



Medicines Optimisation Clinical Network

Medicines Optimisation Projects





Project 1 - reduction in unwarranted variation

Ms Kate Masters, Specialist Clinical Pharmacist
Berkshire Healthcare NHS Foundation Trust



Project 1 - reduction in unwarranted variation

- Oxford AHSN geography includes Mental Health, Community and Secondary care pharmacy services. There are potential variations in service affecting patient experience and efficiency of the service as a whole.
- Clinical processes will be scoped, benchmarked and action plans produced
 - Medicines Reconciliation
 - Discharge turnaround times
 - Delayed and omitted doses
 - NICE TA uptake
- The aim will be to reduce variation by 15% over the next 5 years.

Project 1 - reduction in unwarranted variation

Deliverables

- Standardise and benchmark current levels of Medicines Reconciliation and deliver improvements.
- Scope and benchmark current level of discharge turnaround times (whole process) and deliver improvement.
- Scope and benchmark the current number of delayed and omitted doses (using medication safety thermometer) and deliver an improvement.
- Benchmark the current levels of NICE Medicines related TA uptake and reduce variation

Project 1 - reduction in unwarranted variation

Measure	Target
Medicines reconciliation rate as per NICE 'Technical patient safety solutions for medicines reconciliation on admission of adults to hospital (PSG001)' and NPC 'Medicines Reconciliation: A Guide To Implementation'	Greater than 80%
Discharge turnaround time measurements need to be standardised and improvements demonstrated.	5% improvement
Delayed and omitted doses measure needs to be standardised and baseline established.	5% improvement
Reduce the variation in the numbers of applicable NICE TA that are implemented across the Oxford AHSN.	Reduce variation to 15%



Project 2 – QIPP and waste reduction

Mr Michael Marven, Chief Pharmacist,
Oxford Health NHS Foundation Trust



Project 2 - QIPP and waste reduction

- reducing medicines waste is not only about reducing cost but also about improving the quality of care and patient outcomes.
- This project therefore is not limited by sector or profession and will include all NHS partners, including: primary, secondary and community care providers, clinicians, commissioners, community pharmacists and patients.

Project 2 - QIPP and waste reduction

Deliverables

- Annual waste audits at each Trust
- Support to the development of the patient's own drugs (POD) green bag project.
- Develop a plan for a second wave of patient awareness
 - Submit proposal to Reading University, Centre for Information Design Research, for research project centred around repeat prescribing
- Inhaler Technique
 - Review of current levels of activity
- Care Homes and Carers
- MDS Boxes
- Explore opportunities for reducing waste at points of transfers of care

Project 2 - QIPP and waste reduction

Measure	Target
Secondary care waste audits in the number of items and value in pounds.	Where waste is identified improve reuse of medicines by a 50% in the number of items and value in pounds.
Use of Patients Own Drugs associated with Green bag project as measured by the % increase.	Increased in the number by 10%
<p>Increase awareness of medicines by patients and reduce waste.</p> <p>Scope to be completed by September 2014</p> <ul style="list-style-type: none">• Inhaler Technique, Review of current levels of activity• Care Homes and Carers [Note: awaiting Care Homes report]• MDS Boxes• Explore opportunities for reducing waste at points of transfers of care	Target and detail measures to be scoped.



Project 3 – provision of medicines information knowledge on discharge

Ms Gita Vaidya,
Deputy Clinical Services Pharmacist
Buckinghamshire Healthcare NHS Trust

Project 3 - provision of medicines information knowledge on discharge

- **Background**
 - 60% of patients have > 3 changes to their medication during their hospital stay
 - 11-34% of patients receive inadequate information about their medication post discharge
 - 20% of patients experience an ADR or error post discharge

Project 3 - provision of medicines information knowledge on discharge

- Scope to improve wider cross-sector engagement in identifying patients that could benefit from post discharge MURs
- Currently – To the Patient in a community pharmacy
- IOW project
 - Domiciliary post-discharge MURs
 - Initial model could be modified to greater effect
- Build on learning form IOW project
- Evaluate whether MURs can be provided in other care settings
- And involving carers
- Effective way of reconciling and reviewing medicines for vulnerable people.

Project 3 - provision of medicines information knowledge on discharge

Deliverables

- Improve communication in relation to medicines at transfer of care by improved patient access to and experience with post-discharge MUR services
- Improve patient adherence to their medication and contribute towards improved patient safety and disease outcomes
- Obtain better value for the health economy from community pharmacy advanced services

Project 3 - provision of medicines information knowledge on discharge

Measure	Target
Increased number of post-discharge MURs over baseline carried out by community pharmacists	10% increase
Number of domiciliary MURs	10% increase



Project 4 – develop strategic relationship with pharmaceutical industry partners

Mr Bhulesh Vadher

Clinical Director of Pharmacy and Medicines Management

Oxford University Hospitals NHS Trust



Project 4 - develop strategic relationship with pharmaceutical industry partners

- This project will be focused in developing strategic and active relationship with the Pharmaceutical industry in order to meet the challenges outlined in the June 2013 the DH published strategic paper ‘Innovation, Health and Wealth’.
- The challenge both for the NHS and for its industry partners is to pursue innovations that genuinely add value but not cost – the NHS for its productivity and quality goals and industry for its international competitiveness. Adding value and reducing cost is the basis of the NHS QIPP challenge.
- This project will need to focus on strategic relationships with the commercial Pharmaceutical Industry in order to develop game changing innovation across all projects.

