SCOTTISH PATIENT SAFETY PROGRAMME 2008-2018

Transitions, Omissions and High Risk Medicine

WebEx Series 2018–2019

Models of Care
NHS Grampian

Thursday 28 June 2018
3pm–4pm

@SPSPMedicines
#SPSPMeds

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

A few points for our WebEx today:

Please dial in on your phone:

0800 032 8069 and then use the pass code: 253 131 27#

If you are not presenting your phone is automatically on mute

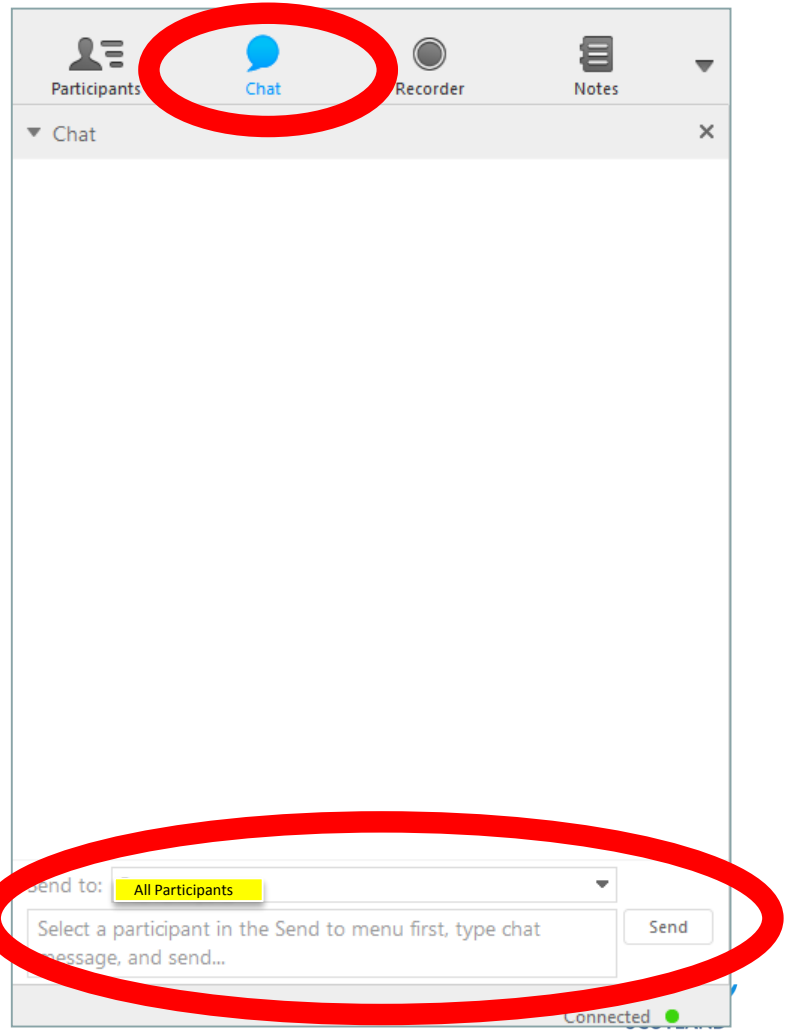
Phone lines will open at the end of the WebEx for Q and A with the presenters

Ten years of improving safety

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



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Meet the team

Arvind Veiraiah
National Clinical Lead

Lorraine Donaldson
Project Officer

Kirsty Allan
Administrative Officer

David Maxwell
Improvement Advisor

WebEx Series: You Said..

- How to attract more Patient Representative/Public Partners to become involved
- I would like to hear from pharmacists who have developed advanced practice
- Focus on high-risk medicines

We Did..

- Our May WebEx focussed on Engaging Patients
- Welcome to today's WebEx!
- July's WebEx is all about Insulin Safety in acute care

Ten years of improving safety

Latest updates from SPSP Medicines:

- Stakeholder Exchange 2018 Outcome Report
- SPSP Medicines Bulletin 10

Do you have a patient story to share that would provide useful learning for your colleagues across Scotland? We have an easy-to-use template on our website which you can use to submit anonymised stories to us.

For these resources and more visit us at www.ihub.scot/spsp/medicines

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NHS SCOTLAND

Polling Question 1

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)

Every Person Every Time
SCOTTISH PATIENT SAFETY PROGRAMME
2008-2018
Ten years of improving safety

SPSP Medicines Models of Care

Prepared by: Hayley Porter and Sue Eddowes

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NHS SCOTLAND

Presenters

Hayley Porter, GP Clinical Pharmacist
NHS Grampian

Sue Eddowes, Primary Care Pharmacy Technician
NHS Grampian

A Bit About Me

- Qualified as a pharmacist in 2010. Spent 5 years in community pharmacy before moving into Primary Care. Became an Independent Prescriber in 2016.
- Initial Primary Care post involved Prescription for Excellence work with a focus on polypharmacy reviews.
- Then moved onto a full time post within a medical practice who were one of the first in Grampian to trial a new model of primary care.
- 2 full-time Pharmacists, 3 Advanced Nurse Practitioners, 2 Physicians Associates.
- Then had the opportunity to join current practice and use the skills and experience gained to develop a new GP Clinical Pharmacist role there.

