1. **Aim**

An annual report on the Trust’s Medicines Management Strategy is part of the requirements for Standards for Better Health and NHS Litigation Authority. This report highlights progress and performance in 2006/07 against agreed strategy key indicators with subsequent action and progress. The Board is asked to consider and approve the report.

2. **Background**

The Trust Medicines Management Strategy has many strands, which together aim to improve clinical effectiveness and appropriate use of medicines, whilst minimising their risk and focusing on patient needs. There has been significant progress in 2006/07 in developing the Trust Strategy.

2.1. **POPAM**

A comprehensive review is underway of the Trust’s Policy on Ordering, Prescribing and Administering Medicines (POPAM), which covers the safe and secure handling of medicines. The review includes a recent Department of Health publication on Safer Management of Controlled Drugs in Secondary Care.

2.2. **Drug & Therapeutics Committees**

At Division and at Trust level, the Hospitals’ Medicines Management Committees continue to review new drug requests based on evidence-based clinical effectiveness, review and approve medicines related policies/procedures and monitor medicine related clinical risk. The Trust inputs into the Gloucestershire Medicines Management Committee, the main interface committee actioning PCT and Trust medicines related issues.

2.3 **Medicines Formulary**

The Trust’s Formulary, based on the British National Formulary, is being updated with Antibiotics, Cardiovascular and respiratory sections reviewed in 2006/07. Antibiotic guidelines are reviewed 6 monthly through consultant microbiologist and lead pharmacist regular meetings. Significant changes in practice to improve cost effective antibiotic usage and minimise C.Diff and MRSA continue.

2.4 **Clinical Pharmacy**

The pharmacists’ clinical expertise at ward level, interacting where prescribing is taking place, has developed in the Trust in 2006/07. Clinical pharmacists’ focus on medicines at ward level includes direct input to consultant rounds, encouraging effective prescribing from clinical, cost and decreased risk perspectives. Substitution of medicines under agreed policies and medicine discharge information to GPs.

2.5 **One Stop Dispensing**

Has now been introduced on most wards in the Trust, which provides individualised medicines, pre-labelled for discharge and stored securely in patients’ bedside lockers. This reduces delays in discharge and utilises patients’ own drugs to reduce cost and clinical risk.

2.6 **Medicine Errors**

The Trust’s Medicine Risk Group meets 3 monthly to review all medicine errors reported through the Patient Safety Incident System. A bulletin “Med-Alert” is
produced to raise awareness, together with specific action to reduce medicine errors, e.g., improved training policies and systems. Robotics in Pharmacy should eliminate dispensing picking errors.

2.7 Finance
In 2006/07, the Trust’s medicine expenditure was £21,075K which was 1.4 % under budget. The national expenditure on medicines in general has risen sharply over the last 10 years and over the last 5 years it accounted for a steady 8% to10% per annum increase.

2.8 Controls Assurance
Medicines’ management is performance reviewed nationally through the Health Care Commission who undertook a national audit on medicines’ management in November 2005, where the Trust was rated as “good.” Medicines management is included as part of the Trust’s annual health check indicators (see 4.1). Medicines Management review and reporting is a requirement of Standards for Better Health C4d and NHS Litigation Authority.

2.9 Automation
The “picking” of 80% of medicines used at Gloucester and Cheltenham Pharmacies is now automated through Robotics.

The following are the key indicators included in the Medicines Management Strategy:-

3. Clinical Governance

3.1 Complaints – Medicines

There were 17 patient complaints regarding medicines in 2006/07. The main categories were 6 on the clinical use/side effects of medicines, 3 where patients’ own drugs (POD’s) were not returned on discharge and 3 on delays in receiving discharge medication. There were 2 complaints on outpatient waiting times for prescriptions and 2 complaints regarding new drugs not yet being available.

Action/Progress. The 6 clinical complaints required factual answers from Pharmacy. Patients own medicines (PODs) brought into hospital go missing on wards often due to patient transfers. The new One Stop Dispensing re-engineering of pharmacy services keeps PODs in their bedside lockers, reducing loss and discharge prescription waiting.

The new drug complaints relate to NICE drugs not yet approved.

3.2 Prescribing, Dispensing and Administration Medicine Errors

Medicine errors reported through the Trust Patient Safety Incident (PSI) scheme totalled 1,161 in 03/04, 1,206 in 04/05, 1,140 in 05/06 and 1,056 in 06/07.

