

## Medicines Optimisation Strategy 2020 – 2025

### Place the patient at the centre of care with medicines

1. Patients and carers fully involved in decisions about treatment with medicines
2. Healthcare professionals to have access to information to support in decision-making around medicines
3. Patients' requirement around medicines to be regularly assessed during their inpatient stay or outpatient visits

### Collaborative working with partners within the Nottinghamshire ICS to deliver system-wide benefits

1. Work with partners to develop integrated services that deliver seamless care to patients and most especially at transitions between healthcare settings
2. Grow the Pharmacy workforce in conjunction with primary care to deliver the aspirations of the Long-Term Plan
3. Input into collaborative approaches that provide benefits to population health e.g. deprescribing, falls prevention, frailty services, smoking cessation

### Optimise the use of digital technologies to improve outcomes

1. Implement and optimise electronic prescribing and administration across our organisation
2. Embrace other technologies that improve patient safety and efficiency of working practices
3. Maximise our links with other stakeholders to make information on medicines available to service users e.g. GPs, community pharmacists, secondary care

### Place patient safety at the heart of how we use medicines

1. Engage in the 5 year WHO global safety challenge to reduce risk to patients
2. The Trust's Medicines Safety Officer to work across the ICS , region and nationally to inform minimisation of harm to our patients
3. Adopt local and national innovations in handling medicines with proven risk benefits

### Ensure a competent workforce to deliver excellence in Medicines Optimisation

1. Ensure high quality Education & training for new employees and development of in-house staff
2. Ensure robustness of the recruitment and retention processes to select and retain high calibre staff
3. Partner with other organisations for mutually beneficial opportunities and staff development
4. Develop and maintain an engaged, motivated and high performing workforce

**Pharmacy to provide leadership to underpin and ensure the success of our strategic aims with medicines**

Pharmacy's role within Medicines Optimisation is understood and provides the overarching leadership needed to ensure all aspects of this strategy are achieved

# Medicines Optimisation Strategy 2020-2025

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## Abbreviations used within this document

APC	Area Prescribing Committee
CCG	Clinical Commissioning Group
CD	Controlled Drug
CQC	Care Quality Commission
DTC	Drug & Therapeutics Committee
ePMA	electronic Prescribing & Medicines Administration
ICS	Integrated Care System
LTP	The NHS Long-term Plan
MMA	Medicines Management Assistant
MMT	Medicines Management Technician
MOC	Medicines Optimisation Committee
MSO	Medicines Safety Officer
MST	Medicines Safety Thermometer
NHS	National Health Service
NHSI	NHS Improvement
PCN	Primary Care Network
SFH	Sherwood Forest Hospitals
TCAM	Transfer of Care Around Medicines
TTO	Discharge prescription (To Take Out)
WHO	World Health Organisation

## Context

It is essential that medicines are used wisely and the population gets the best value and outcomes from medicines. Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. Medicines are the most commonly used therapeutic intervention made within the NHS, affecting practically every patient seen, and costing the NHS in excess of £18 billion annually. Medicines are inherently a high-risk intervention and it is estimated that 237 million medication errors occur every year in the NHS in England. Many patients reported receiving insufficient information about the medicines they are asked to take and many are not party to decisions about whether they should take these medicines and which is most appropriate for themselves. Review of prescribed medicines (nationally) is inadequate with many patients remaining on medicines for years before being reviewed and stopped, and in some cases this only happens following patient harm.

Medicines are key to the delivery of high quality healthcare and the effective use of medicines is a major contributor to the delivery of positive outcomes for the population and minimisation of expenditure on medicines. Optimal outcomes from optimal use of medicines encompasses minimisation of adverse reactions and side-effects, positively impacting adherence or concordance with prescribed treatments, reducing risk of patient harm and should improve the quality of life for patients.

