Medicines Management Strategy

2012 – 2014

Directorate responsible for the strategy: Medical and Governance Directorate

Staff group to whom it applies: All clinical staff and Trust managers

Issue date: 30/6/12

Next review: 31/3/14

Approved by: NHSCT Medicines Governance Committee, Northern Prescribing Forum

Developed by: Anna Lappin, Medicines Governance Pharmacist, on behalf of Professor M Scott, Head of Pharmacy & Medicines Management.

Contact for strategy: Professor M Scott.

Summary: The DHSSPS Controls Assurance Medicines Management Standard (Safe and Secure Handling of Medicines) 2011 requires Trusts to have a medicines management strategy. The strategy must be approved by the Trust Board, reviewed and reported on annually using medicines management key indicators.

The purpose of this document is to present to the Board an updated medicines management strategy. Key indicators to measure Trust medicines management functions are included and progress against the strategy provides the Board with assurance as to continuing compliance with the medicines management functions.

Recommendation: The Board is asked to consider and approve this strategy, identifying any additional information (including key indicators) it would wish to see in future annual reports.
1.0 Introduction

1.1 Medicines Management encompasses the way medicines are selected, procured, delivered, prescribed, prepared, administered, stored and reviewed to optimise the contribution they make to producing informed and desired outcomes for patients care. Medicines Management is central to the provision of quality healthcare with publications illustrating that 98% of inpatients are prescribed medicines.

1.2 The DHSSPS Controls Assurance Medicines Management Standard (Safe and Secure Handling of Medicines) 2011 requires Trusts to have a medicines management strategy. The strategy must be approved by the Trust Board, reviewed and reported on annually, using key indicators in medicines management (Appendix 1).

1.3 The Northern Health and Social Care Trust (NHSCT) Medicines Management Strategy is based on national guidance, statutory requirements, and professional standards.

1.4 The Chief Executive NHSCT has the overall statutory responsibility for the safe and secure handling of medicines. The implementation of the strategy is the responsibility of the Head of Pharmacy and Medicines Management working with the Chief Executive, Medical Director, Director of Nursing, Clinical Directors, NHSCT Medicines Governance Committee and the Northern Prescribing Forum.

1.5 The NHSCT Medicines Governance Committee oversees clinical governance and process issues related to medicines usage on Trust premises. The Northern Prescribing Forum oversees drugs and therapeutic guidelines/protocols, clinical guidelines and Patient Groups Directions (PGDs) and their implementation in the Trust along with the managed entry of new drugs.

2.0 General Principles

2.1 The NHSCT recognises that almost all patients will receive medicines, and most staff will deal with medicines at some stage in the care of almost every patient. This strategy seeks to deliver safe and effective therapy and to enhance public confidence in medicines and their use.

2.2 The Trust also recognises that medicines have the potential for harm, as well as for good, and is therefore committed to ensuring that medicines are used safely and effectively. This is in accordance with the principles of clinical governance and the Controls Assurance Standard for Medicines Management.

2.3 The Trust recognises that the Medicines Management Strategy impacts on both primary and secondary care and their interface with the wider community healthcare structures.
2.4 The Trust recognises the importance of the patient in the management of medicines and therefore involvement of patients through processes of informing, supporting, involvement and empowerment will be pursued.

2.5 The Trust recognises that there are financial risks associated with the use of medicines, ranging from wastage due to inefficient prescribing, supply or storage, inefficient procurement in a competitive pharmacological market through to the managed entry of new medicines and technologies. Medicines account for more than 15% of NHS expenditure. This strategy seeks to deliver savings through the efficient use of medicines within the Trust.

3.0 Clinical effectiveness and appropriate use of medicines

3.1 The approach to medicines management within the Trust will be proactive. It will seek to deliver the changing needs of patients in the modern healthcare environment, by ensuring that:
- Patients have appropriate information regarding their medication
- Patients have appropriate access to medicines and pharmaceutical advice
- Patients get the maximum benefit from their medicines
- Clinical risk is minimised at all times

3.2 The Trust will continue to develop effective systems for safe and secure handling of medicines, medicines procurement, and the controlled introduction of new medicines.