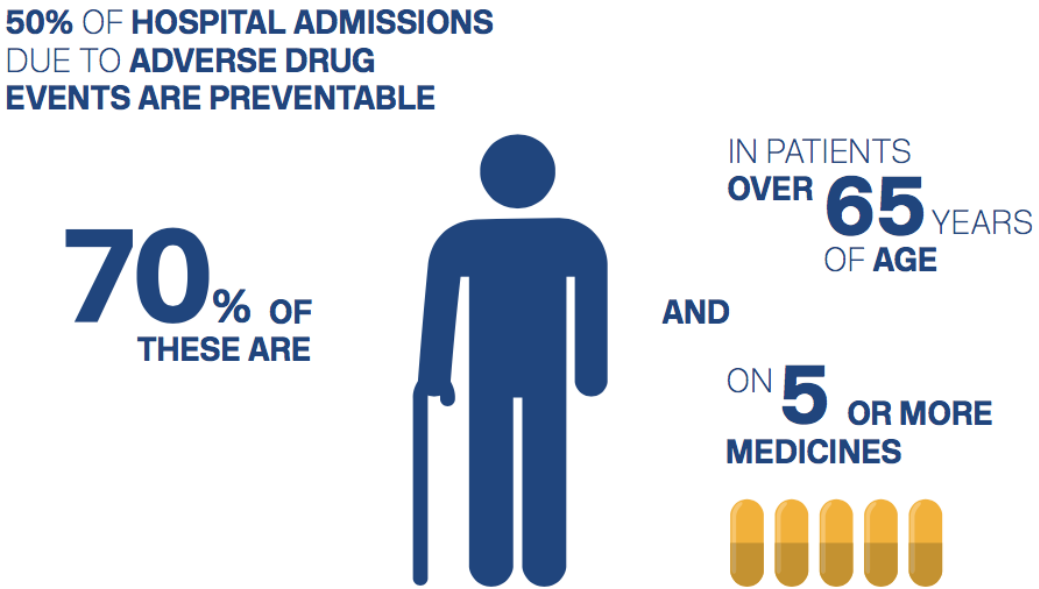
A Bit About The Practice

- City centre practice with a list size of ~7000 patients.
- Relatively affluent area.
- Mixed demographic.
- Traditional team.
- Prior to my appointment the practice had input from a HSCP Primary Care Clinical Pharmacist one day per week.
- With funding from the Primary Care Modernisation Fund the practice decided to directly employ a pharmacist for 30 hours per week.
- Role focuses on increasing clinical capacity and reducing GP workload within the practice.

The GP Clinical Pharmacist Role

- Acute prescription requests
- Medicines Reconciliation for all discharge letters
- Actioning of Clinic Letters from Secondary Care
- Advice to patients/carers face-to-face or by telephone consultation
- Medicines Reconciliation for New Patients
- Clinical queries from Secondary Care
- Clinical queries from GPs, PNs, DNs, HVs, Midwifes
- Queries from Community Pharmacists
- Polypharmacy Reviews- MDT, Face-to-Face, Home Visits
- Clinics- Polypharmacy, Contraception, Hypertension
- Support for admin team- repeat prescribing, CMS
- Lead+support the practice to meet targets for Locally Enhanced Services

Polypharmacy



Scottish Government Polypharmacy Model of Care Group.
Polypharmacy Guidance, Realistic Prescribing 3rd Edition, 2018.
Scottish Government

Polypharmacy: April 2017- March 2018

102 Polypharmacy Reviews

- 186 medicines stopped
- 49 doses reduced
- 28 switched to alternative
- 11 medicines started
- 3 doses increased

NHS Scotland Polypharmacy Guidance- Realistic Prescribing 2018
http://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf

Medicines Reconciliation

Hospital Discharge Letters

- ~130 per month.
- Saves significant GP time.
- Pharmacist has time to do a thorough meds rec and follow up any queries or discrepancies.
- Liaise with patient to ensure they are clear on changes.
- Liaise with community pharmacies e.g dosette boxes.
- Liaise with HSCP Pharmacy Technicians when needed.

Clinic Letters

- Any letters that involve initiation/discontinuation/alteration of medication passed to pharmacist.
- Record in notes, prepare prescriptions, update repeat list when appropriate, liaise with patient and community pharmacy when needed.
- Saves GP time.
- Examples- Initiation of DMARDs, Complex changes.

