Medicines Optimisation and Pharmaceutical Services

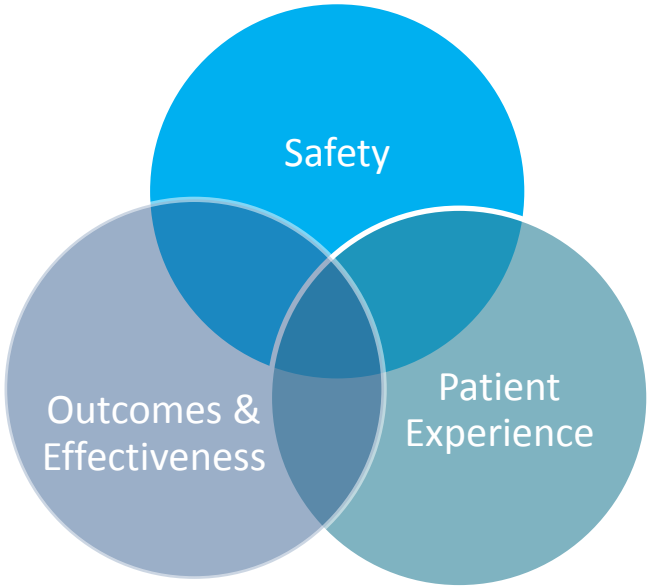
Richard Seal
Chief Pharmacist
NHS Trust Development Authority

richard.seal1@nhs.net

Medicines and the TDA

Medicines Optimisation
... describes the way we will deliver the quality use of medicines to improve outcomes for patients

- Outcomes and effectiveness
- Safety
- Patient experience



Drivers for medicines optimisation

Trust Development Authority
Quality. Delivery. Sustainability.

Medicines Optimisation

Safe use of Medicines

- Medicines are used safely and patients are protected from **avoidable harm**
- Clear lines of **responsibility and accountability** for safe and secure use of medicines
- Optimal outcomes through informed implementation of NICE and other national guidance

Effectiveness and value

- Access to **senior advice** (Chief Pharmacist or equivalent) on the legal, safe and secure handling of medicines
- **Effective systems** for ensuring cost-effective use of medicines and budget management eg. formularies
- **Effective relationships** between commissioners and providers are in place

Patient experience and outcomes

- Decisions about medicines are **made jointly** between patients and healthcare professionals
- Patients and carers are **supported along care pathways** and across all **care interfaces** to make the best possible use of medicines
- Decision-making process about availability and funding of medicines are robust, transparent and in accordance with **NHS constitution commitments**

NTDA Framework for medicines optimisation and pharmaceutical services

Sources

- RPS Hospital pharmacy standards
- CQC Outcomes 9
- Professional bodies and Regulators
- *"Spoonful of sugar"*
- DH performance framework
- Relevant legislation and Regulations
- NHS Constitution
- RPS principles for medicines optimisation
- NHS Litigation Authority
- Controls assurance framework

- Provide a means by which NHS trusts can assess their own current position and enable TDA to establish a baseline
- Identify areas of existing good practice and areas for development
  - Peer review and buddying
  - Co-operation and collaboration on issues of mutual interest
  - Focus for delivery of "Master classes"
- Assurance during transition to Foundation status

NTDA Framework for medicines optimisation and pharmaceutical services

- The TDA self-assessment framework covers **Six domains** for medicines optimisation and pharmaceutical services
  - **Strategy, governance and risk**
  - **Safe use of medicines**
  - **Patient Experience**
  - **Effective choice of medicines**
  - **Environment**
  - **Workforce**
- Within each domain, there are 6 criteria each of which has 4 levels of assessment
- The main outputs from the framework are:
  - A summary chart for each domain
  - A descriptive dashboard
  - An overall summary chart

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Example

Domain 1

Strategy, Risk & Governance

1.1

Level 1	No evidence that the trust has a clear strategy for optimising patient outcomes from medicines (medicines optimisation) within its overall clinical strategy .	○
Level 2	There is a draft medicine optimisation strategy under discussion but not yet approved by the board.	○
Level 3	Strategy that adheres to the Royal Pharmaceutical Society's four principles for medicines optimisation in place and approved by the Board. Implementation plan in place.	●
Level 4	As level 3 plus key performance indicators developed and regular reviews of achievement undertaken	○

1.2

Level 1	The trust does not have a strategic oversight group for developing medicines policy, procedures and guidance and providing oversight of medication safety.	○
Level 2	The trust has a strategic oversight group for developing medicines policy and procedures and overseeing medication safety.	●
Level 3	The trust has an oversight group for developing medicines policy & procedures and it is responsible for making decisions about medicines that are implemented across the trust	○
Level 4	The trust can provide evidence that implementation of policy, procedures and decisions about medicines applies across the whole trust. The oversight group produces regular board reports.	○

