



Stakeholder Exchange Teach Back

Prepared by: SPSP Medicines Team

2018-19 WebEx Series

Transitions

Omissions

High risk medicines

Build upon the outputs of
the Stakeholder Exchange
held in February

Sharing and learning



A few points for our WebEx today:

Please dial in on your phone:

0800 389 7473 and then use the pass code: 263 058 77#

If you are not presenting your phone is automatically on mute

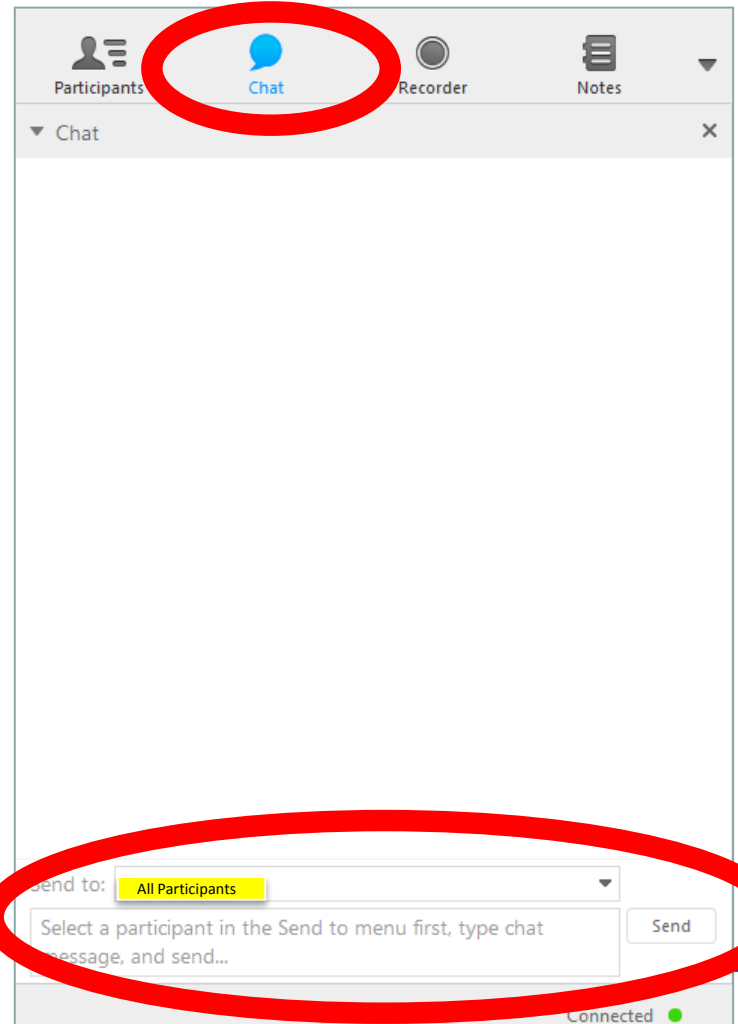
Phone lines will open at the end of the WebEx for Q and A with the presenters



To get involved in the conversation,
please click on the Chat icon.

Select **All Participants** from the drop
down menu, type your message then
click send. Introduce yourself.

This WebEx is being recorded as a
resource and will be available on the
ihub website



Meet the team



Arvind Veiraiah
National Clinical Lead

New team
member soon
Project Officer



Kirsty Allan
Administrative Officer



David Maxwell
Improvement Advisor

Polling Question

Which of the following professions best describes you?

- a. Patient / Service User
- b. Medical
- c. Nursing
- d. Pharmacy
- e. Other (please type in chat box)

2018-19 WebEx Series

Transitions

Omissions

High risk medicines

**Build upon the outputs of
the Stakeholder Exchange
held in February**

Sharing and learning



Objectives for today

Summarise the Stakeholder Exchange proceedings

Share draft key findings from the day

Seek confirmation of the findings / next steps

Participation





Pre-reading

Review the output summary from the morning sessions and consider the reflective questions included in the summary

Download and complete the survey (excel file) relating to ease and impact of the types of improvement activities identified at the Stakeholder Exchange

Polling Question

How easy was it for you to complete the pre-reading for today's WebEx?

- a. I completed the reflective questions and the survey
- b. I was able to complete one of the two pre-reading exercises
- c. I did not have time to do any pre-reading
- d. I was not aware there was any pre-reading available

Stakeholder Exchange: February 2018

Aims:

- share the achievements of the first 2 years of SPSP Medicines,
- discuss national and international strategies for achieving medicines safety
- inform future priorities.

Time	Topic	Room
10:00	Registration and coffee in the Caledonian Lounge	
10:30	Welcome	Caledonian Rooms
10:50	Medicines in a Complex System	
11:05	SPSP Medicines: the first two years	
11:45	What matters to you.....	
12:30	Networking lunch in the Caledonian Lounge	
13:30	Feedback from morning sessions	Caledonian Rooms
13:45	Levers for further change	
14:45	Next steps	
15:00	Close	





What matters to us?

Delegates prioritised 20 differences that they would like to see in practice

Did any one of the responses either particularly appeal to you or put you off?
If so, why?

What other important differences/changes would you expect to see if medicines safety improved dramatically?

What matters	Differences that will be seen
Patient	<ul style="list-style-type: none"> • Ownership of data/information. • Shared decision making between professionals & patients. • Accessible information, time to absorb, confidence in using medicines safely
Systems & culture	<ul style="list-style-type: none"> • Better systems and culture for learning from errors/harm. • Recognition and understanding of harm and effective harm reduction techniques. • Professionals are aware of the impact of unsafe practice on the patient – all contribute to improvement. • Ownership by all, not just pharmacists.
Information & communication	<ul style="list-style-type: none"> • Everyone makes decisions about medicines based on current, complete and understandable information. • Improve IT infrastructure (better sharing of electronic information).
Reliable actions	<ul style="list-style-type: none"> • Whole system process for medicines reconciliation (activity). • Structured discharge planning to enhance medicines reconciliation. • Access to support use of emergency medicines in the pre-hospital setting to reduce hospital admissions. • Regular rationalisation of medicines, including over the counter medicines.