3.3 The Trust will continue to ensure that medicines usage within the Trust is evidence-based, that medicines selection is rational, optimal and cost effective within the resources available, and that the medicines themselves are of suitable quality, safety and efficacy.

3.4 The Trust recognises the integral role of medicines in the delivery of cost effective healthcare and the place of medicines management in maximising the use of other Trust resources, e.g. bed management, reduction of delays to discharge.

3.5 The Trust will promote medicines management issues contained within the National Service Frameworks (NSFs) to ensure that appropriate medicines usage is an integral part of NSF implementation programmes.

4.0 Risk

4.1 The Trust recognises that risk is inherent within medicines themselves, and in their use. Safe and effective use of medicines is thus an important aspect of risk management and the Trust will promote and adopt measures designed to minimise these risks. Measures will include:
- Appropriate reporting mechanisms for incidents relating to medicines
- Risk avoidance measures
Multidisciplinary review and audit
Ensuring that lessons are learned from complaints and incidents\(^1\) as well as Adverse Drug Reactions (ADRs)

4.2 The approach to medicines management within the Trust will be meticulous and at all times ensuring compliance with the legislation relating to medicines, guidance from the DHSSPS and professional ethical frameworks.

5.0 Practicalities of Medicines Management

5.1 The Trust will develop and implement a comprehensive Trust Medicines Code and associated policies to facilitate delivery of the Medicines Management Strategy.

5.2 The Trust will actively seek to develop medicines management initiatives, re-engineering of services around patients, promoting partnerships with health care providers in the local health community and facilitating seamless patient care.

5.3 The Trust will make appropriate use of effective information technology to enhance safe and effective use of medicines within the Trust (e.g. electronic medicines information at ward level, and the development of electronic prescribing) and to facilitate communications with primary care colleagues on medicines related issues (e.g. electronic discharge summaries).

5.4 The Trust recognises that staff must have appropriate knowledge to handle medicines safely and effectively. Training for all staff handling medicines is an essential part of the strategy.

5.5 The Trust will use the specialist knowledge and process management expertise of pharmacists, pharmacy technicians and support staff, working in collaboration with other healthcare staff and patients, to lead on all aspects of the implementation of this strategy.

5.6 The Trust Board will receive annual reports, based on agreed key indicators (see Appendix 1) to ensure adherence to the principles set out in the strategy. Key indicators will include those suitable for ensuring that internal controls are working satisfactorily, that medicines are being safely and securely handled and that risks are being minimised.

6.0 Procurement

The purchase and acquisition of all medicines and other pharmaceutical clinical technologies will be in line with DHSSPS Procurement Policy. This will be achieved by ensuring that:

\(^1\) An organisation with a memory, DoH 2000.
Pharmaceutical expertise is appropriately applied at all points
UK licensed products are always used in preference to unlicensed products
All prevailing activities conform with known best practice
Only approved suppliers and distributors are used
Sub standard products are reported and assessed in accordance with guidance. Quality testing is applied where necessary, if there is doubt as to the quality and safety of the product
Prevailing financial guidance (e.g. Standing Financial Instructions) and value for money principles are adhered to
All clinical trial material and samples for clinical assessment are delivered directly to and managed by Pharmacy

7.0 Medicines

There will be formal arrangements whereby:
• An agreed body (the Northern Prescribing Forum) will advise on the clinical need for all medicines which are for use within the Trust
• Only products which are evidence based to be safe, clinically effective and cost effective are used
• There is the provision for the use of new or unusual medication by specialist prescribers as outlined in the Trusts Medicines Code
• There is a mechanism for incorporating national guidelines (e.g. NICE, GAIN, NSFs) into local guidelines and practice
• Guidance on the specific use of medicines within the Trust is clearly defined