QI Project- New Patients Medicines Reconciliation

- Identified as an area for improvement within the practice.
- Aim was to standardise how medication is added to patient record following registration and ensure is done consistently within a timely manner.
- Improves patient access to their medication.
- Medicines available on ECS in a more timely manner.
- Saves GP time and appointments.

Process Map

1st Contact

How are new Nursing Home patients managed?

- Front desk registration
- Med list on registration form
- Routine appointments
- Acute prescription request
- Telephone consults
- Duty doctor contact
- Ward round at Nursing Home
- Phone call from Community Pharmacy
- Hospital admission query

Admin Process

What advice is given by admin at point of registration?

- Patient told to make sure they have enough medication from previous GP before moving practice
- Electronic record received from Practitioner Services within ~7days
- Community pharmacy may be able to give an urgent supply if patient has ran out of medication
- Patient told to make a routine GP appt if on regular medication
- Nursing Home registrations to Dr SG
- If no medical records available e.g. overseas , patient to make GP appt+bring meds with them

Medication on Vision

Are meds checked when electronic record is received?

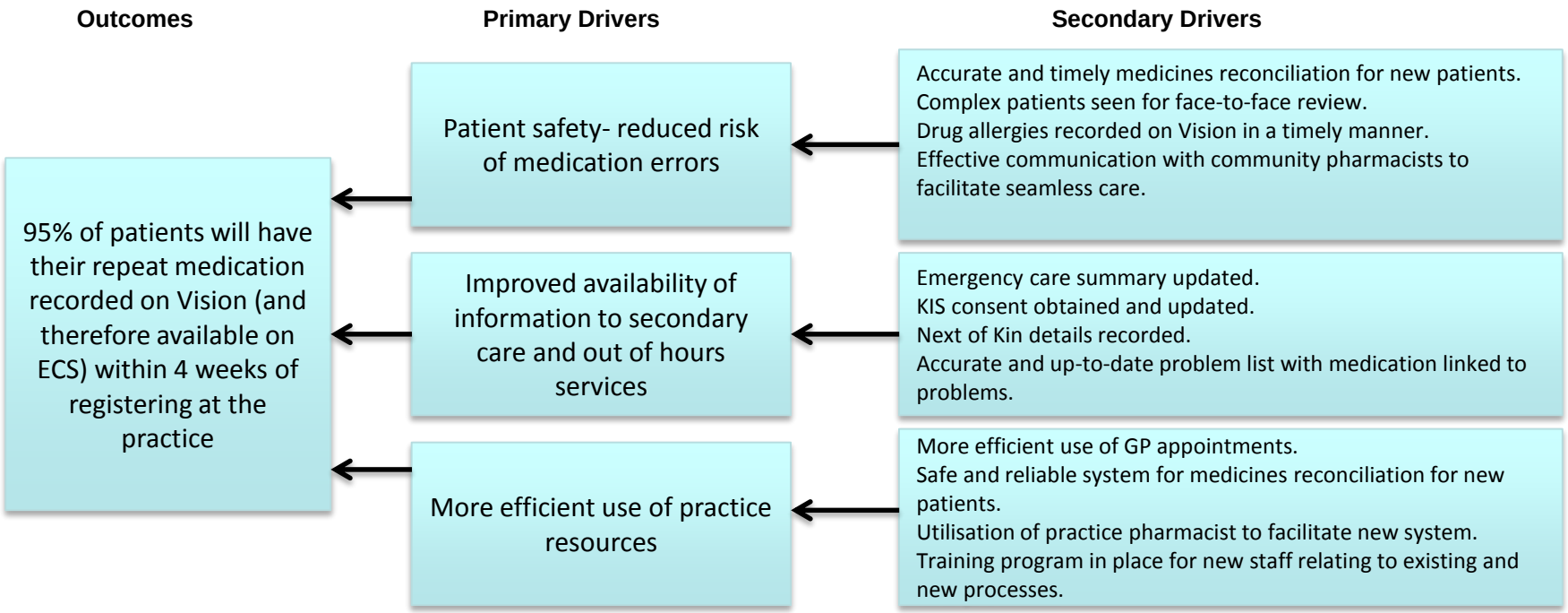
How do we get info regarding new patients to coding?

