STANDARD 4.0 EFFECTIVE USE OF MEDICINES

Medicines used in the organisation are chosen to maximise safety, effectiveness and adherence to treatment.

4.1 MEDICINES POLICY

The pharmacy team supports an integrated approach to the choice of safe and clinically effective medicines for patients.

Examples of evidence/measures
• Multidisciplinary medicines management groups. Groups are active across the organisation. E.g. Medicines Incident Committee, Antimicrobial Management Committee, Drug and Therapeutics Committee (DTC), Medicines Governance Group. Attendance and implementation of actions monitored.
• Area prescribing committees. Active participation for example in horizon scanning and the management of new medicines, shared care guidelines, joint formularies etc. Attendance and implementation of actions monitored.
• Policies, procedures and SOPs. In place and updated e.g. medicines policies, formulary systems
• Sharing practice. Attendance at local/regional specialist meetings. Virtual Network membership. Conference attendance. Participation in specialist networks.

Example of Practice (see Appendix 2 for more examples)

The Greater Manchester Medicines Management Group (GMMMG) acts on behalf of 12 CCGs for Greater Manchester. They work together on a range of medicines related issues e.g. new therapies, horizon scanning, formulary etc, for treatment across the region. Patients often travel from all over the region to access specialist services. To enable some degree of continuity of care closer to their homes, GMMMG have developed a 'traffic light' system; listing medicines they would expect GPs to prescribe for complex regimes. Red – GP would not be expected to prescribe; green - would expect the GP to prescribe; amber - could be prescribed by the patients GP under a shared care protocol with the secondary care trust. The hospital provides comprehensive shared care guidelines that detail information on areas such as defined responsibilities of the primary and secondary care team, patient criteria, GP led monitoring etc.

4.2 MEDICINES PROCUREMENT

Medicines procurement is managed by pharmacy in a transparent and professional way. Quality assured medicines are procured through robust and appropriate processes.

Examples of evidence
• Policies and SOPs. Organogram showing local senior pharmacist responsibility & accountability for medicines procurement
• Accredited/recognised training. Chartered Institute of Procurement membership, Evidence of participation in Procurement and Interest Distribution Group (PDIG) recommended training
• Group & network membership. Minutes and Terms of Reference of e.g. local procurement consortium meetings. Evidence of attendance at e.g. PDIG meetings
• Participation in regional and national benchmarking and audit. Purchasing according to CMU contacts. Minutes of trust and local health economy QIPP group meetings. QIPP dashboards. Outputs from e.g. Define®

Example of Practice (see Appendix 2 for more examples)

The Regional QC Office facilitates regular 'Recall Exercises'. A 'mock' situation of a drug recall usually occurs out of hours. The on-call pharmacist is contacted by the QC office and given details about a faulty batch or product. The pharmacist then follows a defined protocol based on identifying and isolating the batch; making risk assessments about patient safety, suitability of recall etc. They will also inform the Trust Chief Pharmacist and any other relevant people. There is a clear audit trail of all their actions, especially as the on-call pharmacists will be working alone out of hours. Any learning outcomes are collected by the regional QC office and used to update the process/protocol. These exercises ensure that staff are suitably trained, competent and ready for a real-life situation. **Southport and Ormskirk Hospital NHS Trust.**

4.3 CUSTOM-MADE MEDICINES

Any medicines custom made by, or for, the organisation are quality assured and appropriate for their intended use.

Examples of evidence
• Policies and SOPs. Product and service specifications. Provider Service Level Agreements if no local Quality Assurance/Quality Control presence. Drug and Therapeutics Committee/clinical governance committee records.
• Prospective product and supply chain risk assessments. Completed assessments, SLAs with providers. Product and service specifications. Performance monitoring reports.
• Medicines produced on site are covered by Good Manufacturing Practice.

Examples of how some sites are achieving delivery of standard 4.0 effective use of medicines:

- Audits on processes and systems that support implementation of medicines policy in the organisation. Implementation of NICE technology appraisals and clinical guidelines, local shared care protocols, clinical trials audits, formulary compliance, clinical audits.
- Regional or local audits, for example, using the audit framework adopted by the National Pharmaceutical Supplies Group (NPSG); *Standards for NHS purchasing and supply of pharmaceuticals. An audit tool.*
- Monitoring of product quality and supplier performance for custom made medicines. For example trend analysis, defective product reports, certificates of analysis and conformity, product specifications, flagging of unlicensed medicinal products on dispensing software, quality assurance release records.

Examples of areas for development identified for standard 4.0 effective use of medicine:

- No formal robust process for horizon scanning is in place.
- Current policies and SOPs need revising and updating.
- Look at the gaps in how we implement some of the decisions taken by guidelines groups.
- Identified a need for education and training around off label use of medicines.