antimicrobials

Antimicrobial resistance is a world-wide public health problem that requires action at local, national and global level. As more bacteria become resistant to antimicrobials we need to ensure they are used effectively and optimally.

The Trust has an antimicrobial pharmacist leading on antimicrobials and intravenous and injectable medicines from a medicines management point of view. The antimicrobial pharmacist also works closely with the Trust's Infection Prevention and Control Team.

AIM:

- ✓ We aim to embed the principles of antimicrobial stewardship to help reduce preventable healthcare associated infections (HCAI).
- ✓ We aim to improve the knowledge and understanding of antimicrobial resistance and antimicrobials of our staff and raise awareness and engagement of our patients.
- ✓ We aim to increase the public awareness and engagement of appropriate antimicrobial use and resistance.

HOW:

- We will ensure that all prescribers and other clinicians receive education and training in antimicrobials and antimicrobial resistance.
- We will regularly assess the Trust's Antimicrobial Stewardship Activities.
- We will continue to use evidenced based antimicrobial prescribing guidelines and ensure that prescribing of antimicrobials is optimised.
- We will identify quality assurance measures and undertake audits to provide assurance or to identify gaps and make improvements.
- We will have an antimicrobial pharmacist who will lead on antimicrobials and injectable medicines from a medicines management point of view and who will work closely with our infection control team.
- We continue to regularly raise awareness regarding appropriate antimicrobial use and antimicrobial resistance for example by participating in the annual European Antibiotic Awareness Day.
- We will continue to work with others such as the local acute hospital trusts and commissioners to address issues around antimicrobials.
- We will review any national guidance and strategies issued related to the management of antimicrobials and if appropriate produce a development plan to ensure we address and implement the areas relevant to the Trust.

- We will contribute to the national strategy of slowing down the development of antimicrobial resistance and ensure antimicrobials are used responsibly.
- We expect clinical pharmacists within the adult inpatient wards to always check and provide advice on antimicrobial prescribing in line with the relevant antimicrobial prescribing guidelines.

4 MEASUREMENT

We want to measure how we make improvements. We know we need to be better at measuring what we do. We will start by measuring the following:

- Data collected from the adult inpatient units by pharmacy staff monitoring medicines reconciliation at admission.
- Medicines Safety Thermometer (modified) monthly data for all adult inpatient units shared with ward managers and matrons.
- Completion of the annual medicines management audit plan.
- Monitor progress made with annual medicines optimisation objectives.

In 2015/16 we will start to produce 3 monthly Medicines Optimisation Strategy progress reports which will be monitored by the Medicines Safety & Governance Group (MS&GG).

5 ACCOUNTABILITY

The Chief Pharmacist has trust-wide responsibility for medicines optimisation and pharmaceutical services and reports to the Medical Director.

The Medical Director is the lead Director and Board member responsible for Medicines Optimisation and Pharmaceutical services.

The Trust has a Medicines Safety and Governance Group with strategic oversight for developing and approving the medicines policy and procedures. This group also provides oversight for medicines safety and monitoring of action plans related to antimicrobials. The MS&GG reports to the Trust-wide Clinical Governance Group which reports to the Quality Committee which is a sub-committee of the Trust Board.

6 IMPLEMENTATION PLAN

We want to achieve our aims by using a step by step approach to continuous quality improvements.
We have produced a medicines optimisation strategy implementation plan which is a separate document to the strategy. This plan will help us to turn our Medicines Optimisation strategy into actions to deliver the aims. It is important that this

implementation plan is not seen as something separate from our normal management processes.
We will therefore align our annual medicines optimisation business objectives with the Medicines Optimisation Strategy Implementation plan.

Since October 2010, the Trust has produced and reported progress on annual Medicines Optimisation Objectives. This process will continue to be used to deliver the aims in the strategy.
We will:

- Continue to produce annual medicines optimisation objectives based on our Medicines Optimisation Strategy and Implementation Plan. These annual medicines optimisation objectives are determined by our Chief Pharmacist in discussion with our Medical Director and shared with the Quality Committee (sub-committee of the Trust Board)
- Continue to measure performance against the annual medicines optimisation objectives, which are discussed on a regular basis between the Chief Pharmacist and the Medical Director.
- Ensure different aspects of our medicines optimisation objectives are included and reported in the Trust's Quality Account and Quality Improvement Plan.
- Ensure we review and develop our Medicines Optimisation Implementation Plan as part of the annual 'refresh' of our strategy.

The Medicines Optimisation Strategy can be accessed via the Sussex Community NHS Trust's web-site.

7 GLOSSARY

Antimicrobials	Antimicrobial is a general term that refers to a group of drugs that includes antibiotics, antifungals, antiprotozoals, and antivirals
Antimicrobial Stewardship	This is a collective set of strategies to improve the appropriateness and reduce the adverse effects of antimicrobials including reducing the development of resistance, reduce healthcare associated infections and costs. It is promoting the selection of the optimal antimicrobial regimen, dose, frequency, duration and route of administration
Healthcare associated infections (HCAI).	Healthcare-associated infections (HCAI) are infections that are acquired as a result of health care
Medicines Management	The entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care.