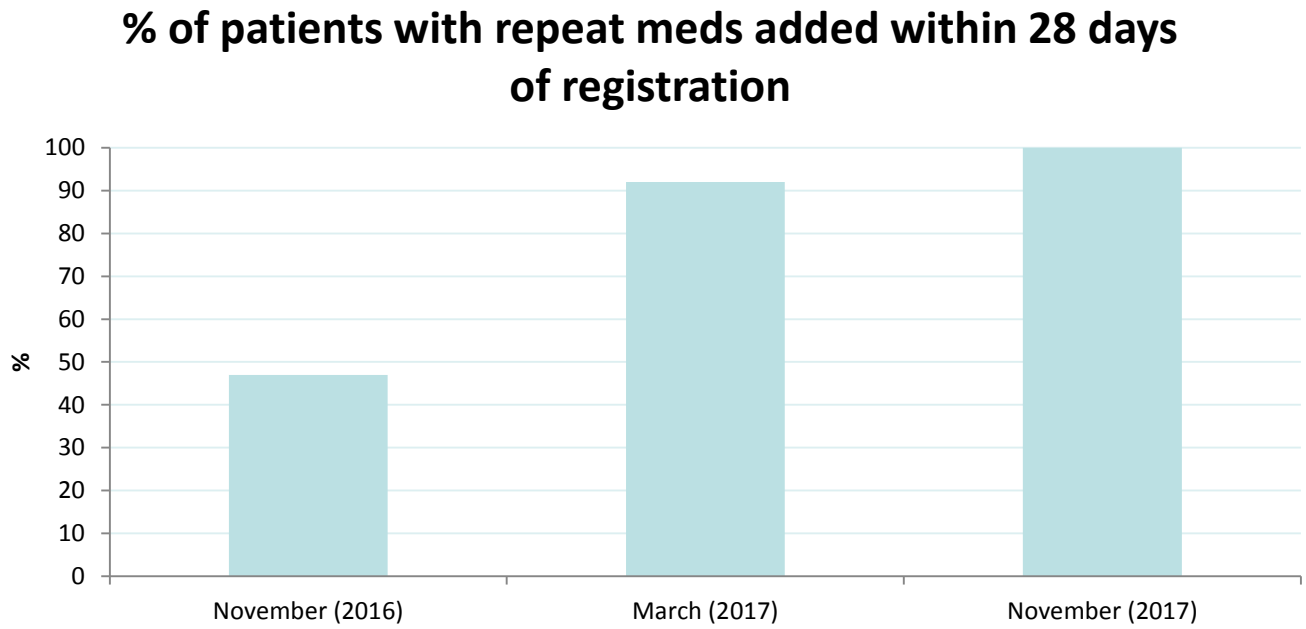
- Medication added at GP consultation
- Long-term meds added to repeat and linked to problem list
- Potential drug s of abuse left off repeat
- If meds required before being seen, an acute prescription is issued
- Some meds added by practice pharmacist when dealing with acute requests- to repeat if appropriate or acute until seen by GP
- Meds added for new Nursing Home patients by Dr SG following med review

Ideal Info for KIS/Fully Summarised Record

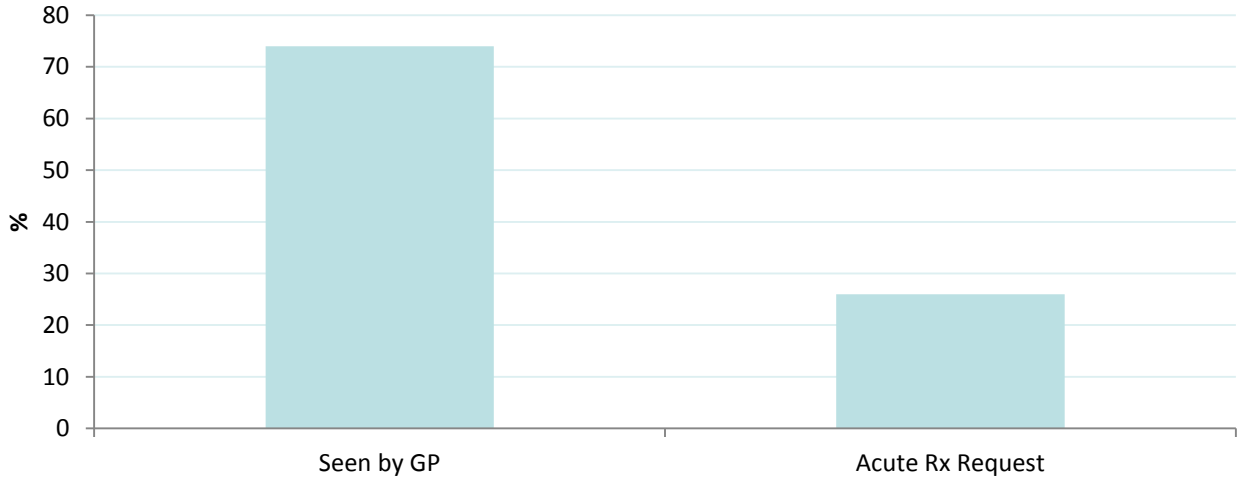
- Full medication list
- Chronic diseases/Medical history
- Drug allergies/sensitivities
- Bloods borne virus status
- DNACPR
- Next of Kin details
- Power of Attorney details
- Written consent (other than POA) for release/sharing of info
- Essential access info e.g. key safe code

