Wessex
Academic Health
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Wessex AHSN
Medicines Optimisation Newsletter September 2016

This is the fifth newsletter for the Wessex AHSN Medicines Optimisation Programme and we have had a very productive few months.

A key piece of work has been the development of the Polypharmacy Prescribing Comparators. We have refreshed the Magnesium Sulfate Safety Bulletin, and are delighted to report that the PharmOutcomes team have developed an electronic interface to hospital discharge systems enabling auto population of patient data for referral to community pharmacy for medicines support. Medicines optimisation also features in the Sustainability and Transformation Plans (STP's) for Hampshire and the Isle of Wight. Read on for more details.

National Polypharmacy Comparators:

The Wessex AHSN Polypharmacy workshop last November was the catalyst for some interesting work to help practices and CCG's identify polypharmacy that may be causing harm to patients.

Working with the NHS Business Services Authority (BSA), Royal Pharmaceutical Society, NHS Data (formerly HSCIC) and national polypharmacy experts, as well as Wessex pharmacists and GPs, we developed a set of polypharmacy prescribing comparators to help identify variation in prescribing practice. The draft set of comparators were shared at a workshop for all AHSN's in London in June and they were well received. Feedback from delegates confirmed that there is no data set currently available to help with polypharmacy work and that the proposed comparators would be useful.

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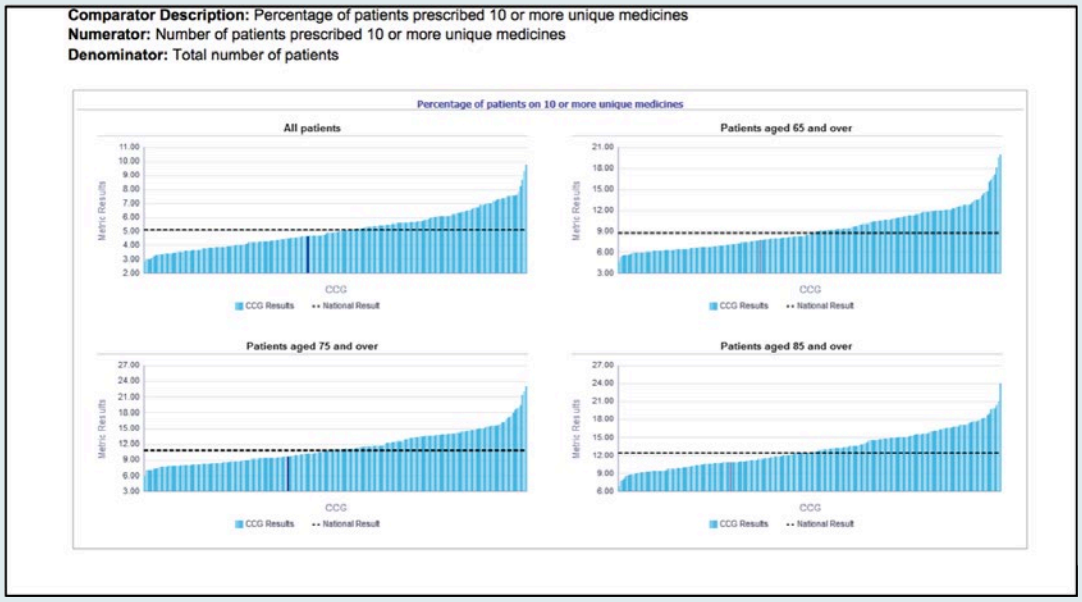
There were some suggestions for improvement such as setting out the limitations of the comparators and some minor tweaks to the measures, and they are now in the final preparation stages.

The BSA will make the comparators available as part the launch of their new ePACT platform (ePACT 2) which will go live nationally early in 2017. There are 10 comparators, which will be available by CCG and GP practice. Data will be presented for patients aged 65 and over, 75 and over and 85 and over. The data sets show the numbers of unique medicines per patient (in each age group) and then other comparators focus on specific therapeutic areas known to increase risk to patients such as drugs with anticholinergic side- effects and the so-called DAMN Drugs (known to increase the risk of acute kidney injury in certain clinical circumstances).

Wessex AHSN will be show casing an early version of the polypharmacy prescribing comparators at the forthcoming Wessex AHSN Stakeholders Conference Predict, Prevent, Adapt on Wednesday, 19 October, 11am-4pm, at St Mary's Stadium, Southampton.



An example of one of the polypharmacy comparators

Magnesium Sulfate Safety: The medication safety bulletin that we produced in 2015 has been reviewed by the NHS Pharmaceutical Quality Assurance Committee and given their endorsement in July. The updated version of the bulletin can now be found at http://wessexahsn.org.uk/projects/57/safer-use-of-magnesium-sulfate-injection-in-hospitals. It sets out actions for Trust to take to review their current practice and make sure they are taking steps to reduce the risks to patients.

