



Wessex
Academic Health
Science Network

Wessex AHSN

Medicines Optimisation Newsletter

Issue 6
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Welcome

Welcome to the sixth newsletter for the Wessex AHSN Medicines Optimisation Programme. Many of our projects are now gaining significant momentum and delivering results.

The MO team would like to thank all organisations for their support, commitment and energy to drive the changes outlined in this update.

We were proud to have been shortlisted for two HSJ Patient Safety Awards for our work in Magnesium Sulphate safety and Self Administration of Insulin in Hospital. We didn't win, but the increased profile of this work has already opened conversations about spread to other areas of the country.



You can see some of the video clips that we used to show case the work at

<http://wessexahsn.org.uk/projects/57/safer-use-of-magnesium-sulfate-injection-in-hospitals>

<http://wessexahsn.org.uk/projects/58/self-administration-of-insulin-in-hospital>

National Polypharmacy Comparators:

The polypharmacy comparators specifications are now finalised and in March we held a very successful workshop in Southampton, 'Polypharmacy – What Next? (Planning for Wessex)' where we were delighted to show these national data sets to our members. The comparators are available at Practice level but can be viewed at CCG, STP, Local Authority, Similar 10 CCGs, AHSN, NHS England area and regional levels as well. The comparators will be made available officially very soon with the launch of the new EPACT2 platform, for which Wessex is an "early adopter" site. We will be supporting the NHS Business Services Authority with the launch and a first EPACT 2 training event was held locally on 14th July. CCG's were asked to nominate 3 people for the training, which they will cascade within their CCG's.

A video summary of the March Polypharmacy workshop and films of the individual speakers are available on our website: <http://wessexahsn.org.uk/projects/55/polypharmacy>

The next step for the polypharmacy work in Wessex is to allow our CCGs and Practices time to review the comparator data and then work with them to identify and address their key priorities in this complicated work.

National conference:

On 5th July 2017 the AHSN Network collaborated with NHS England Specialist Pharmacy Services to host a national conference – Tackling Polypharmacy – Stopping Medicines Safely at the Kings Fund. The day was focused around the challenges of current approaches to prescribing and medicines reviews; issues of multiple medicines, and the harm that they can cause; and an overview of the legal aspects of informed consent in respect of medicines. The audience of 120 heard from international and national speakers and there was a lot of "food for thought." The conference was heavily oversubscribed so all the presentations have been videoed and will be on the WessexAHSN website polypharmacy pages <http://wessexahsn.org.uk/projects/55/polypharmacy>



Magnesium Sulfate Safety:

We are delighted that our Magnesium Sulfate work was shortlisted for an HSJ Patient Safety Award. This is a great acknowledgement of the collaboration and effort that has gone into tackling this important safety issue. Lots of areas nationally are using the Wessex AHSN Magnesium Sulfate safety bulletin.

All maternity units in Thames Valley and Wessex are now using 10% or 20 % preparations and midwives are pleased with the change. "The 20% magnesium sulphate preparation has been a huge success on Labour Ward. To now have one concentration for both bolus and maintenance infusions has made it much safer and reduced the error rate. I have received no AER [adverse event report] forms for Magnesium drug errors since we commenced using the 20% preparation. With the magnesium 20% 10-gram preparation in 50mls it is easier and less time consuming for the midwives to draw up, resulting in the patients receiving the drug faster. I can think of no negative issues with this. A resounding success."

NHS England South have picked up on this safety work and are planning to support roll out through all maternity units in the South of England. The manufacturer B-Braun has risen to the challenge of producing a 20% ready to use product. We are hopeful that this will eventually lead to a license for 20% products.

The Chief Pharmacists' group in Wessex and Thames Valley have asked that the work now moves to explore changing to 10% or 20% products in other clinical areas such as intensive and coronary care, with a goal of removing all 50% preparations from clinical areas. If you have an interest in this next phase, please get in touch with the Wessex AHSN MO team.

Transfers of Care Around Medicines (TCAM)

Referrals continue to flow from Dorset County hospital at a rate of approximately 70 per month since the electronic interface between the hospital and Pharmoutcomes electronic systems was established in July 2016. To date, they have referred over 950 patients and around 50 % of these are seen by the community pharmacist. We will shortly be undertaking an evaluation of community pharmacists' experiences of this work, to help us evaluate the pathway and inform roll out to other areas.

There is increasing interest in developing referral criteria for patients who should benefit the most from being referred from Hospital to community pharmacy on discharge, and the National AHSN MO network is going to lead this work as part of the development of a nationally available implementation toolkit.

In Wessex, we have established locality "Transfer of Care around Medicines" groups in Portsmouth and Southampton, and are delighted that University Hospitals Southampton plans to go live with making referrals in September

Self-Administration of Insulin in Hospital

Our self-administration of insulin work was also shortlisted for an HSJ Patient Safety Award, and UHS project manager Paula Johnston had both a poster and oral presentation accepted for the Wessex CSIP Safety and Improvement Conference on 14th June. The pilot in UHS has continued to show good results, with positive feedback from nurses, patients and pharmacy technicians. Key to their progress has been collaboration between the pharmacy department and diabetes nursing team, a dedicated project manager to drive the work forward and some innovative thinking around storage and risk assessment recording.