Medicines Optimisation	A person centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines. Medicines optimisation applies to people who may or may not take their medicines effectively. Shared decision-making is an essential part of evidence –based medicine, seeking to use the best available evidence to guide decisions about the care of the individual patient, taking into account their needs, preferences and values.
'Never Events'	Never Events are serious, largely preventable patient safety incidents that should not occur if the preventable measures are effectively implemented. Never Events are publically reportable
Outcome	An outcome is where the result or impact of activities or services leads to the desired change or benefit or performance (e.g., an increase in patients understanding of their medicines). Outcomes can often be difficult to measure and are often the result of multiple outputs.
Output	An output is a direct measure that is often expressed in a number or percentage based on activity (e.g., the number of inpatients who had their medicines reconciled by pharmacy staff or how many medicines optimisation objectives were completed in a year).
Poly-pharmacy (appropriate)	Prescribing for an individual for complex conditions or multiple conditions in circumstances where medicines use has been optimised and where the medicines are prescribed according to best evidence.
Poly-pharmacy (problematic)	The prescribing of multiple medicines inappropriately, or where the intended benefit of the medicines are not realised.

8 REFERENCES

1. Royal Pharmaceutical Society web-site. http://www.rpharms.com/what-we-re-working-on/medicines-optimisation.asp
2. The NHS Constitution. The NHS belongs to us all. England. 26 March 2013.
3. National Institute for Health and Care Excellence (NICE), Medicines optimisation: the safe and effective use of medicines to enable the best possible outcome, March 2015.
4. Department of Health. Building a safer NHS for patients: Improving Medication Safety. 2004. (Archived).

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084961.pdf
5. Frontier Economics Ltd, London. Exploring the costs of unsafe care in the NHS. (Commissioned by the Department of Health). 2014. https://www.frontier-economics.com/documents/2014/10/exploring-the-costs-of-unsafe-care-in-the-nhs-frontier-report-2-2-2-2.pdf
6. Department of Health. NHS Outcome Framework 2015/2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf

This strategy was also informed by several national documents including the following:

Care Quality Commission. Managing patients' medicines after discharge from hospital, 2009.

Department of Health. Equality and excellence: liberating the NHS. 2010. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

National Institute for Health and Clinical Excellence. Medicines Adherence involving patients in decisions about prescribed medicines and supporting adherence. NICE Clinical Guidance 76. 2009.

NHS England. Five Year Forward View. October 2014. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Royal Pharmaceutical Society, Professional Standards for Hospital Pharmacy Services, Optimising Patient Outcomes from Medicines, Version 2, July 2014

Royal Pharmaceutical Society, Medicines Optimisation: Helping patients to make the most of medicines, May 2013

Royal Pharmaceutical Society. Keeping patients safe when they transfer between providers – getting the medicines right. July 2011

Sussex Community NHS
NHS Trust

RATIFICATION CHECKLIST
Trust-Wide Clinical Governance Group, 9 July 2015

Agenda Item: H

Policy Title **Medicines Optimisation Strategy**

Policy Author Iben Altman, Chief Pharmacist

Presented By **Iben Altman, Chief Pharmacist**

Purpose **Ratification**

Checklist for Ratification			
1.	**Summary**		
	This strategy will guide the development of medicines optimisation within the Trust. It is a key document that relates to how the principles of medicines optimisation are integrated into the Trust's systems, work practices and culture at all levels and is a fundamental component in realising our vision of excellent care at the heart of the community		
2	**Format**		
	Has the standard SCT template been used?	**Yes / ~~No~~** (please delete)	Comments:
3	**Consultation**		
	Please identify who has been consulted in the writing of this document: The various drafts of the draft Medicines Optimisation Strategy or aspect of this discussed at various Medicines Safety & Governance Group meetings.		
	Does the committee agree that the right people been consulted with?	**Yes/~~No~~** (please delete)	Comments
	Does anybody else need to be consulted prior to ratification:	**~~Yes~~/No** (please delete)	Please state who:
4	**Approval**		
	Please state the name of the Group that has approved this document?	Name: Medicines Safety & Governance Group	
	Date of Group Approval	Date: June 2015	
5	**Equality Analysis**		
	Has the Equality Impact Assessment been completed?	**Yes/~~No~~** (please delete)	Comments
6	**Review**		
	Please state the timescale for review:	This strategy will be subject to an annual 'refresh'.	

For completion by the Chair of the Committee	
Policy Ratified	**Yes / ~~No~~** (please delete)
Signature of Chair (Executive Director) (Print Name): Dr Richard Quirk, Medical Director	R Quirk
Additional actions required for ratification:	Request to place the Medicines Optimisation Strategy in the Trust format for Strategy documents.