

Electronic Repeat Dispensing (eRD)

The eRD project is progressing and at least 2 practices in each CCG are supporting eRD implementation as a high priority. Some practices in Wessex have achieved eRD rates of 20 – 50%.

We have worked with the NHS Business Services Authority to develop text messages, leaflets and letters to promote eRD to patients and help them request and sign up for eRD. These resources are available via

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic>.

eRD - Collaboration for success

Community Pharmacy South Central, in association with Wessex AHSN and NHS Digital, are offering delegates from both community pharmacy and GP practices the opportunity to come together for a collaborative exploration of how eRD can become a success across Hampshire and the Isle of Wight. These **Electronic Repeat Dispensing (eRD) Collaboration for Success** events are a series of evening meetings at different locations between mid April and early May. Each evening will commence with hot food at **7pm, for a 7:30pm start**. Booking is through Eventbrite, and further information is available at <https://www.cpssc.org.uk/training-development/all-events>.

Presentations will provide the background to this work and the benefits it offers to general practices, pharmacies and patients. Table discussions will give delegates the chance to engage with colleagues in their locality, and commit to actions that will deliver eRD successfully across the patch.

Based on the patient's answers, the pharmacist will decide whether to dispense the prescription or get advice from the prescriber.



National Recognition

We have had projects shortlisted in both the Nursing Times Awards and Health Service Journal Awards. We were delighted that the Polypharmacy Comparators work was shortlisted in the HSI Awards in the Enhancing Care by Sharing Data and Information Category.

Vicki Rowse has published two papers in the British Journal of Diabetes about our work supporting self-administration of insulin for patients in hospital. These articles, *Implementing self-administration of insulin in hospital: a journey of discovery and innovation. Part 1: Culture and storage and Part 2: Implementing change*, can be found on our website at

<http://wessexahsn.org.uk/img/projects/Implementing%20self-administration%20of%20insulin.pdf> and

<http://wessexahsn.org.uk/img/projects/Implementing%20SA%20of%20Insulin%20in%20hospital%20A%20journey%20of%20discovery%20and%20innovation%20Part%202%20Implementing%20Change.pdf>

Quality Improvement

Much of the work we are doing involves quality improvement knowledge and skills to make change happen and sustain it. There are many useful resources that can help those new to QI methodology get to grips with how it supports successful implementation. Here are some links to resources that can help.

Quality Improvement (QI) helps us identify what works well and where we can make changes. In primary care, we don't have time or resources to spend on things that don't work, don't serve our patients, and that could be done more efficiently or effectively. QI is a commitment to continuously improving the quality of healthcare, focusing on the preferences and needs of the people who use services. (Royal College of General Practitioners 2017)

At <http://wessexahsn.org.uk/projects/127/quality-improvement-hub-qihub> you will find links and resources to information, toolkits, online training and organisations, such as the Royal Colleges, Health Foundation, NHS Improvement and Institute of Healthcare Improvement, to inform your knowledge of Quality improvement.

There is a short online course available by registering at <http://www.improvementacademy.org/training-and-events/bronze-quality-improvement-training.html>, or through the national electronic staff record.



Wessex
Academic Health
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Medicines Optimisation Newsletter

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AHSN News

The AHSNs in England have been relicensed from April 2018. To enable all 15 AHSNs to collaborate to deliver work across the country, nine Innovation National Networks (INNs) have been created. We are delighted to announce that the Medicines Optimisation INN, focusing on Polypharmacy, PINCER and TCAM (Transfers of Care Around Medicines), will be led by Wessex AHSN, based on the great progress which we have made in Wessex through your input and commitment to our projects.

Following our appeal for GP representation at our AHSN Professional Advisory Group (MO PAG), we are pleased to welcome Dr Claudia Lucas and Dr Jonathan Lake to the Wessex AHSN MO PAG. We also welcome Adrian Federico, GP Practice Pharmacist with the Willow Group.

In this issue we report on

- AHSN news
- Polypharmacy plans
- PINCER and WHO
- launch of our second MO film
- progress with Transfers of Care Around Medicines
- impact of eRepeat Dispensing and forthcoming evening workshop sessions
- progress in national recognition of our work, and
- quality improvement resources.

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Polypharmacy Plans

Work on polypharmacy is gaining momentum across the country.