8.0 Prescribing

Prescribing will only be undertaken:
• By persons legally entitled to prescribe and who are familiar with the medication to be prescribed
• On the Trust/HSC approved documentation, unless the medication is part of a sponsored clinical trial, when the official trial prescription pro-forma will be used
• For registered patients of the Trust. (Private prescribing is not part of the business of the Trust)
• Such that prescription writing will conform to known national (e.g. BNF) and locally determined guidelines, policies and procedures

9.0 Storage

Medicines will be managed such that:
• Approved, secure areas only are used
• Special storage requirements (e.g. for refrigerated items, controlled drugs, clinical trial items, unlicensed drugs, patient’s own drugs) are always met. Outside the hospital setting medicine storage areas, such as those used in community facilities, are checked to ensure that they comply with the required specification.
10.0 Supply

Medicines will only be supplied against:
- Legitimate prescriptions which are legible, correctly completed, appropriate for the patient and signed by an authorised prescriber
- Legitimate pharmacy non-stock requisitions
- Ward stock requisitions which are legible and correctly completed
- An agreed Pharmacy ‘Top-up’ arrangement
- A validated out-of-hours request to the emergency duty pharmacist

11.0 Transportation

The transport/transfer of medicines between storage areas will:
- Be conducted by authorised persons
- Be appropriately secure and include an audit trail
- Where appropriate, maintain special temperature and/or other requirements

12.0 Administration to patients and assisting clients to take their medicines

Medicines will be administered to patients/clients:
- By persons who are legally entitled and appropriately accredited to do so
- According to the specification of a current prescription/PGD written by an authorised practitioner/persons
- Only when the person administering has applied professional discretion and is satisfied that it is safe and appropriate to do so
- According to local nursing procedures based on NMC guidelines and having direct pharmacy input to review and revision
- With a formal record of all administration and non-administration (omitted/delayed doses) being made in all cases

Clients will be given assistance by appropriately trained residential care or domiciliary care staff, to manage and take their own medicines:
- In Trust residential homes
- In their own homes

13.0 Recycling and Disposal

There will be formal Trust policies and procedures such that:
- Ward/clinical areas will routinely return items no longer required to Pharmacy for recycling (if suitable)
- Medicines will be destroyed in line with prevailing waste management legislation and the Trust waste management policy and procedures
### 14.0 Where is the Trust going with Medicines Management?

<table>
<thead>
<tr>
<th>From this..................</th>
<th>To this..................</th>
<th>How will we know we have got there?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients have some involvement in Medicines Management</td>
<td>Greater involvement of patients</td>
<td>Patient counselling/history taking. Patient representation on appropriate committees. Self-administration schemes</td>
</tr>
<tr>
<td>Incidents involving medication reported sporadically, usually by pharmacists or nurses</td>
<td>Medication incidents reporting routinely from all disciplines, including medical staff</td>
<td>Number of reported incidents ↑, with corresponding ↓ in serious errors</td>
</tr>
<tr>
<td>Some key ward pharmacy roles established. e.g. clinical pharmacist, pharmacy technician</td>
<td>All wards have a dedicated pharmacy team</td>
<td>Wards can demonstrate that Top 50 medication treatments are the most cost effective available</td>
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<tr>
<td>Low levels of pharmacy/medicines management advice and contact in Trust residential facilities and in domiciliary care settings</td>
<td>High levels of pharmacy/medicines management advice and contact in Trust residential facilities and in domiciliary care settings</td>
<td>Medicines Management issues in residential facilities and domiciliary care settings regularly discussed at the NHSCT Medicines Governance Committee. Training programmes developed for relevant staff. Pharmacy resource identified to address issues and give advice to staff on the ground</td>
</tr>
<tr>
<td>Traditional dispensing and distribution methods for supplying medicines to patients</td>
<td>Use of appropriate technology and processes to ensure timely delivery of medicines to patients. IT innovations, including robotics. Integrated Medicines Management Scheme, incorporating both One Stop Dispensing and seven day week working</td>
<td>Audit of omitted and delayed doses of medicines.</td>
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15.0 Medicines Management Key Initiatives

The following initiatives are being developed and utilised as part of the Trust Medicines Management Strategy.