The challenge

- Existing paradigm
 - Provider Trust – Acute / Mental Health / Community
 - Commissioners – CCG / NHSE / Area Teams
 - Industry
- Risks
 - Product and cost focus
 - Sales and market focus
 - Bureaucracy
- Proposal
 - Patient focus
 - Game changing products / service delivery

Project 4 - develop strategic relationship with pharmaceutical industry partners

Deliverables

- Delivery of Omitted and Delayed dose project
- Delivery of innovative service delivery models
- Improve turnaround time to set up sponsored clinical trials

Project 4 - develop strategic relationship with pharmaceutical industry partners

Measure	Target
<p>The number of pharmaceutical companies for which we have active working relationship as measured by project initiation. In a number of projects:-</p> <ul style="list-style-type: none">• Delivery of Omitted and Delayed dose project• Delivery of innovative service delivery models	5 companies
The time to set up a clinical trial from receiving request after baseline is established.	To 14 day



Patient and Public Involvement, Engagement and Experience

Mr Steve Candler

Network Manager & PPI Lead

Thames Valley Strategic Clinical Network, NHS England



Patient and public involvement, engagement and experience

Medicines Optimisation Network Launch

Steve Candler

Thames Valley Strategic Clinical Networks

Patient & public involvement, engagement & experience: What?

- **Involvement:** improving everyone's care
- **Engagement:** improving care for individuals, their families and carers
- **Experience:** listening to and acting on what patients and the public say

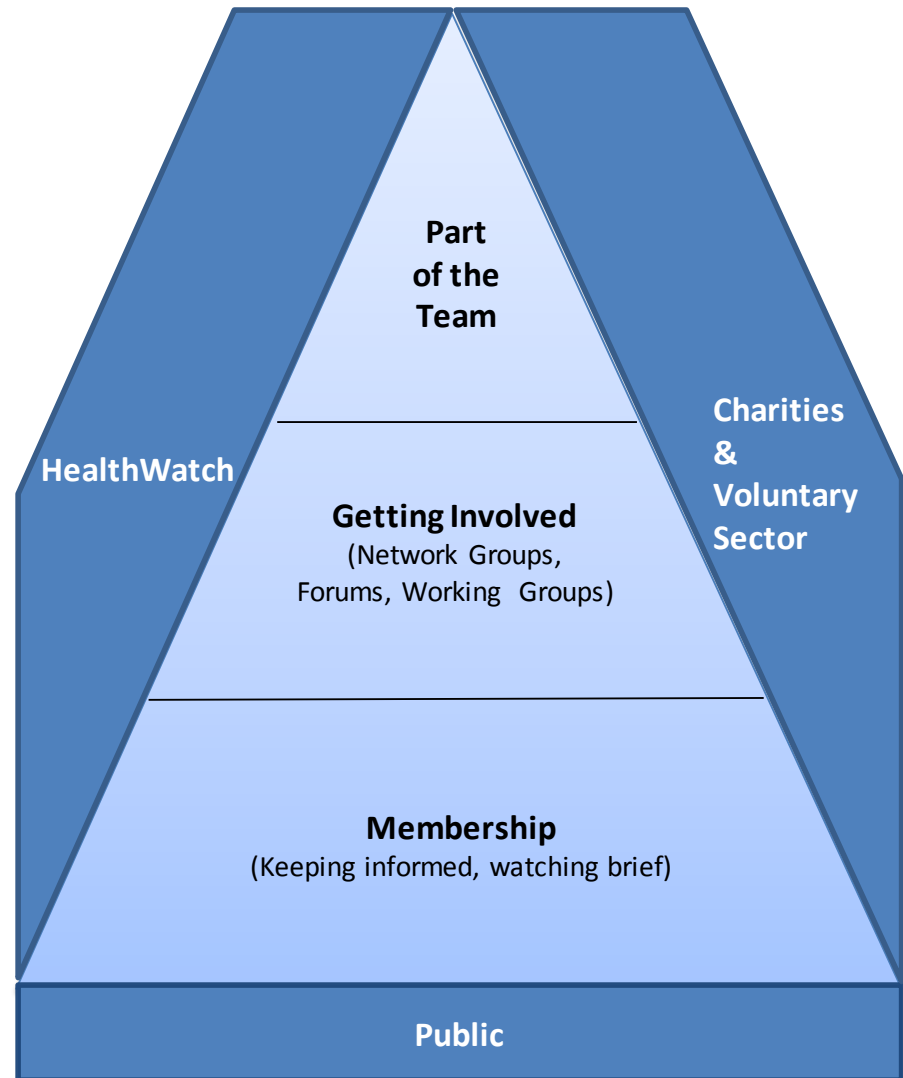
Patient & public involvement, engagement & experience: Why?