1.3

Level 1	No evidence that there is an overarching medicines policy that supports an integrated approach to medicines optimisation across the whole organisation.	○
Level 2	There is a comprehensive, overarching medicines policy that supports an integrated approach to medicines optimisation across the whole organisation.	○
Level 3	There is an overarching medicines policy in place and all clinical staff receive a copy or can access a copy as part of their induction.	○
Level 4	The is a comprehensive, overarching medicines policy in place and a regular audit programme exists to assure compliance.	●

1.4

Level 1	The trust does not have robust business and financial planning, management, monitoring and reporting systems to manage clinical risks costs associated with medicines.	○
Level 2	The trust has rudimentary business and financial planning, management, monitoring and reporting systems to manage clinical risks & costs associated with medicines.	●
Level 3	The trust has robust business and financial planning, management, monitoring and reporting systems to manage clinical risks & costs associated with medicines.	○
Level 4	The trust has robust business & financial planning, management, monitoring & reporting systems to manage clinical risks & costs associated with medicines. These are routinely shared and discussed with commissioners.	○

1.5

Level 1	The trust does not have a chief pharmacist (or equivalent).	○
Level 2	The trust has a chief pharmacist (or equivalent) respossible for operational pharmacy management and service delivery.	○
Level 3	The trust has a chief pharmacist who has trustwide responsibility and is held accountable for medicines optimisation and pharmaceutical services.	●
Level 4	As per level 3 and reports directly to an Executive Board member	○