## Introduction

The Trust's Medicines Optimisation strategy is an important tool to support the organisation in delivering its strategic vision: maximising the benefits of medicines to our patients whilst minimising risk to patients and financial impact to the organisation. This strategy directly aligns to and supports each of the core domains of the Trust's five strategic objectives namely:

1. **To provide outstanding care** by safe use of medicines and communicating with patients and other professionals;
2. **To promote and support health and wellbeing** by ensuring patients understand their medicines and use them appropriately;
3. **To maximise the workforce potential** to deliver best care with medicines by attracting high calibre staff and delivering appropriate education and training;
4. **To continuously learn and improve** by utilising evidence-based medicine and use of digital solutions
5. **To achieve better value** for the patient in terms of positive outcomes and financially by achieving cost-effective use of medicines.

Whilst the Medicines Optimisation strategy supports the Trust agenda, it also takes due consideration of the national, regional and local priorities for Medicines Optimisation and hence should ensure the Trust's direction is in line with NHS expectations.

Medicines Optimisation is recognised by the NHS as being a key deliverable – it is part of the NHS Long-Term Plan, the five year forward view and Lord Carter's review on productivity in NHS hospitals.

Medicines optimisation is a patient-focused approach to getting the best from investment in, and use of, medicines that requires a holistic approach. This is formed from an enhanced level of patient centred care, and partnership between clinical professionals and a patient.

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to:

- improve their outcomes
- take their medicines correctly
- avoid taking unnecessary medicines
- reduce wastage of medicines
- improve medicines safety

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment where they choose to do so.

The medicines optimisation approach requires a multidisciplinary team-working that is not evident across all settings in the NHS. Healthcare professionals will need to work together to individualise care, monitor outcomes more carefully, review medicines more frequently and support patients when needed.

The pharmaceutical industry also has a key role to play in medicines optimisation through transparent and value for money partnerships with the NHS that help secure better outcomes for the patients.

Medicines optimisation looks at how patients use medicines over time. It can involve the review and change of medicines, and considers opportunities for lifestyle changes and non-medical therapies to reduce the need for medicines. By improving safety, adherence to treatment and reducing waste, the medicines optimisation approach will help to ensure that by working together we support patients to get the best outcomes from their medicines.

### **Development of the Medicines Optimisation Strategy**

This strategy has been developed by the Trust's Chief Pharmacist & Clinical Director for Medicines Optimisation in collaboration with the senior pharmacy team and input from the membership of the Joint Drug & Therapeutics/Medicines Optimisation Committee, which is a multi-disciplinary medicines committee with membership including nursing, medical and pharmacy professionals including a primary care pharmacist. In addition, views and direct input has been received from the wider pharmacy staff.

### **Achievements over the previous 5 years**

Over the last 5 years we have made significant progress within the Medicines agenda. At the point of inception of our Medicines Optimisation strategy the focus had been very much on Medicines Management – based on a systems- and process-driven approach to medicines to the adoption of Medicines Optimisation where we are seeking to maximise positive outcomes and benefits for patients treated with medicines. This encompasses safety, governance, professional collaboration and patient engagement. Details of work against this area are outlined below:

#### **Electronic prescribing and Medicines administration (ePMA)**

The organisation has demonstrated high level of support for ePMA and there is considerable appetite from clinical staff for us to adopt this technology for safety and efficiency benefits. Implementation of ePMA was not achieved within the timeframe of the strategy; however considerable steps have been made to ensure that Sherwood Forest Hospitals will have a fully functioning ePMA system deployed during 2021: our Trust was successful in being awarded £1.25 million via a very strong bid to NHS Improvement; the Trust has approved the full ePMA business case and allocated requisite capital funds; the ePMA team is in place and will oversee this major project that will transform how the Trust prescribes and administers medicines to our patients.