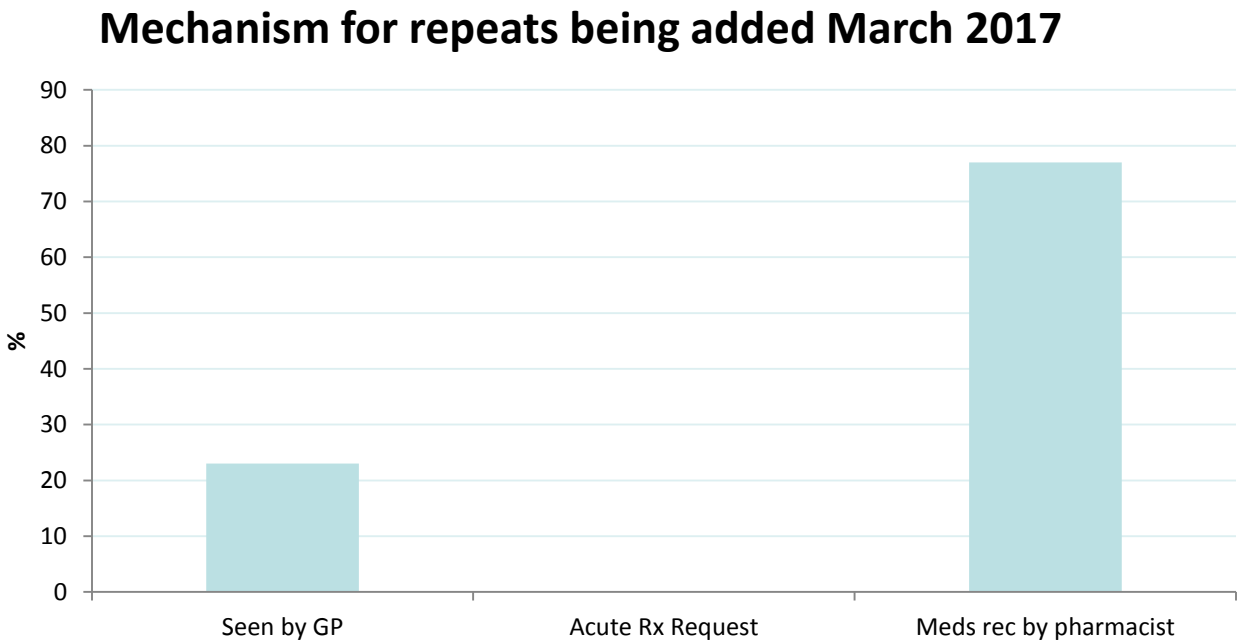
Driver Diagram



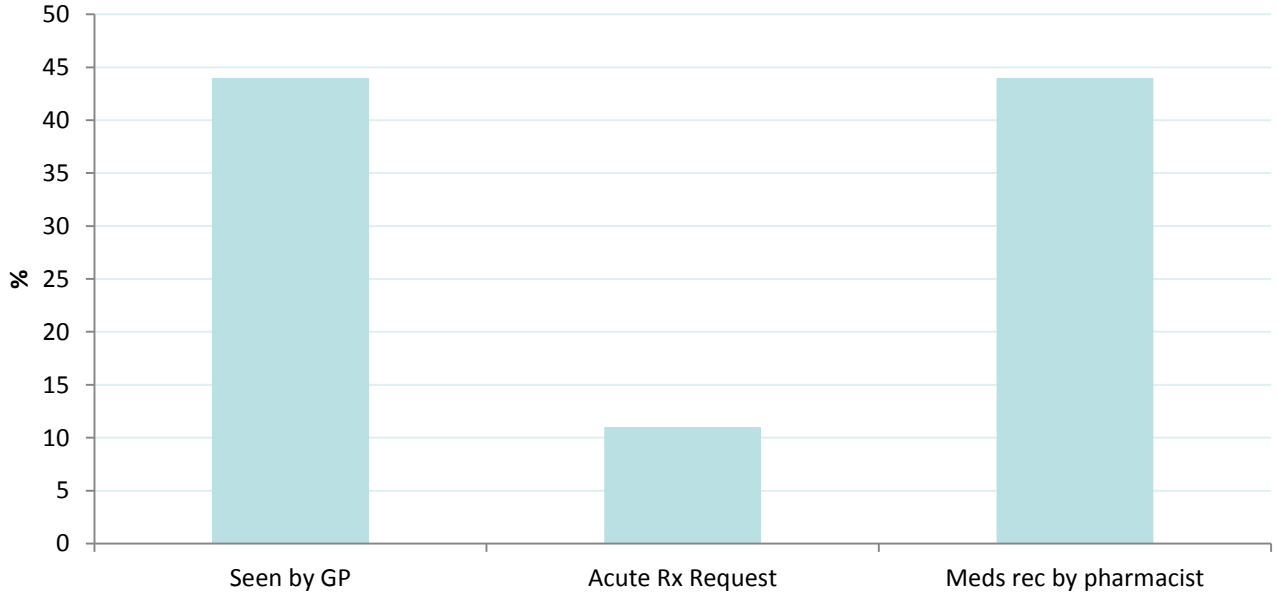

% of patients with repeat meds added within 28 days of registration
100
90
80
70
60
50
40
30
20
10
0
%
November (2016)
March (2017)
November (2017)