- **Policy**
 - NIHR and others
 - NHS England and others
- **Improve processes and outcomes**
 - Clinical outcomes and safety linked to experience patients and staff
 - Sustainability
 - Network effectiveness
- **Ethics**

PPIEE: How?

- Network plans
- Organisational work with partners
 - Strategy with Thames Valley Area Team and Strategic Clinical Networks

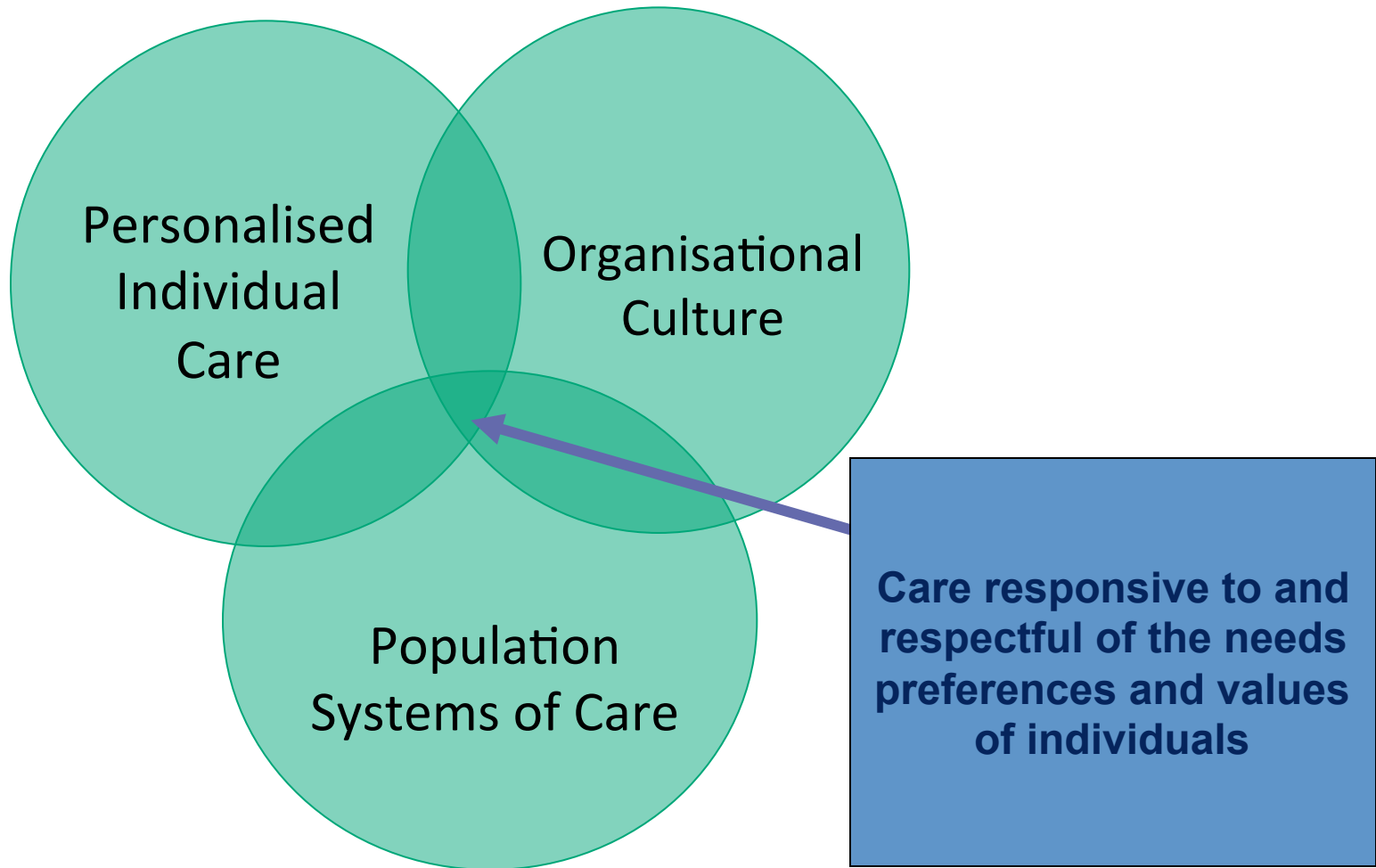
Model of involvement



Patient & public involvement, engagement & experience: How?