#### **Safe use of medicines**

Our ideal is to cause no harm to any of our patients and hence we place considerable emphasis on the medicines safety agenda. We rightly focus dedicated Pharmacy staff time to the safety agenda

and hence there has been substantial progress within this domain of the strategy. Some highlights include:

- The appointment of our Medicines Safety Officer (MSO) in 2014 as required by the 2014 NHSI medication safety alert. This is a key role in providing leadership on medicines safety for the organisation. The MSO networks regionally and attends the Nottinghamshire CCG MSO group on a two-monthly basis, and chairs the regional East Midlands Medication Safety Group (EMMSG).
- Instigation of a Medicines Safety Group that has specific focus on monitoring medication safety, reviewing medication incidents, devising and implementing improvements.
- Our good safety culture around medicines is further supported by a well-embedded reporting culture for medication incidents. We have increase the reporting of medication incidents significantly over the past 5 years as represented in figure 1, below.

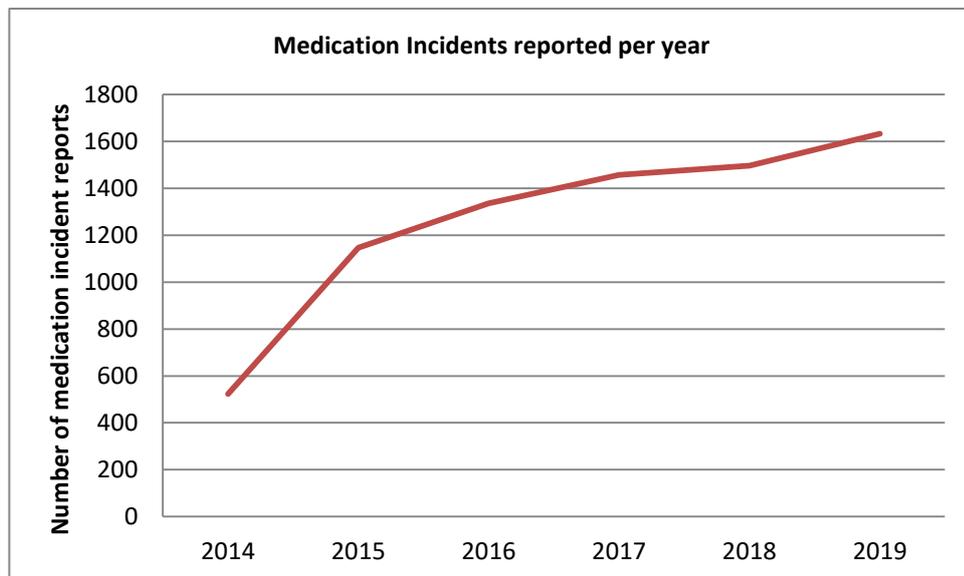


Figure 1 Increase in medication incidents 2014 – 2019.

- All medication incidents are reviewed by the MSO prior to sign-off and hence we have a high level of assurance of the validity of our data submitted outside the Trust.
- Ward-based nurse 'medicines champions' were reinvigorated in 2018: individual champions and ward leaders had to sign-up to a 'medicines champion job description'. There are frequent champion days held where important information is cascaded to this group of staff.
- An agreed schedule of audit processes is in place including safe and secure handling of medicines including CDs. On an annual basis the mandatory update talk for nurses and HCAs is updated to feedback the themes from the audit over the coming year. Example audits are shown in appendix 2.

- Development of specific training packages in response to areas of improvement highlighted e.g. handling of patient's own CDs.
- We have adopted ADIoS® – a nationally recognised tool for assisting in scrutinising the use of controlled drugs. This has provided a greater level of detail for analysing our CD usage and will assist in detecting any unwarranted potential misappropriation of these high-risk medicines. The introduction of ePMA into the organisation will provide an additional level of data that we provide the ability to triangulate usage against actual prescribing and administration data.
- For many years we used the national Medicines Safety Thermometer (MST) tool for collecting medication safety data including missed and delayed doses of medicines. The Trust benchmarks well against other organisations for missed doses, however this tool did not provide sufficient detail for use for service improvement and we have therefore replaced with an in-house tool. This will allow us to drill down to ward/department and individual medicine level providing better opportunity to undertake improvement work.
- We have embedded the role of the antimicrobial pharmacists within the Pharmacy team to support antimicrobial stewardship.