15.1 Improve patient’s access to medicines
- Patient Group Directions
- Further roll-out of Integrated Medicines Management (IMM)
- Development of non-medical prescribing
- Improved delivery of medicines to patients e.g. extended pharmacy opening hours
- Development of self-administration scheme

15.2 Improve patient/carer access to information on medicines
- Pharmacy involvement in pre-admission, admission and discharge processes
- Medication history, discharge counselling and access to patient information leaflets (PILs) provided by pharmacy staff

15.3 Improve healthcare staff access to information on medicines
- Improve communication between secondary care, GP’s and community pharmacists
- More pharmacy presence in clinical areas, including clinics
- Electronic prescribing and discharge letters

15.4 Implement innovative practice
- More pharmacy technician involvement in medicines management

15.5 Saving time and money
- Use of Patient’s Own Drugs
- Ward based discharge (IMM)
- Effective pharmaceutical procurement
- Joint guidelines on medicines use with primary care
- Pharmacist prescribing

15.6 Improve financial planning, management and reporting
- Link new medicine approval with available funds
- Pharmacists integrated in financial reporting

15.7 Improve safe use of medicines
- Medication incident reporting and pharmacists interventions: interfacing of Datix and epics databases to enable analysis and investigation
- Develop safe practices (e.g. through the implementation of NPSA Alerts/Rapid Responses Reports and DHSSPS circulars)
- Implement Trust Medicines Code
- Medicines reconciliation by pharmacy at all stages of the patient journey

15.8 Utilise technology to improve processes
• Replace pharmacy computer system with JAC pharmacy system
• Automate dispensing
• Develop IT in clinical practice – electronic prescribing
• Introduce intelligent alerts for identified high-risk medications
• Electronic transfer of reconciled medication information at discharge

Equality, Human Rights and DDA

This document is purely clinical/technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the quality and good relations categories.

Sources of advice in relation to this document

The document author should be contacted with regard to any queries on the content of this strategy.

Prof Mike Scott
Head of Pharmacy & Medicines Management

Dr Peter Flanagan
Medical Director

Mrs Olive MacLeod
Director of Nursing
A series of key performance indicators for medicines management have been developed to ensure that internal controls are working satisfactorily, that medicines are being handled safely and that risks relating to medicines are minimised.

A. Clinical Governance

1. Number of complaints received involving medicines
2. Number of medication incidents reported as a percentage of total incidents reported within the Trust
3. Medication incidents reviewed and lessons learned distributed Trust-wide every quarter
4. Monitor pharmacists clinical interventions – snap shot audits
5. Percentage of 3 monthly controlled drugs checks completed with no discrepancies
6. Annual audit of in-patient kardex against: omitted/delayed doses, generic prescribing, documentation of allergy status
7. Annual audit of compliance to Medicines Code
8. Ongoing audit of compliance to antimicrobial prescribing policies
9. Percentage of patients with medicines reconciled by the pharmacy team within 24 h of admission
10. Percentage of patients with medicines reconciled by the pharmacy team at discharge

B. Risk Management

1. Medicines Governance Committee reports
2. Audit reports
   - Systems audit e.g. adherence to Medicines Code
   - Clinical audit e.g. compliance with prescribing protocols/guidelines
3. Training report e.g. courses held and attendance

C. Corporate Governance

1. Internal audit – reports from Internal Audit concerning issues of medicines management
2. External audit – reports from external audit agencies concerning issues of medicines management
3. DHSSPS inspection reports
4. Controls Assurance Standard: Medicines Management annual assessment
5. Medication related entries on the Directorate and Trust Risk Registers
6. Financial issues relating to Medicines Management
7. Controlled Drugs incidents reported to LIN (Local Intelligence Network)
Key performance indicators are to be reported annually to Trust Board in Medicines Management Annual Report.

Key performance indicators are to be reviewed annually to ensure continuing relevance.