- **Develop person-centred care**
 - Individual care
 - Organisational care
- **Support person-centred research and innovation**

Person-centred care



Understanding patient experience

“ If we want to know how a patient feels, we must begin by acknowledging the fact that there is one and only one observer stationed at the critical point of view...”

Gilbert

2006

Experience not equal to satisfaction

“The other thing I didn’t raise and I should have done because it does annoy me intensely, the time you have to wait for a bedpan.elderly people can't wait, if we want a bedpan it’s because we need it now. I just said to one of them, ‘I need a bedpan please.’ And it was so long bringing it out it was too late. It’s a very embarrassing subject, although they don't make anything of it, they just say, ‘Oh well, it can't be helped if you’re not well.’ And I thought, ‘Well, if only you’d brought the bedpan you wouldn't have to strip the bed and I wouldn't be so embarrassed.’

Patient survey

Overall, did you feel you were treated with respect and dignity while you were in hospital?

Yes, always

Overall, how do you rate the care you received?

Excellent

Involvement:

Developing person-centred organisations

How will your theme involve public and patients in:

- governance
- determining priorities
- designing programmes/interventions/service design etc
- education and training?

How will your theme use experience, opinion and safety data to measure, monitor and benchmark service quality?

How will your theme use experience, opinion and safety data in service design, service improvement, education and training etc?

Involvement: developing person-centred research and innovation

How will your theme involve patients & the public in:

- defining evidence uncertainties and innovation need
- designing research and innovation
- disseminate research findings and innovation interventions
- **How will your theme support researchers to better involve patients and the public?**
- **How will your theme help increase population and patient understanding of research and innovation?**

Engagement: developing person-centred care for individuals

How will your theme support the following:

- Personalised care – shared decision making, personalised care plans, use of risk stratification information as appropriate
- Patient and carer health literacy
- Use of patient and carer defined and reported outcomes and experience?

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Sustainable Healthcare

Ms Rachel Stancliffe,
Director, The Centre for Sustainable Healthcare





Sustainable healthcare

Rachel Stancliffe, Director
Centre for Sustainable Healthcare
AHSN: Medicines Optimisation

Great innovations of the first and second healthcare revolutions

The First (19thC) public health

1854 Broad Street - John Snow



Gower Street - Doll & Hill



The Second (20thC) technological

- MRI and CT scanning
- Anti psychotics
- Antibiotics
- Genetics
- Hip and knee replacement
- Chemotherapy
- Antidepressants
- Randomised controlled trials
- Systematic reviews

BUT in 2014, health services still face major problems:



COST

- Rising demand
- Financial crisis
- Waste

CARBON

- Climate change
- Carbon reduction



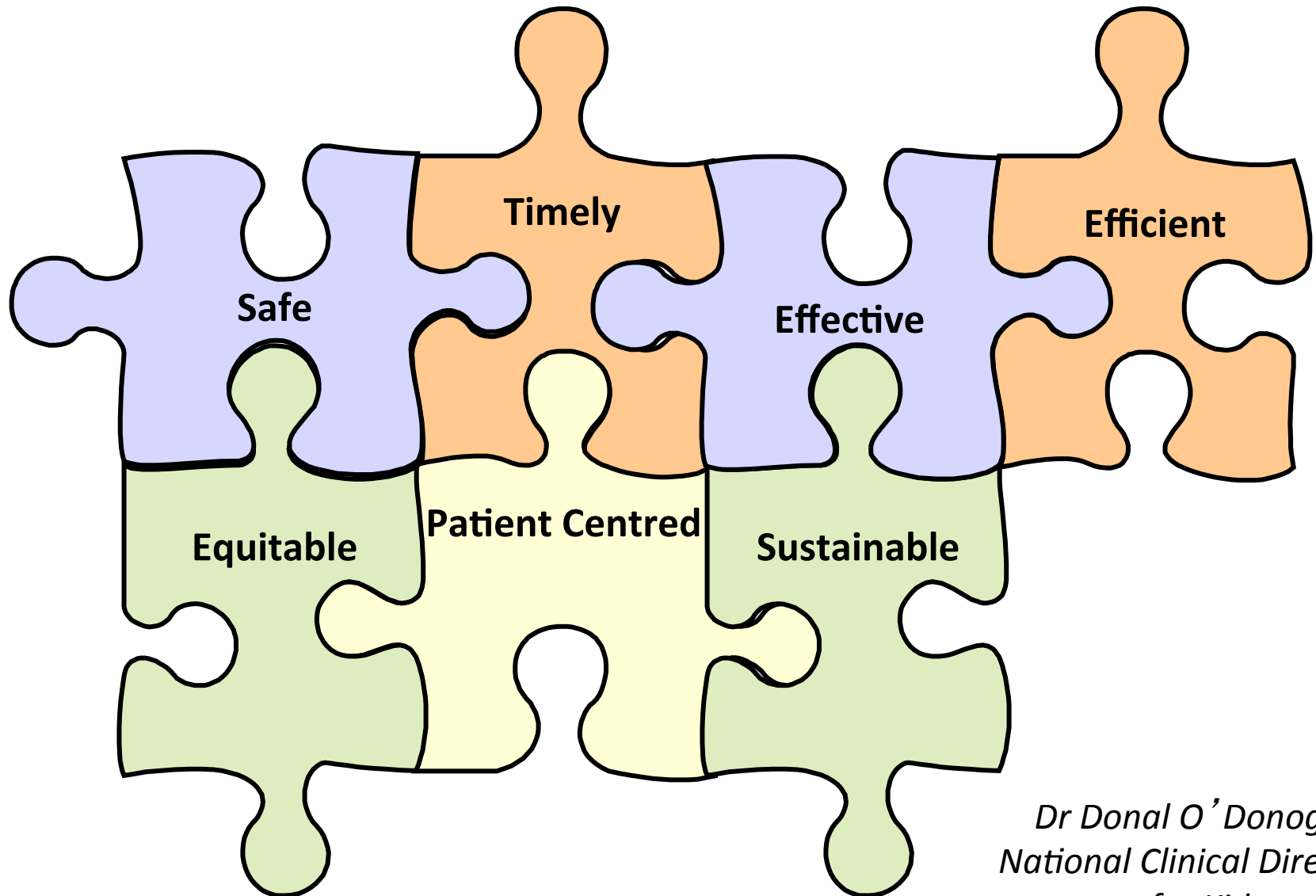
QUALITY

- Safety
- Inequalities
- Patient experience

The challenges of **cost**, **quality** and **carbon** will not be overcome by more money or just by better science.

20 th CENTURY HEALTHCARE	21 st CENTURY HEALTHCARE
Doctor centred	Patient centred
Patient as passive complier	Patient as co-producer
Hospital	System
Bureaucracy	Network
Driven by finance	Driven by knowledge
High carbon	Low carbon
Focussed on effectiveness	Focussed on value and waste
Challenges met by growth	Challenges met by transformation

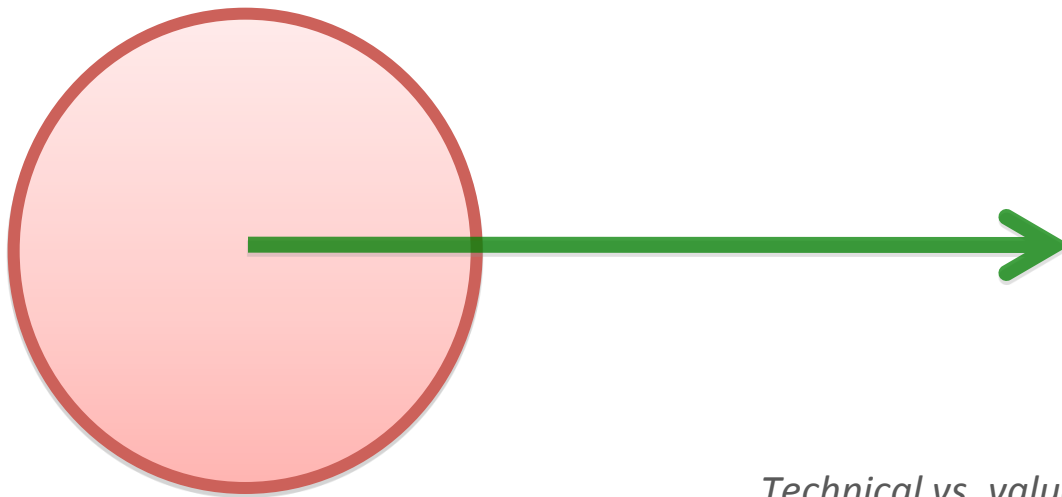
What makes high quality care?