### Involving patients and carers

Understandably this area is a more challenging domain to measure the level of engagement we have as healthcare professional with patients and carers. We can, however, use surrogate measures as an indicator of the level of discussion that takes place with patients regarding their treatments.

- The latest inpatient survey shows that the Trust scores well in terms of provision of information to patients about their medicines at discharge (score 8.3 out of 10). This indicates we are providing information, but not necessarily that the patient was involved in decisions.
- We have introduced a new prescription chart that allows prescribers and pharmacy staff to indicate which medicines are newly prescribed. This provides opportunity for our staff to engage with patients regarding their new medicines.

### Education & Training

Systems have been embedded locally and on a wider basis to ensure our staff have been adequately trained and assessed as competent to prescribe, administer and process medicines from a pharmacy perspective. These include:

- Health Education England have funded dedicated embedded pharmacist time in the Trust to provide medical therapeutic teaching to undergraduate medical students, many of whom eventually work at SFH. Nationally there is now a final assessment programme that assesses competence of new doctors prior to commencement at foundation level in hospitals and SFH Pharmacy are supporting the attainment of this competence.
- For final year medical students we have introduced additional training to support the complexities of prescribing discharge prescriptions.

- Newly qualified doctors receive induction lectures on medicines and ongoing fortnightly teaching programme delivered by SFH pharmacists.
- Similarly more senior doctors entering the NHS as Clinical Fellows now receive induction and support from Education & Training pharmacists.
- For nurses and midwives we have adopted a revised registered nurse induction including lectures, completion of workbooks of questions around medicines policy and administration of medicines, competency sheets around medication administration and processing TTOs.
- Calculation tests form part of recruitment process for nursing staff and a separate test is used for administration of intravenous medicines
- All pharmacists, pharmacy technicians and pharmacy assistants undergo in-house training and a competency validation process dispensing and validating prescriptions

### Communication

This challenge area focussed on the importance of communication around medicines on transfer of care between settings (admission and discharge) and communication of changes around patients' prescribed medicines. Transfer of care around medicines has become a national priority within Medicines Optimisation due to the frequency and difficulties around ensuring patients' medication is correctly prescribed and reflects what they are actually taking. Similar issues exist when patients are transferred back into primary care. Medicines reconciliation is used to describe the process by which staff [generally pharmacy staff] ensure patients' prescribed medicines are correct on transfer of care. Although SFH adopted a 95% target for medicines reconciliation (a target initially suggested nationally in 2007) very few hospitals ever achieve this target. Our organisation has invested in additional pharmacy staff to improve medicines reconciliation at weekends and this has improved our medicines reconciliation rates (figure 2). The introduction of Nervecentre as an electronic tool to record medicines reconciliation now ensures a greater level of accuracy of our data as we are using live electronic admissions data.

