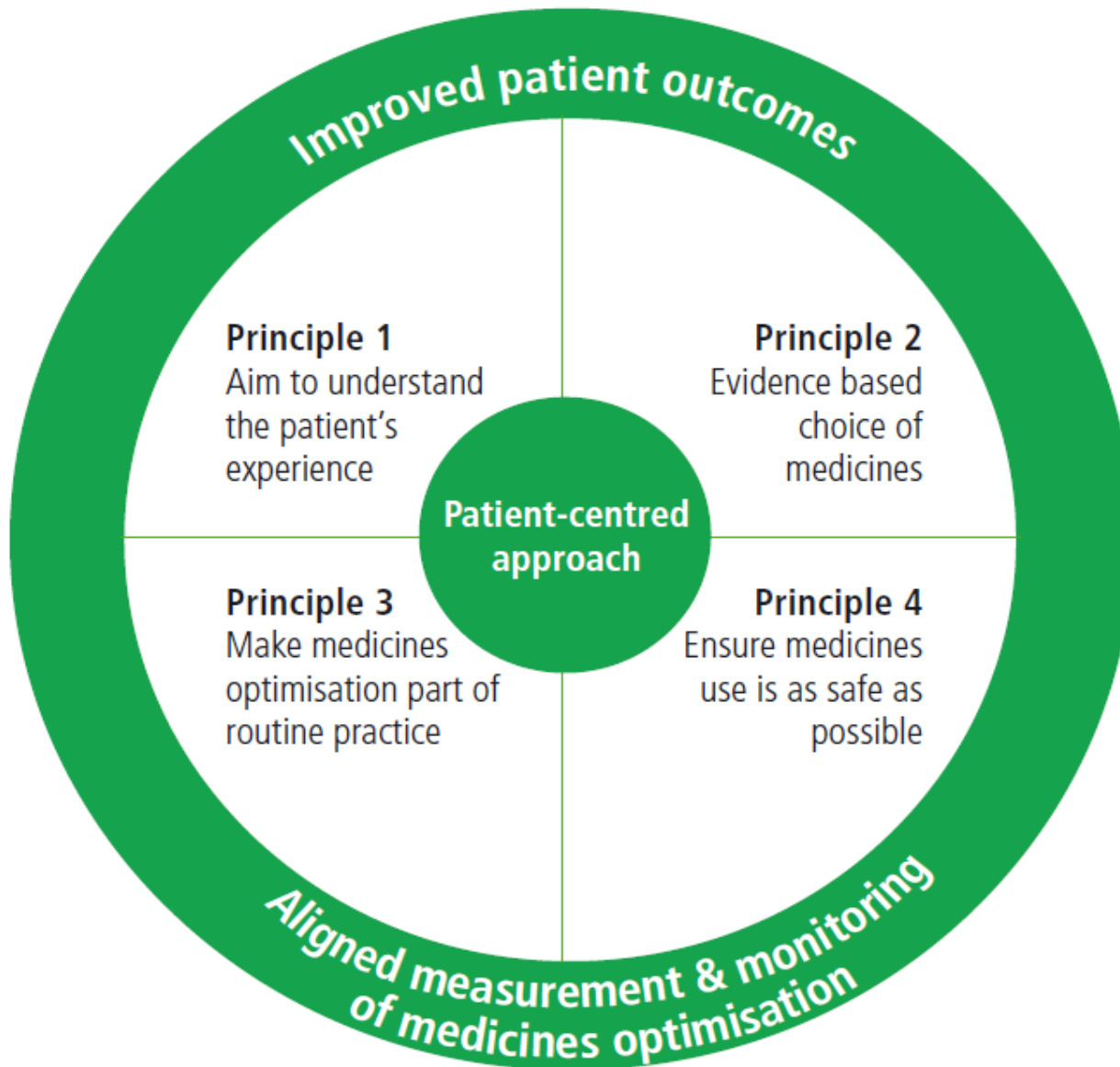


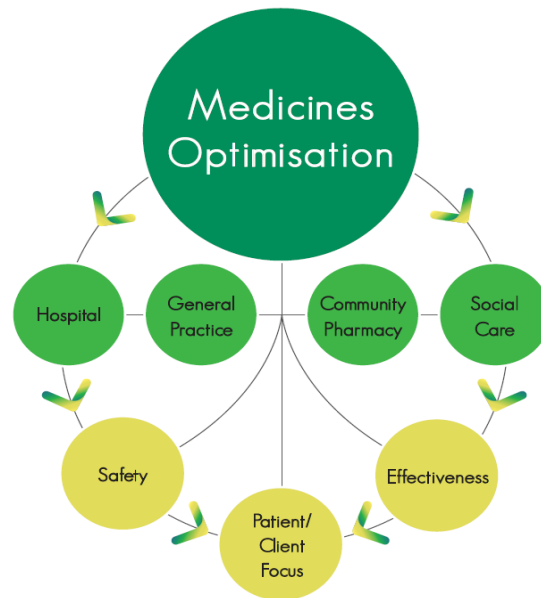
MEDICINES OPTIMISATION

Defined by NICE as ‘a person centred approach to safe and effective medicines use to ensure the best possible outcomes from their medicines’