*Dr Donal O'Donoghue
National Clinical Director
for Kidney Care*

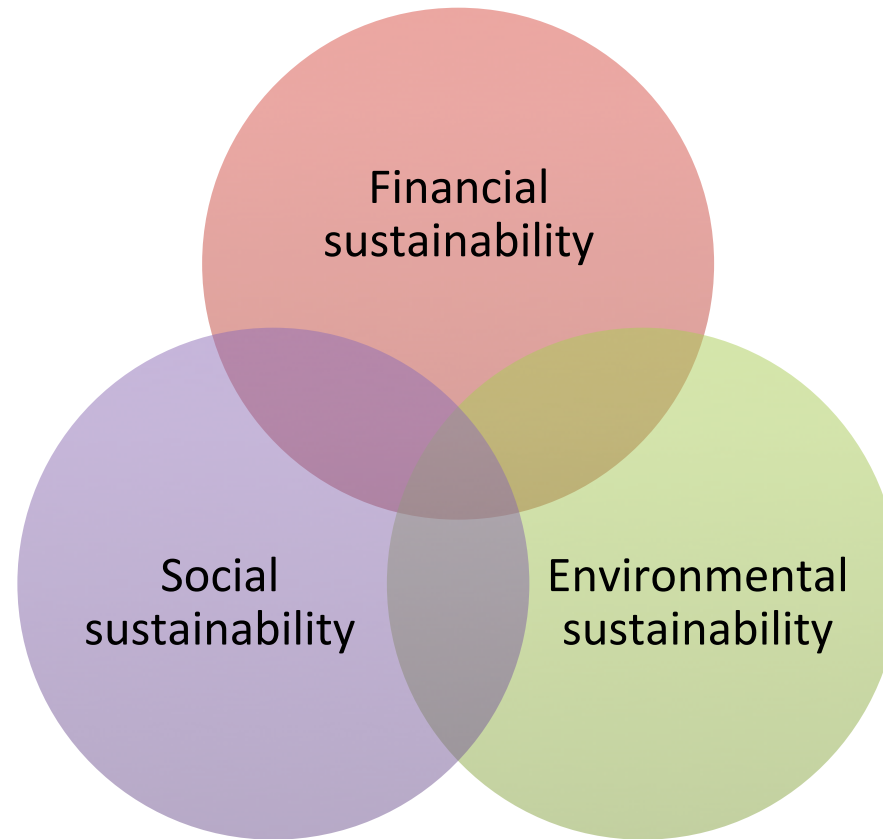
Sustainable healthcare

The use of **resources** to deliver healthcare today without compromising the **health of current and future generations.**