Further details on types of medication errors reported through the PSI scheme are available.

Action/Progress. The Trust Medicine Risk Group, chaired by the Pharmacy Director, includes pharmacy, medical and nursing representation trustwide and meets on a quarterly basis to discuss medicine PSIs, their causes and appropriate action. To reduce incidents, a “Med-Alert” bulletin is produced on a quarterly basis which is circulated to all medical, nursing and pharmacy staff. Med-Alerts are available on the Trust’s intranet.
3.3 National Patient Safety Agency (NPSA)

The NPSA has published 5 medicines related National Patient Safety Alerts in April 2007, which require action and implementation in 2007/08. For information, these are:

- Anticoagulation. Actions that make anticoagulant therapy safety.
- Promoting safer use of injectable medicines.
- Safer practice with epidural injections and infusions.
- Reducing the risk of hyponatraemia when administering intravenous infusions to children.
- Promoting safer measurement and administration of liquid medicines via oral and other enteral routes.

4. Risk Management

4.1 Performance Management

In 2006, the Healthcare Commission reviewed medicines management at all Acute Trusts in England as part of the Acute Hospital Portfolio. The Trust was rated as “good” for medicines' management, which put the Trust within the top trusts in the South West Region.

The review generated a sub-set of 21 indicators, which were used to provide an assessment as part of the Healthcare Commission’s annual health check. Out of the 21 indicators, the Trust was below average on only 4 of these, i.e:

- Trusts should undertake risk assessment of the preparation of parenteral medicines on wards, etc., and agree an action plan to reduce risk (the Trust was waiting for a National Patient Safety Agency (NPSA) report on this before progressing, and this has now been published in April 07 and is being actioned).
- Self-administration. The Trust currently has limited self-administration of medicines by patients (after visiting Yeovil who scored highly on this section, pilots on 2 wards are being progressed to determine future strategy).
- Controlled Drug (CD) Management. The frequency of controlled drug checks was assessed at 90% compliance (this needs to be 100% and a full review of controlled drug procedures is underway following the Department of Health’s recent publication on Managing CDs in Secondary Care).
- Discharge information on medicines to GP’s not always sent or timely (this has been improved significantly with the introduction of Infoflex).

A further report by the Healthcare Commission “The Best Medicine, the management of medicines in acute and specialist trusts” was published in January 2007 and considers the important issues facing trusts around their management of medicines, and is based on information from the 05/06 Acute Portfolio review of medicines’ management, carried out by the Healthcare Commission. The “good” rating of the Trust and the action on the 4 areas where the Trust was below the average out of the 21 indicators on medicines' management, provide the main focus for the Trust’s attention to improve medicines’ management. Action is already underway to improve performance in these areas.

4.2 Medicines Management Audits

15 medicines related audits have been completed in 2006/07 regarding Medicines Management, including:
- **Clinical Pharmacy Interventions.** A one week snap-shot of clinical pharmacy activities at Cheltenham and Gloucester was completed in Feb 07. The summary report, including major interventions, will be available soon.
- **Outpatient FP10(HP) items and costings’ audit**
- **National Institute of Clinical Excellence (NICE).** Audits on the implementation of NICE guidance in 06/07.
- **Antibiotic Prescribing in the Over 75s admitted on the Acute Medical Take at CGH.**

### 4.3 Joint PCT/Trust Initiatives

The main initiatives with the PCT were:

- **Shared Care Guidelines.** Providing clinical information for GPs to share prescribing responsibility with consultants, for a range of drugs.
- **New Drugs.** To approve new drugs which have been agreed in GHT which also had an impact in primary care.
- **Quantities of medicines prescribed on discharge and in outpatients.** To provide guidance for GPs.
- **Horizon scanning.** To jointly review new drugs which were expected to have a high financial impact in the next financial year.
- **Joint Formulary.** A priority formulary was agreed in 06 which impacted on the top areas of expenditure in primary care. This was followed by the South West SHA’s “A Safe and Effective Framework for the Cost Reduction of Medicines,” which had 6 medicine indicators and targets for both primary and secondary care. GHT was close to or exceeding the targets for most of the indicators, and this was the same as or better than the PCT current performance against the indicators.