We have been focusing on the use of injectable Magnesium Sulfate in Obstetric Departments and 5 out of 7 Trusts in Wessex are now using the 20% solutions.

Transfers of Care Around Medicines (TCAM)

The main focus of activity has been on pathways to make referrals from hospital to community pharmacies so that patients can access support for new or changed medicines following their hospital admission. Community pharmacists' intervention post-discharge has been proven, in several studies, to reduce readmission rates and shorten length of stay if patients are admitted.

Dorset County Hospital has now referred over 360 patients to their community pharmacies and has recently launched the electronic interface between the hospital and PharmOutcomes system. This means that all the referral information can be transferred quickly, simply and directly to the patient's usual community pharmacy. A video about the referral interface and referral process can be found at:

https://drive.google.com/file/d/0B1TJWhwG6pb7STNfNjNhQnEtZ0U/view?usp=sharing

The Isle of Wight hospital pharmacy team have been busy building on the success of their reablement project and now assess all patients as part of medicines reconciliation, and provide telephone support for those identified as requiring a "follow up". Over 4,000 patients were assessed in 2015 and 280 had telephone follow up. In the period April to June this year, 1,576 patients were assessed, 360 referred and 40 patients have called the helpline proactively for advice. The next stage of this work will support the referral of patients to community pharmacy for a Medicines Use Review (MUR) or New Medicines Service (NMS), including the option to receive a home visit from the Pharmacist, if they are unable to get to the pharmacy. Plans for this service development are included in the "My Life a Full Life" Vanguard programme.

Meanwhile, across the water, the Portsmouth Reablement Project has seen over 100 patients referred from Queen Alexandra's Hospital in their homes and the feedback has been powerful.

An example of the benefits of this service are captured in this feedback from a carer:

"My mums stroke left her with dysphagia. The pharmacist who visited was very understanding and worked with us to help mum understand. The information we received about the different tablets, what they are for, how they work, and how they react to different drugs/conditions was really useful and not something that had ever been explained before. Really useful." Quote Courtesy of Rowlands Reablement Project

Emerging themes from the growing evidence base to support clinical handover to community pharmacy services include:

- Patients often do not take on board information given to them about their medicines prior to discharge from Hospital, so referral to a pharmacy that can support them when they get home is important in keeping the patient well at home.
- Patients are not necessarily discharged to their own home. Obtaining accurate discharge information is vital in ensuring timely follow up.
- Patients are often unaware of problems that occur with their medicines as they transfer between care settings. Support from their community pharmacist enables identification of errors, omission or mistakes and helps the patient to open up about issues they may be having with confusing medication regimes.
- Studies from the Isle of Wight, Newcastle and Lancashire are demonstrating that referral to community pharmacy on discharge is supporting a reduction in readmission rates.

The recently published NHS England "Transformation of 7 day clinical pharmacy services in the acute hospital" https://www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf recommends that:

"Pharmacy professionals should work more closely with Academic Health Science Networks (AHSNs), in addition to other appropriate partners to support and promote the adoption of innovative technologies and processes that reduce unwarranted variation and improve value and outcomes from medicines seven days a week."

Wessex AHSN are keen to engage with local Trusts who would like support in this area, especially around standard 9 which includes referral to primary, community and social care. If you are interested in seeing more about our TCAM work, our report with pathway mapping and learning from our Working Group can be found at: http://goo.gl/4AKKV5

Self-Administration of Insulin in Hospital

Salisbury and Hampshire Hospitals are piloting the self-administration of insulin toolkit that Wessex AHSN has developed in collaboration with Lilly UK. University Hospitals Southampton will be starting their pilot work shortly.

Getting a good process in place for patients who want to, and are able to, administer their own insulin is important to reduce errors related to administration. Baseline audits in Trusts are indicating that patients are currently retaining responsibility for their insulin on admission, but it is often left on a bedside table or locker, and there is little or no documentation to show what has been agreed with the patient.

Another key finding has been that insulin administration is not being timed to coincide with the provision of meals, so patients are at risk of, and often experiencing, low or high blood glucose levels. The toolkit is available on the AHSN website at http://wessexahsn.org.uk/projects/58/self-administration-of-insulin-in-hospital and we will be presenting it at the Patient Safety First Conference in London on November 22nd.