Technical vs. value based

Triple Bottom Line

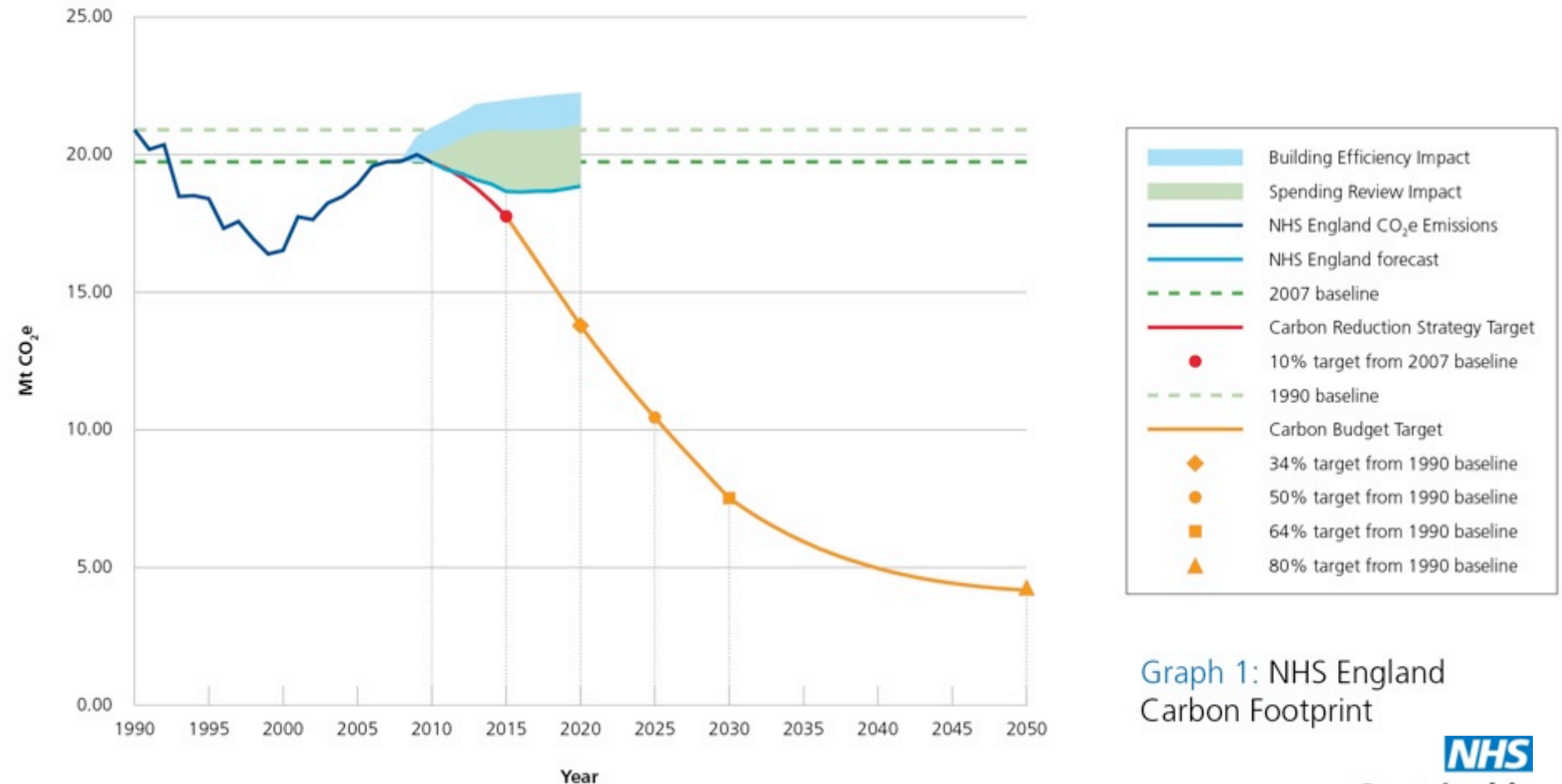


“Sustainable healthcare delivers the highest possible value to patients from a radically reduced resource input.” *Green Nephrology Summit 2012 – position statement*

$$\uparrow \text{value} = \frac{\text{outcomes}}{\text{costs}}$$

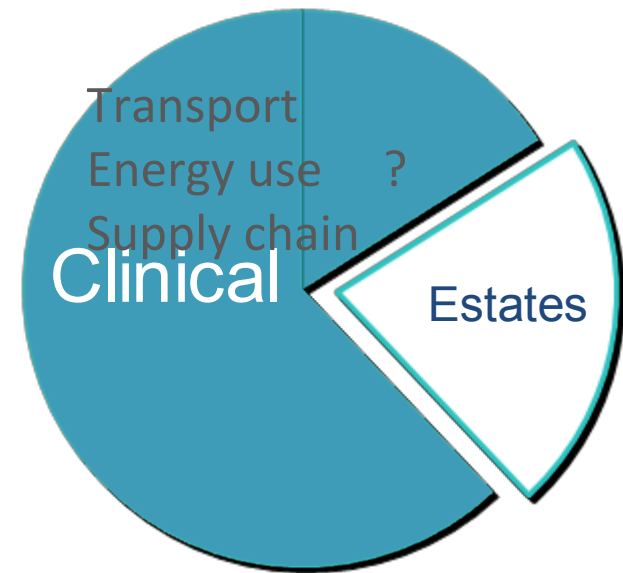
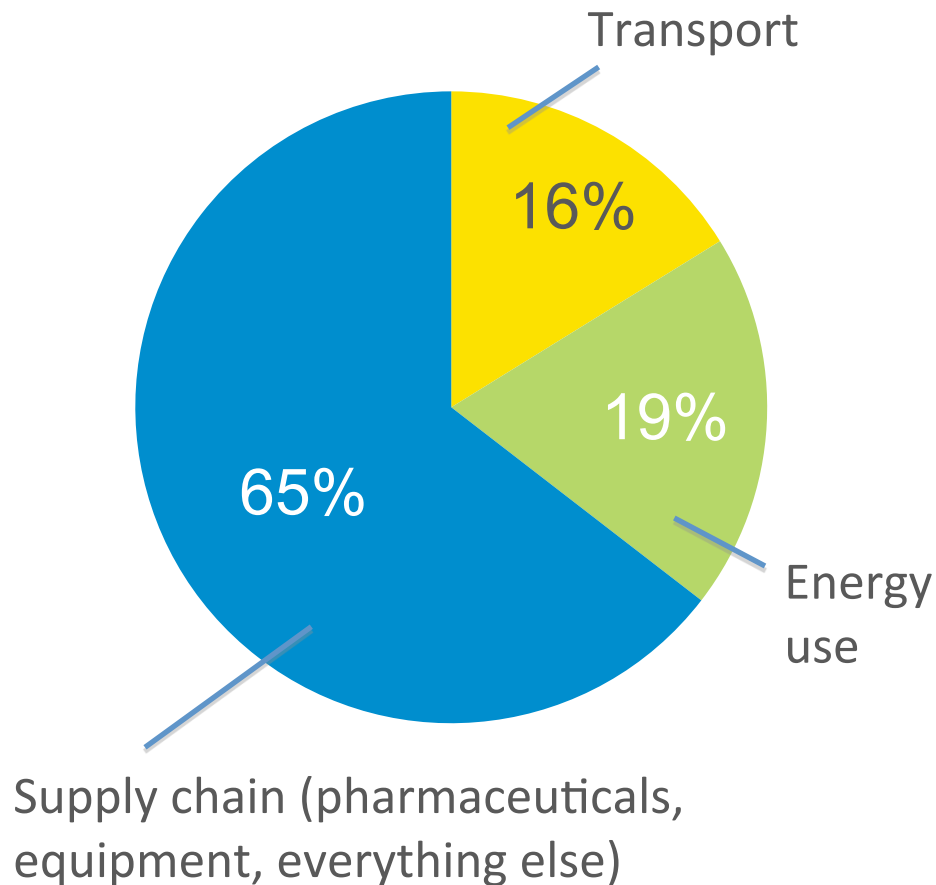
economic
social
environmental ↓↓