Smarter Medicines Better Outcomes

Medicines Optimisation Quality Framework



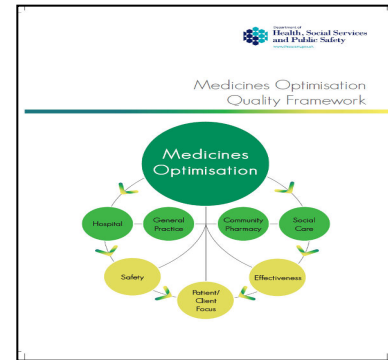
9 Recommendations

1. A Regional Model for Medicines Optimisation should be introduced which outlines what patients can expect when medicines are included in their treatment as they access services in HSC settings.
2. The model should be delivered by a multi-disciplinary medicines optimisation workforce trained and competent in medicines optimisation, with the involvement of pharmacists in all settings.
3. The medicines optimisation workforce should deliver regional services and roles which are commissioned and coordinated across all HSC organisations and related agencies involved in the prescribing, dispensing and administration of medicines.
4. The services and roles should aim to consistently deliver regional best practices in compliance with new Quality Standards for Medicines Optimisation.
5. Regional best practices should always be co-designed with patients, following the principles of Personal and Public Involvement (PPI).
6. An innovation and change programme should be implemented, linked to HSC commissioning plans, to support the development, testing and scaling up of technology and service solutions to deliver consistent best practices related to the Quality Standards.
7. Regional systems should be implemented supporting HSC connectivity, electronic transmission of prescriptions and access to the Electronic Care Record, prescribing support, Northern Ireland Formulary and enhanced data analysis.
8. Within the HSC a regional organisational infrastructure for medicines optimisation should be maintained that incorporates, the Medicines Governance Team, Pharmacy and Medicines Management Team, Regional Pharmaceutical Procurement Service, Medicines Information Service, Medicines Optimisation Innovation Centre (MOIC).
9. A new regional database for medicines optimisation should be developed to monitor progress and enable comparisons regionally and with other UK countries.



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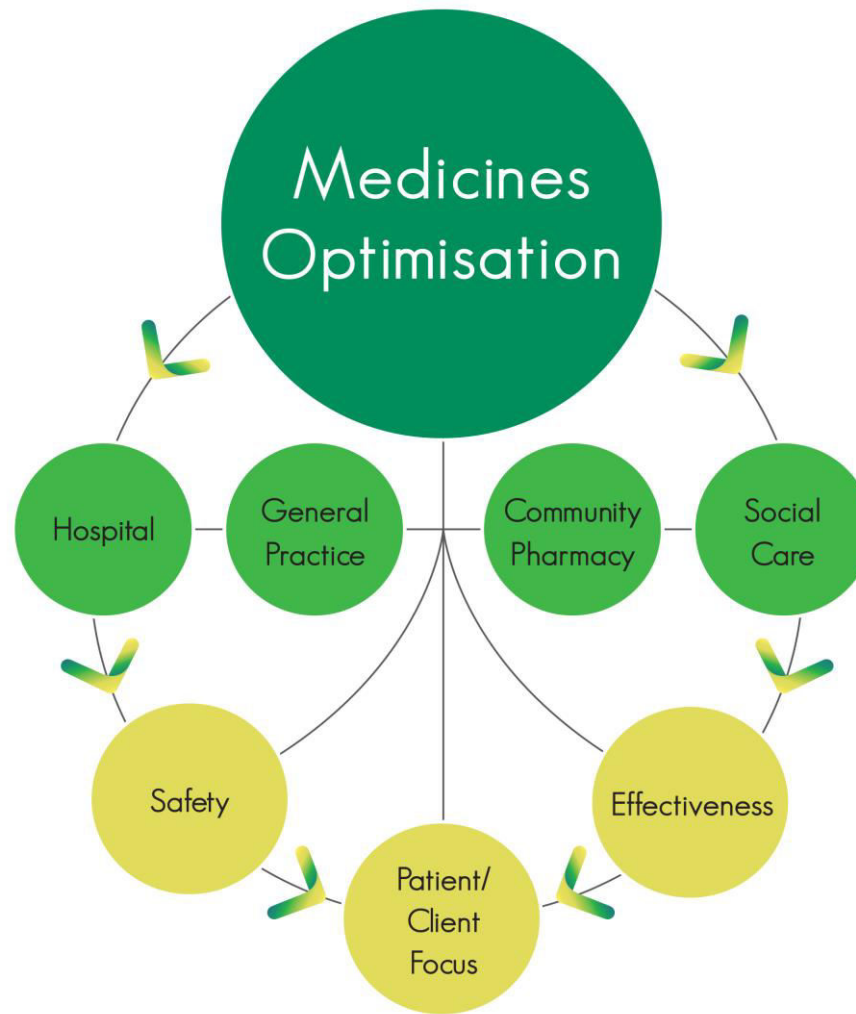
Medicines Optimisation Quality Framework