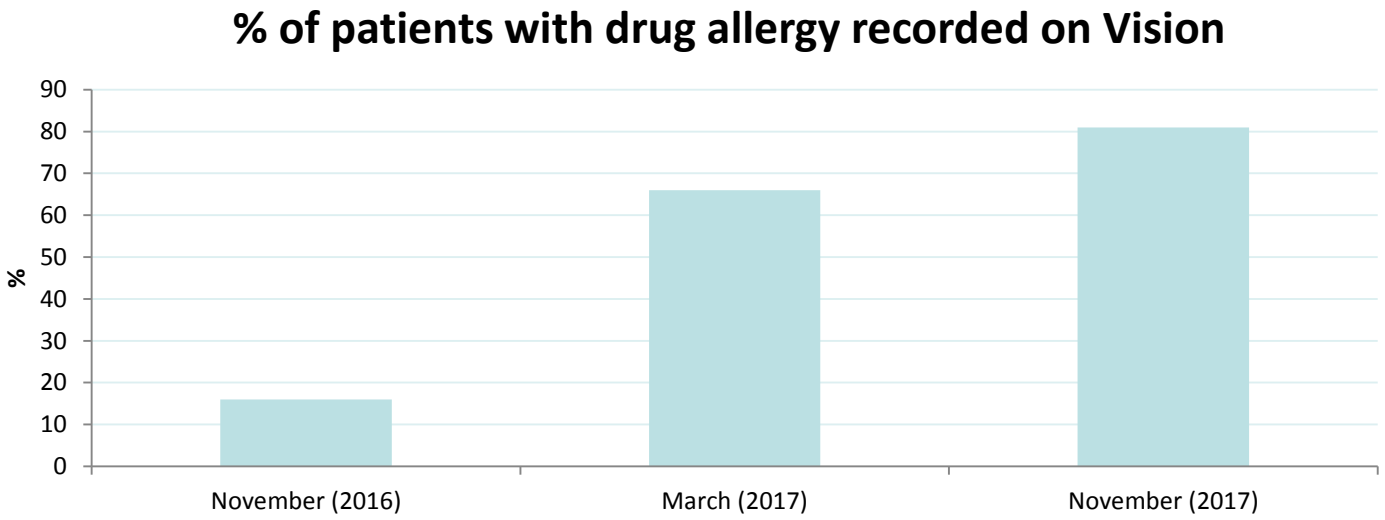
Mechanism of med request/repeats being added November 2016




Mechanism for repeats being added March 2017
90
80
70
60
50
40
30
20
10
0
%
Seen by GP
Acute Rx Request
Meds rec by pharmacist

Mechanism for repeats being added November 2017




% of patients with drug allergy recorded on Vision
%
90
80
70
60
50
40
30
20
10
0
November (2016)
March (2017)
November (2017)

Successes and Challenges

- “Absolutely agree that a pharmacist is a massively important support to GPs both clinically and with organisational aspects of prescribing. I cannot imagine how we managed without Hayley. Will be very very sorry if they even think about withdrawing funding!”

- “Hayley has quickly become indispensable. There is no doubt that Hayley has made a big difference to the GP's workload allowing them to concentrate or other clinical issues. I was spending at least 2 hours doing prescriptions as Duty Doc in our old system. Our prescribing will be safer and meds rec will be more reliably performed than before.”

Successes and Challenges

- Benefits to me – Clincal role, direct impact on patient care, feel very valued within the team. Huge potential for professional development and extended role.
- Benefits to patients – Increased patient safety, increased availability of GPs, improved access to care in terms of medication related queries.
- Benefits to the practice – Increased clinical capacity within the team, improved access to advice on pharmaceutical care, reduced GP workload.

Models of Care – Care at Home Referrals

'Supporting patients living in their own home who receive local authority commissioned care'

Summary of presentation

- Experience prior to care at home visits
- Care at Home - taking referrals
- What we do on a home visit
- Possible interventions
- Example of care management referral
- Example of hospital pharmacist referral

