

Improving medicines management by the collaborative approach

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The hospital medicines management collaborative is run by the National Prescribing Centre in Liverpool

The Medicines Management Collaborative, run by the National Prescribing Centre, was extended to hospital trusts in 2004. This article outlines how the collaborative works and reviews the experiences of the first 20 hospital trusts to become involved

Good medicines management is an important component of high quality health care. Nearly all patients are given medicines as a result of a visit to hospital and almost 7,000 individual doses are administered daily in a typical hospital, according to the Audit Commission. Although hospital pharmaceutical services have come a long way over the past 20 years, there is still more that can be done to improve the use of medicines in hospitals, according to the report "Pharmacy in the future — implementing the NHS plan".¹ The Cabinet Office report "Making a difference — reducing burdens in hospitals"² reinforced the need for sharing and spreading best practice. The Department of Health's 2001 and 2003 medicines management framework hospital audits will have enabled every secondary care trust in England to identify their strengths in medicines management as well as areas that could be improved.

The Hospital Medicines Management Collaborative (HMMC) programme has

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been developed by the Medicines Management Services (MMS) team from the National Prescribing Centre (NPC), based in Liverpool, and is supported by the Department of Health. It is a quality improvement programme specifically designed to enable participating secondary care NHS trusts in England to explore potential areas for medicines management improvement. The programme develops the skills and knowledge that will enable trusts to achieve and, more importantly, sustain those improvements. This will benefit their patients, staff, the trust as a whole and the wider health community.

Applications

Fifty trusts submitted applications to join the programme in 2004. From these a pilot wave of 10 acute NHS trusts embarked on an 18-month programme in June 2004, shortly followed by a second wave of 10 more trusts commencing in October 2004 (see Panel 1). The achievements of these 20 trusts and the success of the HMMC during its first year has secured support for a further 25 trusts to take part in a third wave of the programme, this time to include mental health trusts. Details of the trusts in wave three are available from the following website: www.npc.co.uk/mms/hmmc/hmmcsites.htm.

Panel 1: NHS hospital trusts in the Hospital Medicines Management Collaborative

Wave 1 sites

- East Somerset
- Essex Rivers Healthcare
- George Eliot Hospital
- Kettering General Hospital
- North Middlesex University Hospital
- Northumbria Healthcare
- Nottingham City Hospital
- Southampton University Hospital
- Trafford Healthcare
- Walsall Hospitals

Wave 2 sites

- Calderdale and Huddersfield
- Gateshead Healthcare
- Great Ormond Street Hospital for Children
- Hinchingsbrooke
- Mid Essex Hospital Services
- Royal Devon and Exeter
- Royal United Hospital Bath
- Sherwood Forest Hospitals
- Southend Hospital
- Worthing and Southlands Hospital

All trusts taking part in the programme appoint a project facilitator for the duration of the programme. The role of the project facilitator is:

- To facilitate the trust team's improvement activities thus enabling the trust to achieve the goal of the HMMC
- To act as a conduit between the trust team, the MMS team at the NPC and other trusts taking part in the programme
- To facilitate the spread of learning throughout the trust and beyond

Each trust team that takes part begins the programme by collecting baseline data on a fixed set of programme measures. There are ten measures in total and examples include "the number of prescriptions referred back for clarification before dispensing", and "the number of times a medicine is not available in time for the patient's next dose" (in both cases a reduction is considered to be an improvement). Teams then proceed to set their own local objectives and targets that underpin the HMMC's overall goal and aims (see Panel 2) that will become the catalysts for all improvement work undertaken

Panel 2: Goal and aims of the hospital collaborative

Goal

- To optimise medicines management systems within the hospital service to ensure safe and informed outcomes of patient care

Aims

- To help patients and the hospital trusts get the best from their medicines, identify and address unmet pharmaceutical need, and thereby deliver real improvements in health
- To optimise patient care in accordance with accepted local and national guidance, thus improving links between medicines management and clinical governance within the trust
- To improve communication systems for the dissemination of information on medicines management throughout the hospital trust and beyond
- To increase multidisciplinary involvement in medicines management and make best use of the skills of the pharmacy team
- To develop medicines management approaches that increase the clinical and cost effective use of medicines, improve service efficiency and reduce waste while keeping the patient's needs uppermost

by that team within the programme. By agreeing local objectives and targets at the start of the programme, participating trusts can be assured that the enthusiasm and effort they plough into their HMMC activities are going to result in real improvement to medicines management services.

Trusts are encouraged to develop multi-disciplinary teams to take part in the programme. Typically these teams will include representatives from pharmacy, nursing, medicine, clinical governance and management, as well as patients. In addition many trusts have engaged the support of colleagues from primary care.

— Rapid benefits

Trusts taking part in the first and second waves of the HMMC are already seeing considerable sustainable improvement in their medicines management services. Perhaps more importantly, the ethos of the pro-

gramme has become firmly established such that medicines management has ceased to be a stand-alone project and is now part of the culture of those trusts.

Examples of successful projects as part of the HMMC are presented in Panel 3. Further information about the HMMC including information about the programme measures, the NPC, and the work of the MMS team, can be found at the NPC's website at www.npc.co.uk/mms. The NPC will shortly be publishing a booklet of improvement ideas that will be circulated to hospital trusts within the programme and also to those not currently participating in the HMMC.

— References

1. Pharmacy in the future — implementing the NHS plan. London: Department of Health; 2000.
2. Making a difference — reducing burdens in hospitals. London: Department of Health and Cabinet Office; 2002.

Panel 3: Examples of improvement activity from the first two waves of pilot sites

■ Identifying and addressing medicines-related needs of individuals

- An increase in frequency and accuracy of documented medication history-taking for acute medical admissions
- An increase in the number of patients counselled about their medicines before discharge
- Involving patients in the development of medicines management services

■ Developing partnerships in medicines-taking between professionals, patients and carers

- Involving patients in decision making about their medicines
- Enabling patients to self-medicate where possible throughout their stay in hospital thus encouraging independence and confidence with medicine-taking after discharge

■ Improving hospital medicines management systems

- Multidisciplinary involvement in medicines management
- Engaging senior management in the planning, development and ongoing support of medicines management improvements within the trust
- Reviewing and redesigning processes to achieve maximum efficiency and cost-effectiveness of services

■ Improving processes and outcomes for medicines management at the interface between primary and secondary care

- Improving communication between primary and secondary care, especially where transfers of care take place such as on admission to, and discharge from hospital — particularly developing improved information flow from primary to secondary care and vice versa

■ Developing the role of pharmacists and other health care professionals to optimise medicines use for patients and the NHS

- Building on the awareness and developing the skills of everyone involved in medicines processes, that in turn will raise the standard of care for patients and support risk-management strategies within the trust

■ Re-engineering ward-based services around the needs of patients

- Increasing pharmacy services available to the ward from a multidisciplinary pharmacy team which in turn increases the range of patient-centred services, eg, the opportunity for patients to self-medicate where appropriate and reducing the risk of delayed discharge through problems with medicines