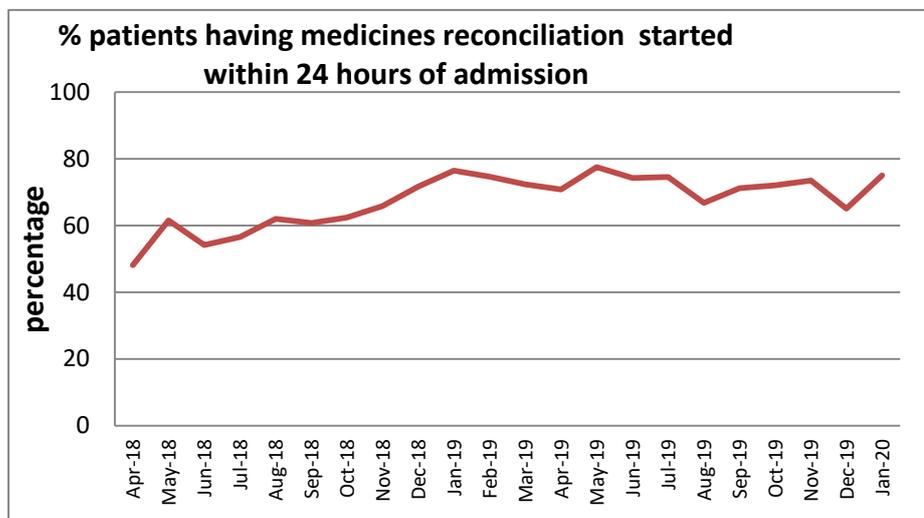


Figure 3 - Medicine Reconciliation rates Apr 18 - Jan 20

In relation to communication of information to GPs following discharge from hospital we are able to track newly prescribed medicines following the introduction of new prescription charts as these allow flagging of new medicines as compared to those patients were taking prior to admission. This better enables pharmacy staff to check that the relevant information has been included in the communication back to the GP. ePMA will hopefully streamline this process and further improve accuracy.

### Clinically cost-effective medicines

The Trust performs particularly well within the area of supporting staff to use cost-effective, evidence-based medicines: the Trust sits well within the top quartile within Model Hospital for 'Pharmacy staff & Define Medicines Costs'; we are consistently performing above 99.5% for adherence with the Nottinghamshire formulary demonstrating a strong understanding of the formulary within the Trust and a high level of challenge from Pharmacy professionals when prescribers select medicines that are outside formulary. High cost medicines are well-managed and biosimilar medicine switch rates are in-line or above nationally expected rates. We have maintained strong links across Nottinghamshire via the Area Prescribing Committee and have close working between the APC and our Trust's DTC. The APC is chaired by our Trust chief pharmacist and the DTC chair is an active member of the group. All Trust-wide medicines guidance falls under the remit of the DTC and good governance processes are in place to ensure guidance is kept up to date and we apply a high level of scrutiny and diligence before ratification. In addition the Trust's Medicines Information Centre is now actively maintaining around 400 Trust intranet guidelines/tools that support nurses, doctors, pharmacy professionals and others in the safe and appropriate use of medicines.

## New Medicines Optimisation Objectives 2020 - 2025

Over the coming 5 years it is essential that we move Medicines Optimisation at SFH forward in concord with national and local priorities to ensure we are providing the best value for our population. Our Trust is recognised as having a good reputation for its Pharmacy and Medicines Optimisation and has received positive feedback from external scrutiny such as the Care Quality Commission. We want to maintain and build upon this good reputation and develop a level of excellence around medicines utilisation.

We have identified five priority areas, but our work will not be limited to the detail listed within these areas: it is beyond the scope of this strategy to list all activities. Although the priorities have been divided into discrete areas of challenge there are inter-dependencies and overlap between the objectives. The core priorities are

### Placing the patients at the centre of care with medicines

#### 1. Patients and carers are fully involved in decisions about treatment with medicines

We need to build upon the work achieved in previous years and work at a system level to ensure that patients understand their treatments, are engaged and wherever possible are partners in decisions about their treatments. Across England we have an ageing population with the added challenges of frailty and polypharmacy: there is clear evidence that older patients are

increasingly taking more medicines, there is lack of systematic review and patients are left on medicines unnecessarily.

2. Healthcare professionals to have access to information to support in decision-making around medicines

In order to make appropriate decisions and provide patients with the necessary information to enable them to be involved in decision-making the healthcare professional needs to have ready access to appropriate information resources. The intention is that much of this will be provided alongside our ePMA system and by ensuring we have resource available alongside the Joint Nottinghamshire Medicines Formulary.