### 4.4 Training Report

#### 4.4.1 Pharmacy

Training in Medicines’ Management within pharmacy has continued with:

- Four students each year undertaking postgraduate Clinical Pharmacy Diplomas at Bath University.
- Four Student Pharmacy Technicians trained each year.
- Four Pre-registration Pharmacists trained each year.
- Pharmacy Continuing Professional Development tutors at GRH and CGH appointed and CPD portfolios introduced for pharmacists and technicians.
- Clinical tutorials for technicians and pharmacists.
- Technician training on checking prescriptions, accuracy of dispensing and medicines’ management.

#### 4.4.2 Medical and Nursing Training

Pharmacy continues to have an increasing input into the medical student, junior doctor and nurse training related to medicines’ management. The Trust is also looking at 2 new e-learning programmes for medicines’ management covering Prescribing and Administration of medicines.
5. Corporate Governance

5.1 Internal Audit

In addition to the regular governance checks of medicines’ ordering and invoicing, Deloitte and Touche produced a January 2007 internal audit on medical gases, home care delivery of medicines and controlled drugs.

5.2 External Audit

The Medicines Act Section 10 allows pharmacy to manufacture a range of medicines within CGH and GRH pharmacy manufacturing units, and an external audit was undertaken by the Regional Pharmacy Quality Control lead. The reports were favourable regarding the standards being met and action plans to remedy any concerns have been implemented.

The Medicines Regulatory Authority inspection of the pharmacy manufacturing units at GRH and CGH occurred in June 2006 as part of a statutory 2 year inspection. Both units were approved to continue their specials’ manufacturing licence. A full report is available.

The dispensaries at CGH and GRH have passed their annual inspection by the Royal Pharmacy Society Inspector.

Both the NHS Litigation Authority and HCC will be including medicines’ management in future inspections/assessments.

5.3 Drug & Therapeutics Committee Annual Report

The annual report of the Medical Division D & T 2006/07 is available.

5.4 Financial Issues Relating to Medicines Management

The main input to financial medicines’ management is through the Hospital Medicines Management Committee and Medical and Oncology Division Drug and Therapeutics Committees. All new drugs are reviewed by the committees for clinical and cost effectiveness. Division pharmacists provide reports for Divisions and sub-speciality boards on a regular basis. Key progress includes:

5.4.1 Information for Prescribers – Monthly pharmacy divisional reports in Medicine, Surgery and Oncology are produced highlighting key financial medicine risks to focus on.

5.4.2 Medicine Expenditure Out-turn – is available monthly.

5.4.3 Main Drug Cost Pressures – in 2006/07 have been reviewed and reported to divisions.

5.4.4 Formulary. The Trust’s Medicines’ Formulary is based on the BNF but refines medicines’ choice by recommendations of local clinical experts. Clinical guidelines on medicines are also linked to the Formulary, available on the intranet and as hard copies.

5.4.5 Good Practice Guidelines. These have been developed for divisions and include:

- Action plans required for top 10 medicines used in division.
- Action plan required for top 5 medicine trend increases.
- Horizon Scanning by sub-speciality in autumn each year on high cost NICE and non-NICE medicines expected in the next financial year.
5.4.6 **Medicine Cost Awareness Poster Campaigns.** This is a rolling Pharmacy initiated programme, promoting cost effective prescribing. Posters in 2006/07 include Inhalers, IV to Oral Antibiotic Switch, Bisphosphonates and IV Paracetamol.

6. **Key 2007/08 Medicine Management Issues**

6.1 Continue developments in areas outlined in 2006/07 Annual Report.


6.3 Antibiotic Prescribing guidelines impact to reduce C.Diff and MRSA.

6.4 Health Care Commission Annual Health check 21 Medicine Management Indicators, to ensure we move to above average for the 4 outstanding indicators.

6.5 Electronic Prescribing, review Southern Cluster progress and, if delay unacceptable, to produce option appraisal for timely progress.

6.6. Respond to recent Department of Health reports on “The Best Medicine” 10 checklist items for trusts, and “Safer Management of Controlled Drugs in Secondary Care.”.

**Recommendation**

The Board is asked to consider and approve the annual report.

Author :
Dr. Peter Shaw
Pharmacy Director
June 2007

Presenting Director :
Dr. Sean Elyan
Medical Director
July 2007