Levers for Change (Primary Drivers)

Effective medicine
safety governance
structures

Patient knowledge,
participation and co-
design

Attractiveness for
staff of medicines
safety work

Clear staff roles,
responsibilities and
competencies

Quality
improvement
support

Digital [IT]
systems





processing...

Analysis – our approach

- Outcomes vs processes
- Multiple improvement activities linking to single change ideas (and reverse)
- Simplifying the language

Change ideas	Improvement Activity
Consider compelling campaign. E.g. #C2C – chance to check.	Promote positive language and focus
	Plan and participate in QI projects
	Enhance & use QI support networks

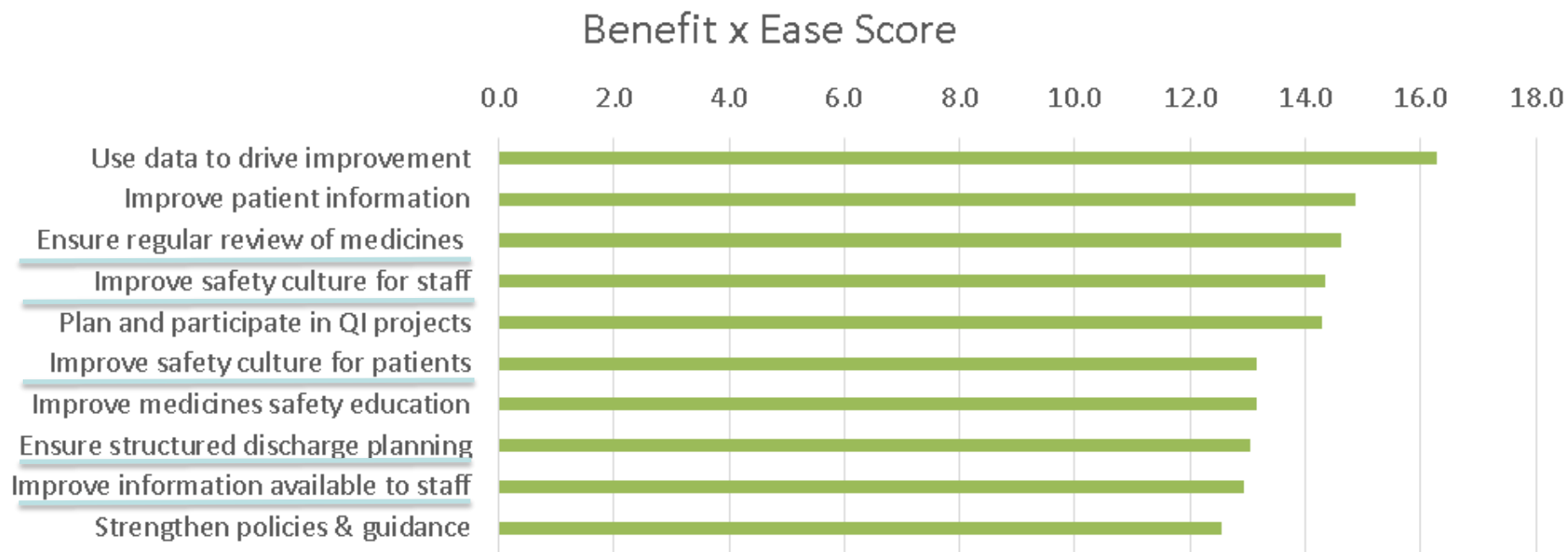
Pre-reading: Ease and Impact of Improvement Activities

30 different types of improvement activities

How easy to do in your work place?

What would the impact be?

MCAG reflections:



Your next steps:



How will you discuss these improvement activities with your teams over the next 4 weeks?
(chat box)

Next steps (national):

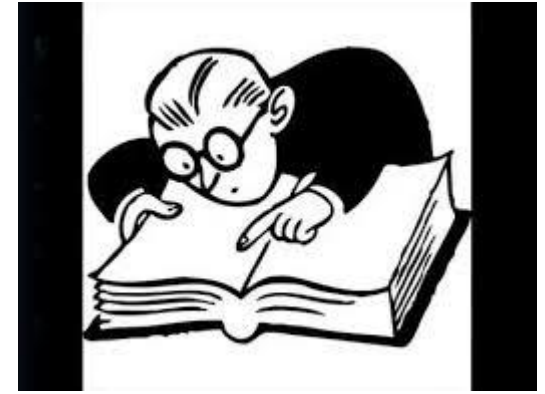
National priorities will be informed by this work. Please complete and return the survey (spsp-medicines.hcis@nhs.net) – by April 30th.

But what about?

- Ask for patient feedback
- Promote recognition in supervision
- *“Patient self-administration of medicines working group”*

WebEx Topics:

Who does what:
Models of care
delivery



Engaging patients

Digital solutions

Collaboration with
other national
programmes

Models of
supervision

Anything
else?



@SPSPMedicines
#SPSPMeds

Transitions, Omissions and High Risk Medicine

WebEx Series 2018-2019

Engaging patients
NHS Tayside

Thursday 17 May 2018
3pm-4pm



As part of Healthcare Improvement Scotland's Ihub, SPSP activities support the provision of safe, high quality care, whatever the setting.