3. Patients' requirements around medicines to be regularly assessed during their inpatient stay or outpatient visits

With an increase in patient throughput in hospitals there has inevitably been more of a focus on ensuring prompt discharge. Similarly the important focus on medicines reconciliation has increased input at admission. These have led to a decline in the inpatient review of medicines. It is especially important that we maintain processes to monitor patients and their medicines particularly for critical, high-risk medicines and in those patients with a higher level of acuity. Within the outpatient setting medicines should also be assessed to ensure they are still required and appropriately prescribed.

#### Collaborative working with partners within the ICS to deliver system-wide benefits

1. Work with partners to develop integrated services that deliver seamless care to patients and most especially at transitions between healthcare settings

To align with the LTP healthcare systems will need to increase cross-sector partnership working. From a medicines perspective there are clearly opportunities to benefit patients moving between care setting and ensuring appropriate prompt follow-up and reconciliation of medicines at healthcare organisation and GP practice levels.

2. Grow the Pharmacy workforce in conjunction with primary care to deliver the aspirations of the Long-Term Plan

There are considerable expectations in terms of pharmacy staff and how they will input into medicines. The pharmacy workforce is growing with the advent of Primary Care Networks and this will increase further. It is important that secondary care is engaged with this workforce to provide opportunities for cross-sector working to better contribute to system-wide medicines optimisation services.

3. Input into collaborative approaches that provide benefits to population health e.g. de-prescribing, falls prevention, frailty services, smoking cessation

Work has already started on new pathways within the ICS with the expectation that there will be collaborative input from both primary and secondary care. Specifically around medicines there are clearly collaborative challenges that require partnership approach and de-prescribing of medicines in particular being a priority.

### To optimise the use of digital technologies to improve outcomes

1. Implement and optimise electronic prescribing and administration across our organisation  
An ePMA solution has been approved and considerable work will be undertaken to ensure this is effectively implemented and optimised to achieve patient safety benefits and operational efficiencies.
2. Embrace other technologies that improve patient safety and efficiency of working practices  
Affordable technologies will be used as appropriate for the benefit of our population. Examples include closed-loop administration of medicines, links between systems such as ePMA and automated pharmacy dispensing to reduce transcription errors, pathology links to ensure antimicrobials are prescribed according to sensitivities.
3. Maximise our links with other stakeholders to make information on medicines available to service users e.g. GPs, community pharmacists, secondary care  
Work will be undertaken to communicate more effectively, ideally in a bi-directional manner, with GP systems and provision of appropriate information on patient discharge medicines to community pharmacies where follow-up is required.

### Placing patient safety at the heart of how we use medicines

We will continue with the breadth of patient safety initiatives within the organisation

1. Engage in the 5 year WHO global safety challenge to reduce risk to patients
2. The Trust's Medicines Safety Officer to work across the ICS, region and nationally to inform minimisation of harm to our patients  
In order to ensure we are fully aware of safety issues with medicines across a wider footprint it is essential the MSO is fully engaged in work outside the organisation.
3. Adopt local and national innovations in handling medicines with proven risk benefit.  
Learning and strategies with proven effectiveness will be adopted within our Trust.

### Ensure a competent workforce to deliver excellence in Medicines Optimisation

1. Ensure high quality education & training for new employees and development of in-house staff
2. Ensure robustness of the recruitment and retention processes to select and retain high calibre staff  
There are increasing difficulties in recruiting and retaining many healthcare professionals. We must keep a focus on novel strategies to attract and retain good quality staff to our organisation.
3. Partner with other organisations for mutually beneficial opportunities and staff development  
With an increase in collaborative working SFH should be open to joint appointments especially where there are benefits within pathways that require a higher level of staff input following

diagnosis or discharge from hospital setting. PCN pharmacy staff that are from a community setting can be professionally isolated and working towards cross-sector roles will provide benefits for individuals and host organisations.

## Supporting delivery of the Medicines Optimisation Agenda

Although Medicines Optimisation is the responsibility of all staff that interact with medicines, be it prescribing, dispensing, reviewing, administering it is widely accepted that pharmacy professionals are deemed to be the experts in medicines optimisation.