Experience Prior To Care At Home Work

Started in 2008 with role in 18 Aberdeen City care homes

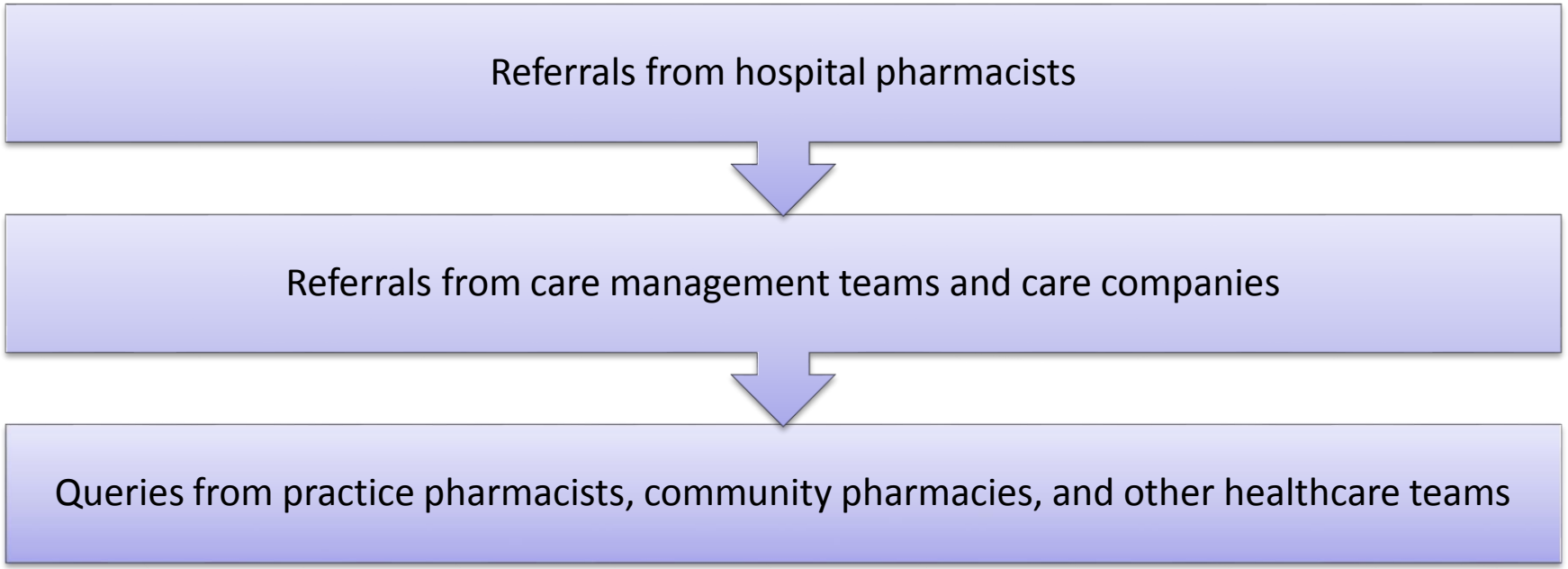
Team of practice pharmacists, with 2 pharmacy technicians

Additional 10 hours to work in intermediate care at Smithfield Court Project

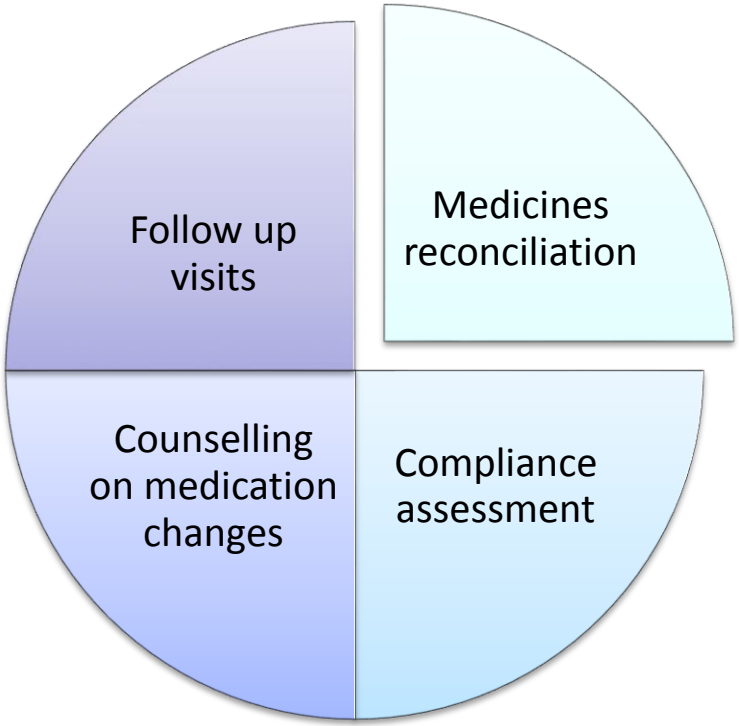
- Integrated working with OTs, physios, carers, SLTs, dieticians, CPNs, care managers, DNs, GPs, community pharmacy, hospital pharmacy
- Introduced MAR charts to carers for first time (had been using A, B, C style charts) and self medication charts