NHS England CO₂e footprint 1990-2020 with Climate Change Act targets

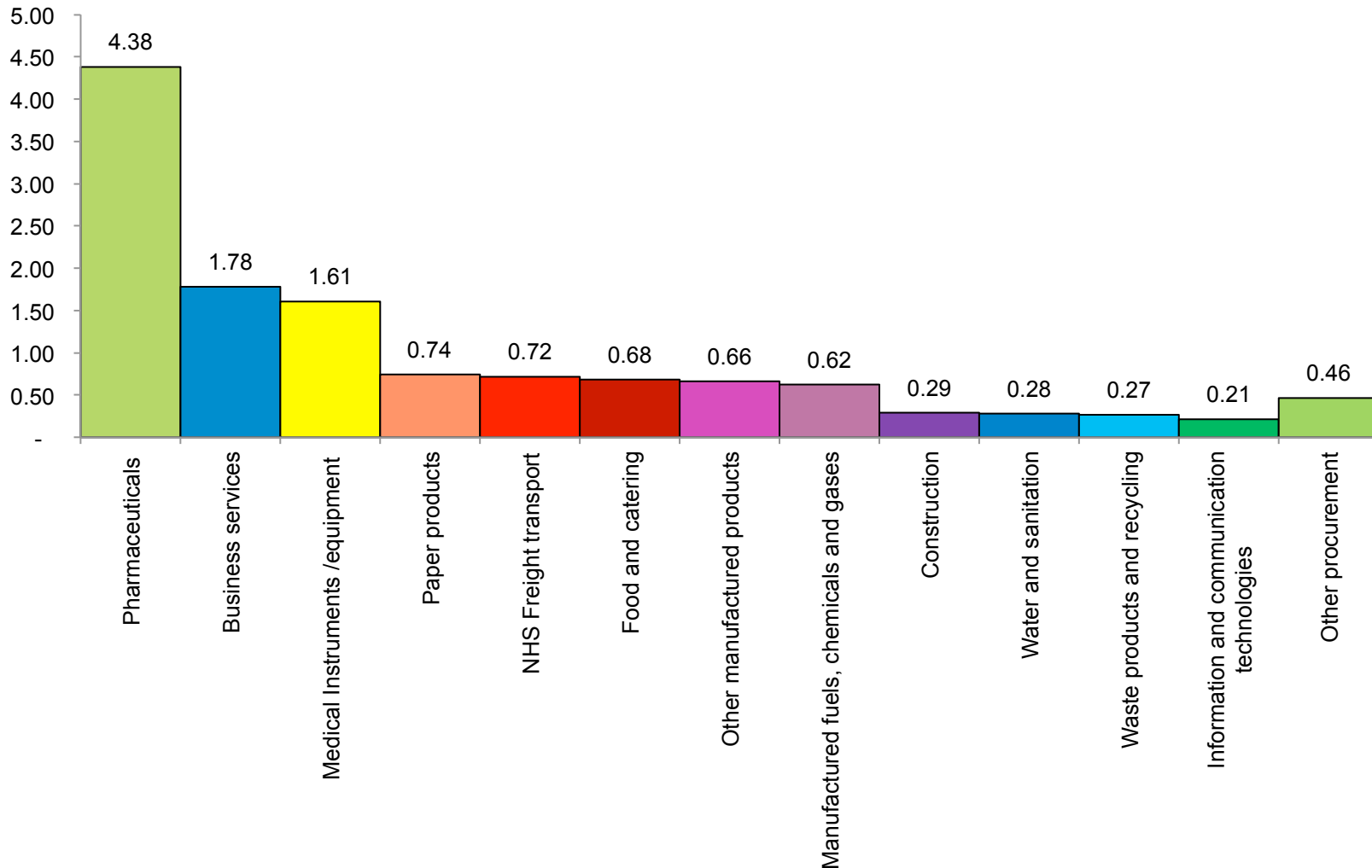


Graph 1: NHS England Carbon Footprint

Carbon footprint – NHS England



Procurement Breakdown:



Results of Public Opinion Survey:



% of the public who felt that sustainability should be a top priority - 19%



% of the public who said that the NHS should act in a more sustainable way even if it would cost money - 33%



% of the public who think it is important for the NHS to work in a more sustainable way - 92%

Source:

Ipsos MORI

http://www.sdu.nhs.uk/documents/publications/ipsos_MORI_Survey.pdf

Graph 2: An illustration of the public's response to sustainability in the NHS



CENTRE *for*
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HEALTHCARE
inspire • empower • transform

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Questions to the Panel