- **Medicines Optimisation Model**
- **Quality Standards**
- **Innovation and Change Programme**

Smarter Medicines Better Outcomes



Medicines Optimisation Model



Smarter Medicines Better Outcomes

<p>Hospital</p> <p>On Admission</p> <ul style="list-style-type: none"> Patients bring their medicines where possible. Within 24 hours of admission medicines reconciled by a trained pharmacist. Medicines records updated, checking for omissions, documenting and communicating should be involved in this process. Within 24 hours of admission discharge planning to help patients. If patients move from one ward to another may need to occur again. <p>Following Medical Assessment</p> <ul style="list-style-type: none"> Patients are involved in decisions, preferences and values taken into account about new medicines and their use. Patients have the opportunity to discuss about their medicines. During the inpatient stay, medicines reviewed in conjunction with the clinical team. Patient responses to medication 'high risk medicines' are followed up. <p>Administration of medicines</p> <ul style="list-style-type: none"> On some wards patients may not be able to administer medicines if it is not possible medicines are administered by a pharmacist or nurse if appropriate and 	<p>General Practice</p> <ul style="list-style-type: none"> Patients registering with a GP check. During consultation new medicines, their use, appropriate, tailored to patient outcomes. Patients taking medicines where appropriate, safely and effectively. Patients on repeat medicines reduce the risk of waste. All patients on repeat medicines pharmacist. (This may include medicines of medication). Patient responses to medicines and not evidence based. Patients with problems for an adherence assessment. Patients are involved in questions about their medicines. Patients discharged with medicines, trained and competent or new supply of medicines the information. Patients and any changes documented. Prescribers have up to date prescribing. Prescribers have access to patients taking medicines. Practices provide information appropriately authorised during transitions of 	<p>Community Pharmacy</p> <ul style="list-style-type: none"> On presentation of a prescription prescription using the patient's details the level of information and advice safely and effectively. High quality medicines are dispensed. Patients receive appropriate information particularly if a new medicine is prescribed. If the presentation of a repeat medicine and reassured of continued effectiveness. Patients are offered a medicine review. For example, following discharge regimen. Patients having problems taking medicines needs assessed and appropriate advice. Patients are asked if they need medicines reduce the risk of waste. Pharmacists work closely with patients are on the most appropriate working in local GP practices and To support safe transitions, pharmacist or pharmacy team admission to hospital or to apply in a nursing or residential home. On discharge from hospital, current medication and medicines. Pharmacies may provide other health outcomes from medicines. 	<p>Children's homes</p> <ul style="list-style-type: none"> When a child/young person first moves into a children's home and at each transition of care thereafter their medicines are checked with their GP Practice and Community Pharmacy. Adequate supplies of medicines are always available and prescription ordering systems in children's homes are carefully managed and monitored to avoid over-ordering and waste. The management of medicines is undertaken by trained and competent staff and systems are in place to review staff competency. Robust systems are in place for the management of self-administered medicines. Prior written consent is obtained from a person holding parental responsibility for each child or young person for the administration of any prescribed or non-prescribed medicine. Staff receive training on 'High Risk Medicines' and have easy access to information about all medicines. Staff have contact with pharmacists in the community to assist with queries about medication. <p>Domiciliary care</p> <ul style="list-style-type: none"> Nurses and care workers have clearly defined roles in helping with medicines taking. Administration of, or assistance with, medication is facilitated when requested in situations where an individual is unable to self-administer. Administration or assistance with medication is detailed in a care plan and forms part of a risk assessment. Policies and procedures identify the parameters and circumstances for care workers administering or assisting with medication. They identify the limits and tasks that may not be undertaken without additional training. Care workers who administer medicines are trained and competent. A record is kept of all medicines management training completed by care workers and retained for inspection. When necessary, training in specific techniques (e.g. the administration of eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional. 	<p>thereafter</p> <p>systems in</p> <p>or</p> <p>appropriate</p> <p>them</p> <p>ster is</p> <p>e</p> <p>with</p> <p>pharmacy.</p> <p>systems in</p> <p>and</p> <p>risk</p> <p>kept</p> <p>y</p>
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Quality Standards