GP practice-based pharmacy
• Medicines management
• Serial prescribing
• Improvement work
• Releasing GP capacity
• Medication & polypharmacy review
• Specialist clinics
• Serial dispensing
• CMS
• Medication review
• Monitoring, titration, feedback
• MAS & PHS
Community pharmacy
• In-patient care
• Discharge
• Outpatient clinics
• Specialist services
• Teach & Treat
Hospital pharmacy

Care at Home - taking referrals



What we do on a home visit



Possible interventions

MAR charts or self med charts

Large print labels

Shop bought compliance aid

Family filled compliance aid

Advice on medication

Removal of medicines no longer required

Re-ordering of medicines by pharmacy

Tablets popped into bottles

Change of formulation of medication

Change to alternative medicine

Click-lock to screw cap bottles

Tablets halved by pharmacy

Request for care input to prompt medicines

Request for DN input

Rationalising of medicine to reduce frequency

Change of time of administration

Delivery of medicines by pharmacy

Care Management Referral

- Client in nursing home due to be discharged to sheltered housing as no longer needed this level of care.
- Wanted advice on how to go from administration of meds by nurses to a set up compatible with sheltered housing and input from carers.
- Client had capacity but hadn’t dealt with own meds for around 4 years so some concerns about how he would manage.
- Safest set up to begin with was to continue with administration of medicines with MAR charts and original packs.
- After a settling in period these arrangements would be reviewed.

Care Management Referral

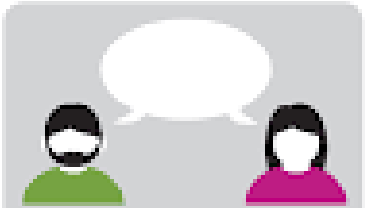
- On day of discharge meds and MAR charts collected, carefully checked and set up discussed with care staff.
- Weekly progress checks – settling in well, wanted to do more for himself
- Care manager review at 6 weeks – OK to move to self administering with support and supervision from care staff, and reduce as appropriate.
- Contacted practice pharmacist to obtain scripts and community pharmacy to agree a start date for weekly packs.
- Referral closed about a month later as new set up going very well.

Hospital Pharmacist Referral

- Ward doctor wanted to start someone on a new compliance aid for discharge. Pharmacist thought this was unnecessary but aware of a possible ordering issue.
- Home visit to check compliance and how he organised his medicines.
- Patient ordered meds about 2 - 3 days before running out, encouraged him to order earlier.
- Scripts did not go directly to his preferred pharmacy, so this was set up.
- Patient asked if a shop-bought medicine was OK to take.
- Contra-indicated so patient advised to stop but see GP to discuss symptoms, and check with his normal pharmacy before buying further items.

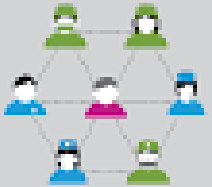
REALISTIC MEDICINE

CAN WE:

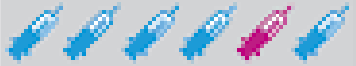


CHANGE OUR STYLE TO **SHARED DECISION-MAKING?**

BUILD A **PERSONALISED** APPROACH TO CARE?

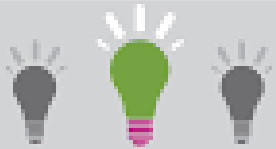


REDUCE HARM AND WASTE?



REDUCE **UNNECESSARY VARIATION** IN PRACTICE AND OUTCOMES?

MANAGE RISK BETTER?



BECOME IMPROVERS AND INNOVATORS?

Areas we would like to learn from others:

- What is happening in other practices and areas with development of the GP Clinical Pharmacist role?
- How do other practices manage medicines reconciliation for new patients?

- What pharmaceutical care is provided for people receiving Care at Home in other areas?
- Is this provided by Pharmacy Technicians?
- What referral processes are in place?

Ten years of improving safety

Any Questions?

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NHS SCOTLAND

WebEx Series

- Patient empowerment
- Education
- QI support
- Work processes
- Recognition for excellence
- Digital [IT] systems

Scottish Patient Safety Programme 2008-2018
Ten years of improving safety

Webex Series 2018/2019			
Date	**Time**	**Presenters**	**Topic**
Thursday 19th July	3pm – 4pm	NHS Greater Glasgow & Clyde & NHS Tayside	Insulin Safety in Acute Care
Thursday 16th August	3pm – 4pm	Northern Ireland	SMAC2 and MITS – supervision for safer prescribing
Thursday 20th September	3pm – 4pm	SPSP Medicines	Bleeds associated with medicines use

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Presented by NHS Tayside and NHS Greater Glasgow & Clyde

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Ten years of improving safety

See you on 19th July…….

hcis-medicines.spsp@nhs.net

http://ihub.scot/spsp/medicines/

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NHS SCOTLAND

Looking forward
to welcoming you to...

NHS SCOTLAND 70 YEARS #nhsscot70

Glasgow 2019
FORUM