The national Polypharmacy Comparators were launched by the NHS Business Service Authority in July 2017, and in December we held a workshop to find out what the comparators had shown Wessex CCGs about their polypharmacy prescribing and to determine what next steps should be.

As a result, our key areas of focus for 2018/19 will be:

- An ongoing role for the AHSN to **share best practice** from Wessex and around the country.
- **Patient engagement** – enabling patients to challenge multiple prescribing. This will be a key work stream using the Me and My Medicines Patient Medication Communication Charter.

For details see

<http://meandmy Medicines.org.uk/>

- **Education** – in particular around stopping medicines safely and high-risk medicines. This would include ratifying the guidance produced by West Hants CCG and replicate the Yorkshire and Humber AHSN work on exploring GPs barriers to stopping medicines.
- Improved linkages between the different professional groups
- Ongoing research and evaluation.

In addition, Wessex AHSN has been asked by NHS England to look at further developing the Polypharmacy Comparators.

PINCER and the World Health Organisation-reducing harm from medication errors

Unsafe medication practices and medication errors are a leading cause of injury and avoidable harm in health care systems across the world. The World Health Organisation (WHO) has launched a Medicines Safety Challenge to reduce severe, avoidable medication-associated harm in all countries by 50% over the next 5 years.

<http://www.who.int/patientsafety/medication-safety/en/>

A recent report by academics in York, Manchester and Sheffield estimated that 66 million potentially clinically significant errors occur in the UK each year, 71% of these in primary care. Prescribing in primary care accounts for 33.9% of all potentially clinically significant errors. The estimated costs of definitely avoidable adverse drug reactions are £98.5 million per year, consuming 181,626 bed days causing 712 deaths and contributing to 1,708 deaths.

<https://www.gov.uk/government/publications/medication-errors-short-life-working-group-report>

Use of the PINCER Audit tool in general practice has demonstrated

- errors in monitoring reduced by 44%
- prescribing errors reduced by 29%
- costs reduced by an average of £2,769 per practice (e.g. in admission avoided) and
- patient quality of life increased by 0.81 QUALY per practice.

As GP practices across England upload their audit results to ChartOnline, a richer data set for medicines safety will develop.

Wessex AHSN has been supporting CCGs to increase PINCER use in Wessex. Last year 235 practices across Wessex had used the audit tool and we are able to demonstrate the progress we have made as well as the areas of medication safety that need more work. West Hampshire CCG and Isle of Wight CCGs are now joining the roll out of PINCER 3 in 2018/19.

As a result of feedback gained at a Wessex AHSN PINCER workshop towards the end of last year, we will be developing sessions to support changes made following a PINCER audit, covering High Risk Medicines, Root Cause Analysis, and Quality Improvement methodology. These workshops are being planned for the summer this year.



Meet Mo

The first “Meet Mo” animation was launched last September. It shows patients, who might be struggling with multiple medicines, how to get help and support and has been downloaded onto GP practice screens around the country.

In March 2018, we launched our second “Mo” film to help patients understand Transfer of Care Around Medicines and these two animations have received an incredible 60,000 views and counting. Well done Mo! We have plans for a third “Mo” animation, which will be developed soon.

If you haven't seen “Mo” yet, just follow this link: <http://wessexahsn.org.uk/projects/171/meet-mo>.

If you would like to show the video or display posters in your practice or other venue, please get in touch with us at medicines.optimisation@wessexahsn.net.

Transfers of Care Around Medicines (TCAM)



We are delighted to report that the TCAM Service at University Hospitals Southampton commenced in September 2017.

A launch event organised by Community Pharmacy South Central, supported by Wessex AHSN, was attended by 75 delegates from Southampton community pharmacies. Debby Crockford, Chief Officer CPSC, James Allen, Project Lead Pharmacist at UHS and Clare Howard, Clinical Advisor at Wessex AHSN, explained the rationale for the service and how it would operate.

The kinds of problems that can be avoided through this service are shown in our case study flyer at <http://wessexahsn.org.uk/img/projects/Transfer%20of%20Care%20Case%20Study%20Flyer%20FINAL.pdf>.

Since the start of 2018, over 300 patients have been referred by the hospital, with over 250 being seen by their usual community pharmacist. In recent weeks, the Isle of Wight service has started and planning is underway to develop a service from Hampshire Hospitals NHS FT.



The UHS TCAM launch meeting 12th September 2017