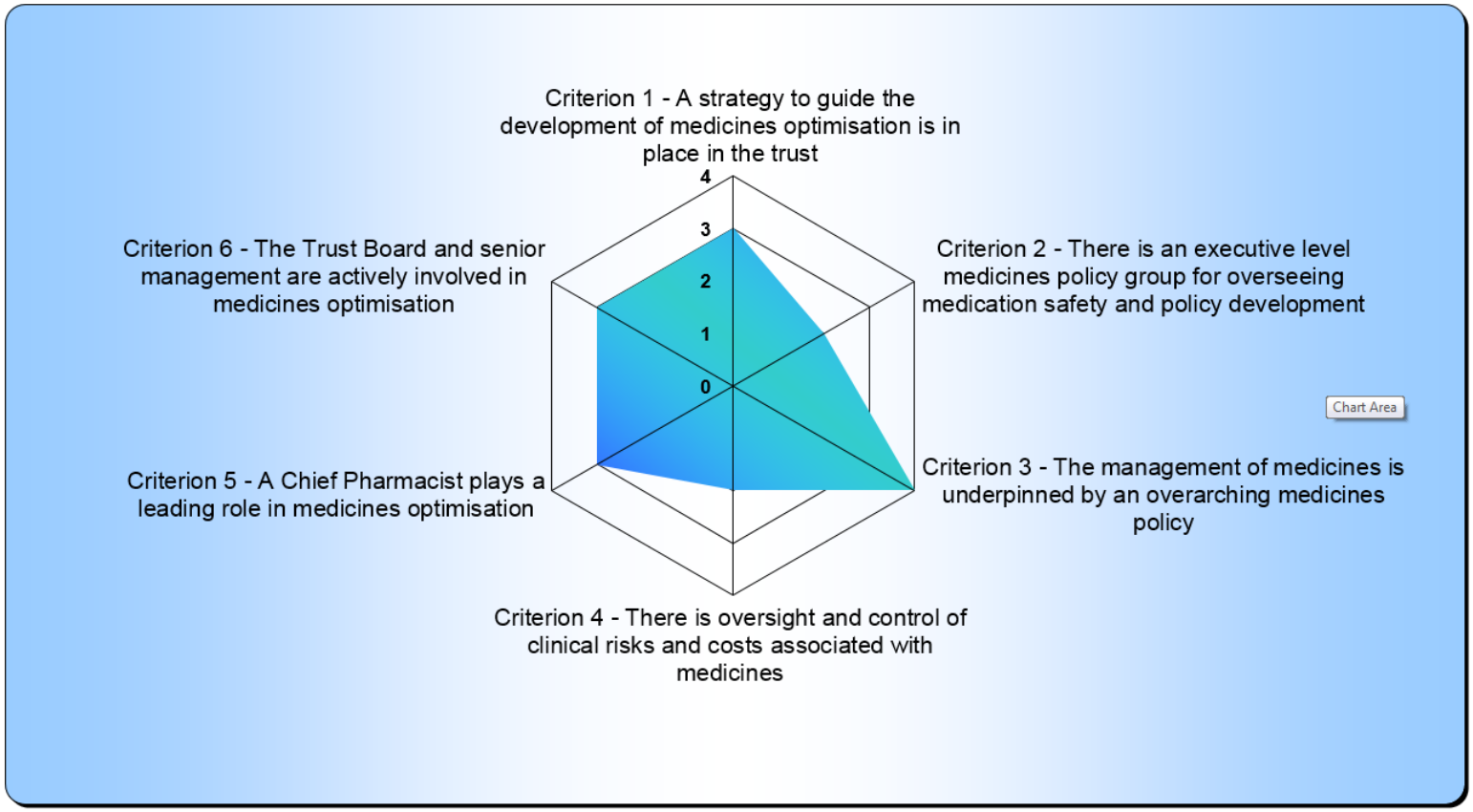
1.6

Level 1	There is no named lead Director for medicines optimisation and pharmaceutical services	○
Level 2	There is a named lead Director for medicines optimisation and pharmaceutical services	○
Level 3	There is a named lead Director for medicines optimisation and Board members are generally informed about medicines related issues	●
Level 4	There is documentary evidence via Board minutes of active participation by the named lead Director and Board discussion of medicines optimisation issues that impact on the trusts business and its service users.	○

NTDA Framework for medicines optimisation and pharmaceutical services Example of chart for domain 1

DOMAIN 1 - Strategy, Risk and Governance

Medicines optimisation is integrated into the trust's strategy, systems, working practices and culture at all levels. The roles of managerial and clinical leaders are aligned and unambiguous. There are clear lines of accountablity for medicines optimisation from the board to operational delivery units. Risks are identified and mitigated.



NTDA Framework for medicines optimisation and pharmaceutical services

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Example of the Summary Dashboard