PINCER and PRIMIS

We have had great success with the PINCER/PRIMIS work, having increased the proportion of Practices using the PINCER medication safety tool from 32% to 87% during 2016. This means that a significant number of patients who had potential medicines safety issues have been highlighted at practice level and action has been taken to reduce their risk of harm.

We are fortunate to have received support from Boehringer Ingelheim to appoint Chris Brown, an experienced PRIMIS facilitator, to work with local CCGs and Practices to use and interpret the PRIMIS audit tools. If you haven't met her yet, and need any help with your PRIMIS audits please let us know.

Funding for PINCER licences has been agreed for July 2017 – June 2018 by the AHSN and therefore Chris will be working with CCGs and practices to increase the impact of use of this medicine safety tool in practice. Nationally we are working with East Midlands and Greater Manchester AHSNs looking at the roll out of PINCER 3 in 2017/18 and will keep you posted with developments.

PRIMIS

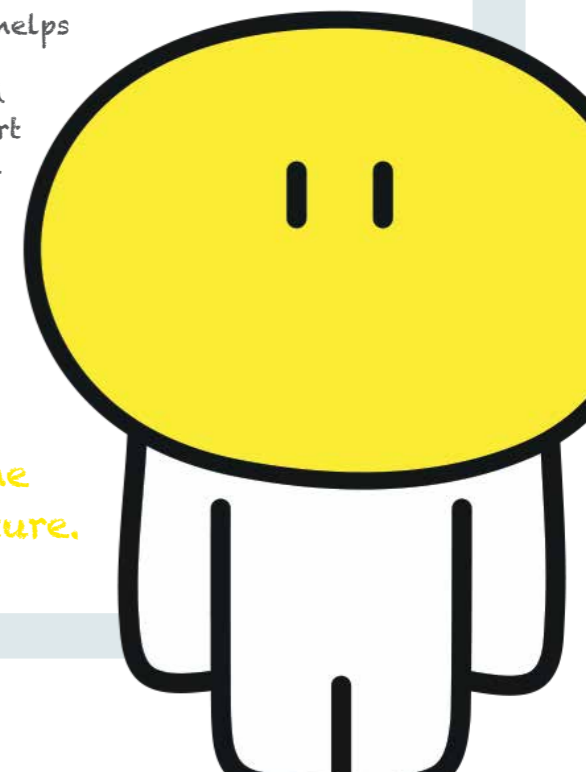
making clinical data work

Meet Mo:

To help patients and the public to understand the key messages about polypharmacy we have developed a short animated video using a character called Mo. The film explains how medicines can start to cause problems as we get older.

The video helps patients to understand what support is available to them to get help with their medicines.

Look out for Mo in the near future.



Repeat Dispensing

Our Repeat Dispensing work is taking shape and gathering interest. The new GMS contract for 2017/18 has outlined a target of 25% electronic Repeat Dispensing, so our work is timely. The NHS Business Services Authority has completed time studies in 2 practices in West Hampshire CCG, and has repeated this in 2 practices in Portsmouth CCG. The resulting report highlights the following.

"The volume of medicines issued as repeat medicines to patients managing long term conditions grows each year. 77% of the over 1 billion prescriptions dispensed in England are repeat prescriptions." (1)

This report uses data from observations in 2 practices in the Wessex area to highlight the benefits of making a transition from paper based repeats to electronic repeats, particularly focusing on the potential benefits that moving to electronic repeat dispensing can offer.

Most practices receive requests for between 150 and 200 items per day, placing a significant burden on both the administrative staff and GPs who authorise these. Our experience suggests that processes are variable and in many cases, inefficient.

The time studies carried out in the two practices in Wessex Academic Health Science Network demonstrate the significant time spent on repeat medicines by GPs that could be reduced by full utilisation of electronic repeat dispensing (eRD). This data effectively demonstrates that moving to a majority electronic repeat dispensing arrangement could yield savings of **46 minutes of GP time per day**.

The report provides suggestions based on observations, as to how practices could transition from paper based repeat services to a more digital environment.

The report in full is available at the AHSN website link below alongside a number of resources to support successful implementation of eRD which both practices and pharmacies can utilise (see <http://wessexahsn.org.uk/projects/120/repeat-dispensing>)

We will be partnering with the NHS BSA to develop and test some tools to support eRD locally.

STP

Polypharmacy, Electronic Repeat Dispensing and Transfer of Care Work have been identified as priority areas in the Hampshire and IOW STP plans. Wessex AHSN is supporting the development of the Medicines Optimisation component of the STP plans. A recent workshop was very positive and a working document has been circulated.



Other NEWS:

We are currently looking for a GP representative to replace the fabulous Dr Paul Mason. We would like to thank Dr Mason for his support and contribution to the Wessex AHSN MO Professional Advisory Group over the last three years and wish him well for the future. If you would like to find out more about getting involved with the MO programme please get in touch with us. So much of the work we do involves GPs and General Practice so a voice from that sector is critical to the success of the programme. We only meet quarterly, so it's not a huge commitment in terms of time but a GP perspective is vital.

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