Quality Domain	Medicines Optimisation Standards
Patient/Client Focus Patients are involved in decisions about their treatment with medicines.	1. Safer Prescribing with Patient Involvement
	2. Better Information about Medicines
	3. Supporting Adherence and Independence
Safety Preventing and minimising harm related to medicines use.	4. Safer Transitions of Care
	5. Risk Stratification of Medicines
	6. Safety/Reporting and Learning Culture
Effectiveness Right patient, right medicine, right time, right outcome, right cost.	7. Access to Medicines you Need
	8. Clinical and Cost Effective Use of Medicines and Reduced Waste
	9. Clinical Medication Review
	10. Administration

Standard 1 - Safer Prescribing with Patient Involvement

Prescribing is carried out in a manner which promotes safety and optimal health outcomes, with patients involved in decisions about their treatment.

Standard 2 – Better Information about Medicines

Patients/carers receive the information they need to take their medicines safely and effectively.

Standard 3 – Supporting Adherence and Independence

People are helped to remain independent and self manage their medicines where possible but receive support with adherence when needed.

Standard 4 – Safer Transitions of Care

Checks occur at each transition of care to ensure that the transfer of medicines and medicines information between patients, carers and health and social care workers is safe, accurate and timely.

Standard 5 – Risk Stratification of Medicines

Patients who may be at risk because of the medicines that they use receive the appropriate help to take their medicines safely.

Standard 6 – Safety/Reporting and Learning Culture

Organisations promote an open and transparent culture with evidence of processes for the reporting, prevention, detection, communication and cascade of learning from medication incidents and adverse drug reactions.

Standard 7 – Access to Medicines you Need

Patients have appropriate, equitable and timely access to quality assured, evidence-based and cost-effective medicines.

Standard 8 - Clinical and Cost Effective Use of Medicines and Reduced Waste

Within organisations a culture exists promoting a shared responsibility for the appropriate, clinical and cost effective use of medicines supported by systems for avoiding unnecessary waste.

Standard 9 – Clinical Medication Review

Clinical medication reviews are carried out with the patient and occur on a regular basis, at least annually.

Standard 10 – Administration

Following an initial check that the direction to administer a medicine is appropriate, patients who have their medicines administered receive them on time and as prescribed.

Innovation And Change Programme

1. Strategic and clinical leadership
2. Regional and local focus
 - Best practices - what to scale up and how to scale up
3. Medicines Optimisation Innovation Centre
 - Develop, test, evaluate new solutions
4. Networks, partners and knowledge transfer
 - Collaborations, R&D, links, funding
5. Outcome Measurements
 - Demonstrating quality improvements

Innovation and Change Programme

Key Goal – Identifying and Scaling Up Best Practices

Type of Activity	Focus	Action needed	Timeframe and costs
Existing activities that support best practices.	Local	<ul style="list-style-type: none"> Identify existing activities Manage performance for consistent delivery 	<ul style="list-style-type: none"> Immediate/ Short term & ongoing No cost
Activities involving best practices available in some but not all areas.	Local or Regional	<ul style="list-style-type: none"> Prioritise and scale up 	<ul style="list-style-type: none"> Short to Medium term Potential costs to scale up
Activities addressing gaps in best practice.	Regional	<ul style="list-style-type: none"> Regional workstreams develop and test new solutions for scale up. 	<ul style="list-style-type: none"> Medium term Costs for R&D service dev

Accelerate

2016/17 Plan

- Identify existing activities and deliver consistently at local level
- Scale up roles and services
 - Older people
 - Mental health
 - Practice Based Pharmacists
 - Community Pharmacy
- Develop new service and technology solutions to address gaps in best practice
 - Acute Care at Home
 - Clinical medication reviews
 - ABPI joint working Post Discharge Follow Up
 - Small Business Research Initiatives (SBRI)
 - EU SIMPATHY project

Accelerate

2016/17 - cont

- Personal and Public Involvement Plan
 - DFP Innovation lab outputs
- Regional benchmarking and database for medicines optimisation
 - NHS benchmarking
 - MO dashboard
- Regional efficiency programme
 - £30m target 2016/17
- Regional workshops
 - Regional and local implementation teams

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