### Leadership

The Chief Pharmacist & Clinical Director for Medicines Optimisation will take overall responsibility for leading on the Medicines Optimisation agenda. There should be close working and liaison with both the Trust's Nursing Director and Medical Director, the latter having medicines under their portfolio of accountability. With reference to Controlled Drugs, the Chief Pharmacist & Clinical Director for Medicines Optimisation is the Trust's designated CD Accountable Officer

### Pharmacy staff

Members of the pharmacy team are dealing with medicines as their core function. In order to support the organisation and other healthcare professionals deliver on all aspects of this strategy it is vital that we invest in and deploy pharmacy staff

At Sherwood Forest Hospitals, the Pharmacy staff are passionate about Medicines Optimisation, their roles and the contribution they make in ensuring patients get the best from their medicines. Alongside other healthcare professionals, the role of Pharmacists over the past 20 years has developed significantly leading to a high level of diversity of roles. Pharmacists undergo five years of training before registration with the General Pharmaceutical Council (GPhC) and should rightly be seen as the experts in the use of medicines. Pharmacists in hospitals are now generally expected to undertake independent prescribing training and operate as prescribers in their own right. Pharmacy technicians are now professionals in their own right being similarly registered with the GPhC. They have a crucial role in supporting pharmacists as their roles expand far outside the historic traditional roles.

At SFH, pharmacists have key high profile roles in antimicrobial stewardship; Controlled Drugs (Chief Pharmacist is the CD Accountable Officer registered with the Home Office); Medicines Safety (Assistant Chief is the Trust Medicines Safety Officer registered with NHS Improvement) and Electronic Prescribing and Medicines Administration. We also have a number of specialist pharmacists working in clinical areas such as Rheumatology, Paediatrics, Haematology and Palliative Care. In order to attract and retain pharmacists we will need to build upon these specialist roles, provide opportunities for training as independent prescribers and for utilisation of these skills by working as an integral member of the wider multi-disciplinary team.

In the wider health community, new job roles (primary care networks, GP practices, urgent care centres, care homes) are now available and attracting staff from other sectors including secondary care. Recruitment and retention of qualified, registered staff is and will continue to be a significant challenge.

As a health community across Nottinghamshire it is vital that we work to ensure that we can attract and retain these staff as they are crucial for the success of this strategy and supporting the health of our population. For SFH we must ensure the roles of our pharmacists, pharmacy technicians, pharmacy assistants and others working in Pharmacy are fulfilling and utilising the skills and knowledge of the individuals working here. This will be supported by ongoing skill-mix review at every opportunity to ensure appropriate use of our staffing resource.

- Work with the ICS adopting joint roles that are mutually beneficial;
- Maximise the use of pharmacist prescribers to support patient safety and patient flow;
- Provide suitable opportunities for pharmacists to work as specialists prescribing for suitable patients within service lines;
- Ensure staff are supported with training to undertake new and emerging roles
- Ensure staff are supported outside normal hours - adequate staffing levels and suitable agreements to manage expectations of services provided out-of-hours;
- Ensure in-house training of Pharmacy technicians to provide an ongoing source of Pharmacy technicians that will be crucial for delivery of baseline pharmacy services;
- Expand the roles of Medicines Management Assistants within their sphere of competence to undertake roles currently within technicians' portfolio – e.g. some organisations utilise MMAs for checking of some dispensed medicines
- Agree a solution for provision of aseptically-prepared injectable medicines to patients at SFH – this includes cancer chemotherapy, parenteral nutrition and other specialist sterile preparations that need to be made within an aseptic facility.

Utilise skills and knowledge of independent pharmacist prescribers to support medical colleagues in

- a) specialist roles e.g. cardiology, respiratory, diabetes;
- b) undertaking medicines reconciliation, medication reviews and prescribing on admission;
- c) prescribing discharge prescriptions as pharmacists embedded within multidisciplinary teams.

