

# MEDICINES MANAGEMENT

## — making the case for investment

*Making it work for you was the theme of a meeting on 28 June in Northern Ireland based on a successful integrated medicines management project. Christine Clark reports*

If you do not put the big things in place first then you will never get them. In, according to Norman Morrow, chief pharmaceutical officer, Department of Health, Social Services and Public Safety, Northern Ireland. In a workshop devoted to the conversion of ideas into investment, he led participants through the strategic thinking that had made the integrated medicines management (IMM) project that has been developed at United Hospitals in Antrim possible (*Pharmaceutical Journal* 2004;273:15, *Pharmaceutical Journal* 2004;272:329–30).

Dr Morrow described how a portion of Northern Ireland Executive funds had been ring-fenced for reinvestment into the system and bids were invited in a number of categories. This mechanism created an opportunity to fund strategic projects that would not have been funded through other channels. Bids were made for several pharmacy projects and a sum of £1.8m was obtained — £600,000 for the IMM project.

The IMM project was successful because it created strategic change, said Dr Morrow. It was not a microcosmic project but one that spanned primary and secondary care sectors and set out to do things more effectively for patients and for health care staff. When planning this type of project “it is not about focusing on you but on what is important to the organisation that you work in,” he said. It is important to separate the critical from the merely desirable and keep the emphasis on strategic change, he added. Projects need to be meaningful, achievable and sustainable. Moreover, they need to be transferable to other locations.

Workshop participants identified delayed discharges, performance indicators, cost-containment, waiting lists and risk management as the current issues that were critical to most trusts. It is important to show how pharmaceutical expertise can be brought to bear on each of these. Risk management, for example, might be helped by safe procurement, medication error programmes and improved use of medicines; waiting lists might be influenced by enhanced discharge processes, pre-admission clinics and interface schemes.

*Dr Clark is a freelance medical writer and consultant pharmacist*



*Norman Morrow: making a case for funding is about focusing on what is important to the organisation that you work in*

### — PREPARING THE CASE

When it comes to preparing the case and bidding for funds, Dr Morrow's advice was, “whatever the game is — you play it”. The IMM project would not have been successful in the normal round of bidding because of competition from high-profile specialties, but it was successful in the new Executive Funding Programme, partly because it was put forward first. “If you have the opportunity, always get in first because the competition is less aggressive and the hurdles are not as high”, he advised. The Executive Funding Programme had later introduced requirements for economic analyses in all bids which made the process more complicated.

Evidence will be required to justify the case made in any bid and it is important to realise that the data needed may not be in the pharmacy department but they will be somewhere in the system. The manager's task is to find the data and put them together to argue the case. For example, Panel 1 shows how several pieces of data can be put together to argue the case for a programme to reduce medication-related adverse incidents.

The IMM project had used this approach and it had been claimed that an integrated medicines management service would reduce

length of stay, reduce readmission rates, reduce the amount of nurse- and doctor-time spent on medicines-related tasks, reduce expenditure on medicines, increase compliance with prescribed medication and improve communication between primary and secondary care. At the time none of these claims could be quantified, but as the project developed all the claims were justified by the results (*Pharmaceutical Journal* 2004;272:329–30).

### — SELL THE BENEFITS

Evidence is just facts and figures but what persuades individuals to buy a product or support a project is an understanding that the benefits are of value to them. It follows that it is important to present the benefits of the proposed project and not just a list of features, explained Dr Morrow. For example, a medication history-taking service is a feature whereas a reduction in the number of medication-related incidents is a benefit. “You may want to talk about features but they will be interested in benefits — this is what you must sell”, he said. Like a car salesman, the pharmacy manager should remember the acronym FUN (first uncover need). In short, this means finding out what the customer wants and then matching the product to the need (and budget). Thus, a project that is aligned with the strategic objectives of the trust and that offers clear benefits will have a better chance of success. There will always be

### *Panel 1: Applied evidence of adverse incidents*

- 10–12 per cent of inpatients experience an adverse event
- 10–20 per cent of all incidents are medication-related
- 330,000 admissions to hospitals in Northern Ireland annually
- At 2 per cent medication incident rate = 6600 incidents
- At an average stay of 7.8 days = 51,480 bed-days
- At £250 per day = £12.9m
- At 50 per cent prevention rate = £6.45m efficiency

objections to any proposed project and the best way to combat them is to anticipate them and build the answers into the initial presentation, said Dr Morrow.

### — PRACTICAL ISSUES

A workshop concerned with workforce development concluded that training in communication was important in equipping people for their new roles. Different methods of training might be needed for different tasks, for example classroom teaching is appropriate for factual information whereas observation and supervised practice is better for patient-interviewing. It is also essential that training is evaluated and that individual competency is assessed. Another issue that emerged from this workshop was the need for training of technicians in ward routine and etiquette in preparation for their role at ward level.

Key issues in successful interdisciplinary working included awareness of the importance of compromise and the skills to manage it effectively. Good communication, a strong focus on practical issues and willingness to revisit decisions made earlier in the light of new developments were also important factors.

When considering outcome measurements workshop participants concluded that some



CHRISTINE CLARK

*Peter Beagon: real time recording of interventions useful for analysis and education*

process measures had to be in place to ensure uniformity of care delivery and that different groups would focus on different outcomes. Hospital administrators, for example, would be interested in financial outcomes whereas patients would be interested in satisfaction or health-related quality of life indices. From a practical point of view it is important to use electronic records whenever possible for data collection so as avoid overburdening staff

with data-collection tasks that eat into time for care delivery. "Real time recording of intervention using the personal digital assistants not only facilitates data collection and its subsequent analysis, but also creates a data archive for use as an inter-professional learning tool" said Peter Beagon, a presenter at one of the workshops.

Participants in a workshop on dissemination of project results decided that there were two major channels through which information could be shared. First, information should be fed back to key stakeholders regularly to ensure that the results were embedded in future plans and that further investment was forthcoming. Second, project findings should be given wider publicity through presentations at local, national and international conferences and through publication of research papers.

### *Panel 2: IMM website*

A new website has been established for the Northern Ireland IMM service ([www.immservice.co.uk](http://www.immservice.co.uk)). The site contains, *inter alia*, descriptions of the elements of the service and complete lists of the conference presentations that have come from the project.