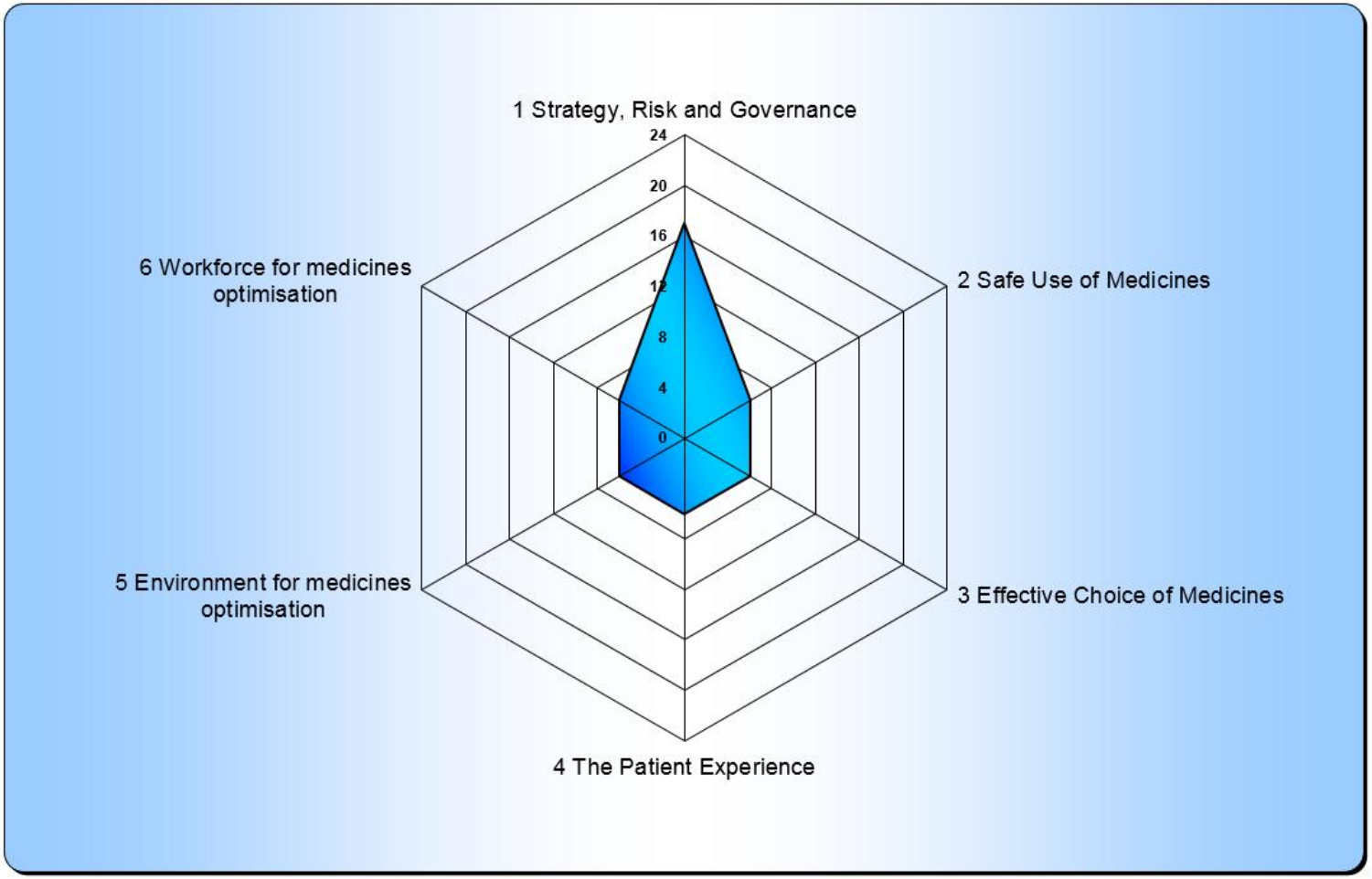
Core					
Strategy, Risk and Governance	**Safe use of medicines**	**Effective choice of medicines**	**The Patient Experience**	**Environment for medicines optimisation**	**Workforce for medicines optimisation**
Criterion 1 - A strategy to guide the development of medicines optimisation is in place in the trust	Criterion 1 - Medicines are handled safely and securely	Criterion 1 - There is an effective local decision-making process for medicines use	Criterion 1 - There is a policy and suitable facilities for the use of patient's own medicines	Criterion 1 - Medicines are stored, prepared and administered in areas that are "fit for purpose"	Criterion 1 - Workforce planning to support delivery of medicines optimisation
Criterion 2 - There is an executive level medicines policy group for overseeing medication safety and policy	Criterion 2 - Medicines are reconciled routinely	Criterion 2 - There are metrics for monitoring the cost and quantity of medicines used	Criterion 2 - Patients who are competent to do so can self administer their medicines	Criterion 2 - There is a comprehensive electronic prescribing and medicines administration system	Criterion 2 - Clinical pharmacy services support the organisation's medicines optimisation strategy
Criterion 3 - The management of medicines is underpinned by an overarching medicines policy	Criterion 3 - Medication errors and harm from medicines are measured and lessons learned are routinely embedded	Criterion 3 - Audit of medicines use takes place routinely	Criterion 3 - Patients are supported to take their medicines as intended	Criterion 3 - Unwanted and returned medicines are actively managed	Criterion 3 - Medicines are prepared and administered by competent staff
Criterion 4 - There is oversight and control of clinical risks and costs associated with medicines	Criterion 4 - The quality impact of cost reducing schemes involving medicines or pharmacy services is routinely	Criterion 4 - The priniciples of antimicrobial stewardship are implemented	Criterion 4 - A duty of candour is applied to harm from medicines	Criterion 4 - All medicines are stored appropriately	Criterion 4 - Training and development includes medicines optimisation
Criterion 5 - A Chief Pharmacist plays a leading role in medicines optimisation	Criterion 5 - Policies and procedures for the safe use of medicines are in place	Criterion 5 - NICE guidance is implemented effectively	Criterion 5 - Patients receive the medicines that they need	Criterion 5 - Controlled drugs are managed safely and effectively	Criterion 5 - Staff are able to raise concerns about poor practice
Criterion 6 - The Trust Board and senior management are actively involved in medicines optimisation	Criterion 6 - Unlicensed, 'off label' and investigational medicines are used safely	Criterion 6 - The trust has a published formualry for medicines	Criterion 6 - Transfers of care occur according to national 'best practice' guidance & pharmaceutical care plans	Criterion 6 - Areas where medicines are stored, dispensed, prepared and administered are monitored and maintained	Criterion 6 - There is a pharmacy services business plan linked to the trust's business plan

Key:

- Level 4
- Level 3
- Level 2
- Level 1

NTDA Framework for medicines optimisation and pharmaceutical services

Example of the Core Domains Summary Chart



In summary

Our ambition is to deliver high quality, sustainable services in every part of the NHS

Medicines Optimisation
... describes the way we will deliver the quality use of medicines to improve outcomes for patients

- Outcomes and effectiveness
- Safety
- Patient experience