Work with partner organisations to identify areas of mutual benefit and undertake joint working opportunities for pharmacy professionals.

Build upon the strong foundations of MMTs within the organisation further expanding their roles to undertake routine counselling of patients and review of medicines referring to pharmacists as appropriate.

Working with ICS partners ensure we contribute to the training of new pharmacy technicians to guarantee continual replenishment of technicians to and support pharmacists to undertake their expanding functions.

Expand the roles of MMAs to undertake checking of prescriptions releasing MMTs to ward-based roles.

## **Monitoring performance and progress**

The Medicines Optimisation Committee will receive feedback to enable regular monitoring of progress with the delivery of this strategy. Where feasible specific audit work will be commissioned to enable tracking of performance.

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## Appendix 1 Key Priorities:

# Medicines Optimisation Strategy 2020 – 2025

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1. Patients and carers fully involved in decisions about treatment with medicines
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3. Patients' requirement around medicines to be regularly assessed during their inpatient stay or outpatient visits

### Collaborative working with partners within the Nottinghamshire ICS to deliver system-wide benefits

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3. Maximise our links with other stakeholders to make information on medicines available to service users e.g. GPs, community pharmacists, secondary care

### Place patient safety at the heart of how we use medicines

1. Engage in the 5 year WHO global safety challenge to reduce risk to patients
2. The Trust's Medicines Safety Officer to work across the ICS, region and nationally to inform minimisation of harm to our patients
3. Adopt local and national innovations in handling medicines with proven risk benefits

### Ensure a competent workforce to deliver excellence in Medicines Optimisation

1. Ensure high quality Education & training for new employees and development of in-house staff
2. Ensure robustness of the recruitment and retention processes to select and retain high calibre staff
3. Partner with other organisations for mutually beneficial opportunities and staff development
4. Develop and maintain an engaged, motivated and high performing workforce

**Pharmacy to provide leadership to underpin and ensure the success of our strategic aims with medicines**

Pharmacy's role within Medicines Optimisation is understood and provides the overarching leadership needed to ensure all aspects of this strategy are achieved

## Appendix 2 Pharmacy-led medication audits Mar 2018 – Dec 2019

<b>Title</b>	<b>Date</b>
<b>Potassium storage</b>	<i>Mar-18</i>
<b>Injectable midazolam storage</b>	<i>Mar-18</i>
<b>IV heparin storage</b>	<i>Mar-18</i>
<b>Prescribing and monitoring Lithium</b>	<i>Mar-18</i>
<b>Case Notes Audit - Pharmacy writing in notes</b>	<i>May-18</i>
<b>Nurse Dispensing Audit</b>	<i>Jun-18</i>
<b>Parkinson's Disease Missed Doses audit</b>	<i>Jun-18</i>
<b>Enabling Policy audit - focus on TTO amendment</b>	<i>Jan-19</i>
<b>Insulin self-administration</b>	<i>Jan-19</i>
<b>Inhaler self-administration</b>	<i>Jan-19</i>
<b>Accuracy of paracetamol dosing - weight based</b>	<i>Jan-19</i>
<b>Safe use of multi-dose vials / syringes.</b>	<i>Jan-19</i>
<b>Anticipatory medication</b>	<i>Jan-19</i>
<b>Bowel Cleansing Prescriptions</b>	<i>Sept 19</i>
<b>Medication safe storage and security audit</b>	<i>Dec 19</i>
<b>CD prescriptions - accuracy of outpatient prescribing</b>	<i>Dec-19</i>
<b>Warfarin - missed and delayed doses</b>	<i>Dec-19</i>
<b>Parkinson's disease - missed and delayed doses</b>	<i>Dec-19</i>
<b>Vancomycin prescribing</b>	<i>Dec-19</i>
<b>Insulin self-administration re-audit</b>	<i>Dec-19</i>
<b>Gentamicin prescribing in neonates</b>	<i>Dec-19</i>