If you would like to find out more about self administration of insulin or how to use the toolkit, please contact Vicki Rowse: vicki.rowse@wessexahsn.net

Medication Safety (The Patient Safety Collaborative)

Wessex Patient Safety Collaborative has the lead role for the national PSC Medicines Safety Cluster, and Clare Howard is the cluster Clinical Lead. The Medicine Safety Cluster has membership from all 15 AHSNs, and we collaborate closely where our medicines optimisation work includes Medicines Safety. The PSC cluster have recently mapped all AHSN Medication safety work and members have produced 19 case studies which will be shared on the NHS Improvement website shortly. https://improvement.nhs.uk/resources/improvement-directory/

The key areas of focus that emerged from our recent workshop include;

- Reducing harm from clinically significant prescribing errors via implementation of the PINCER intervention in primary care.
- Reducing patient harm from insulin errors.
- Improving medication safety via transfer of care between the hospital and community setting (clinical handover to community pharmacy)

PINCER and PRIMIS

During the Action Learning Sets and PRIMIS training we ran earlier in the year, a total of 113 staff from 45 practices and 6 CCG medicines management teams were trained in the use of the audits. PINCER licences have been purchased for all practices that wanted them, and utilisation of the PINCER tool is increasing across Wessex. There has also been an increase in interest in using other PRIMIS audits such as Warfarin Patient safety, Grasp AF, Grasp Asthma, and Grasp COPD. PRIMIS has recently launched the Diabetes Audit which looks at prevalence of patients with Diabetes in the practice and percentage of patients receiving all 8 of the 9 diabetes care processes undertaken in primary care, and of those, the patients who achieve the target HbA1c, blood pressure and cholesterol. Wessex AHSN is currently assessing CCG plans and training needs around PINCER and PRIMIS so that we can provide further support to CCG's in a way that fits with their plans. Wessex practices remain the highest users of PINCER in England at 56.5% of practices compared to the England average of 28.6%.

Repeat Dispensing

Repeat Dispensing saves GP practice time and reduces dispensing of unwanted medicines so saves money. Estimates show that if all GP Practices in Wessex implemented Repeat Dispensing for 80% of repeat prescriptions it could save the time equivalent of 61wte GPs across Wessex and £2.8 million.

Working with West Hampshire CCG, we have started a pilot in 5 GP practices to look at current repeat prescribing processes, support the implement of electronic repeat dispensing and measure the impact on the practice, pharmacy and patients. The lessons learnt from this work will inform a wider roll out of Electronic Repeat Dispensing across Wessex. Let us know if you are interested. Our partners in this project are Hampshire and Isle of Wight LPC who are providing project management support and community pharmacy liaison; the CSU and NHS England EPS Implementation Team who are providing training and support for EPS and E-RD; the West Hampshire Medicines Management Team who are proving practice support and the Business Services Authority who are helping with the data collection and evaluation.

For more information about the benefits of repeat dispensing please see http://tinyurl.com/znbr7vm

STP's and Vanguard

The Sustainability and Transformation Plan (STP'S) teams have been tasked with developing plans for sustainable healthcare with patients at the centre of care. Medicines clearly have a big role to play in this and Wessex AHSN has been involved in discussions with the Hampshire and Isle of Wight STP leads, and three key areas of focus for medicines have been included.

These are;
Transfers of Care from Hospital to community pharmacy;
Care Homes and
Repeat Dispensing.

Other NEWS:

ePIFFany (Effective Performance Insight for the Future):

The EQUIP study (2014) carried out by the General Medical Council's at 19 hospitals across the UK, found that junior doctors made 8.9 errors per 100 prescriptions across a seven day period; nearly twice as many as consultants, nurses or pharmacists. East Midlands AHSN, and University Hospitals of Leicester NHS Trust have developed and implemented a 'multifaceted educational intervention' to increase the skills, knowledge and competence of junior doctors to avoid prescribing errors. Known as ePIFFany, it comprises of four teaching components, including real clinician and patient feedback. It's designed to increase the insight of junior doctors into their own behaviour, enabling them to keep focused before the mind 'switches off' and leads to avoidable harm.

During the pilot prescribing errors were reduced by half and patients spent less time in hospital. There were also substantial savings in medicines cost and usage, amounting to a potential cost avoided of £308,928 with a total of 489 bed days. ePIFFany also led to an extra 13.3 Quality Adjusted Life Years (QALY) improvement in health for patients from avoiding the harm of medications at a cost of £2739.77 per QALY. When implemented at Boston Hospital in Lincolnshire junior doctor prescribing errors were reduced by 60%

We are currently exploring local interest in EPIFFany. Please get in touch if this is something you are thinking about. For more information: http://emahsn.org.uk/impact-reports-new/epiffany-training-programme/#sthash.iqZJNLI.dpuf

Finally, some staff news and a big thank you :

We are delighted to welcome Ruth George to the WAHSN Medicines Optimisation team as Project Support Manager. Ruth, who will join us at the end of October, will be helping us with the organisation of our meetings and events, co-ordination of reports and data collection, and many other things besides.

On behalf of Wessex AHSN, Clare and Vicki, would like to express grateful thanks for the support we get from our Professional Advisory Group for MO. We would like to thank both individuals and their organisations for the ongoing commitment and support for the MO PAG, which helps us to shape the work and deliver results for our partner organisations and their patients.

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