



Medicines Optimisation Strategy

2021 / 2024

Executive Summary

Medicines are the most frequently used treatment in healthcare and come with a large economic burden to the NHS of £16.8bn per annum. In addition, they are directly responsible for approximately 700 deaths per year due to avoidable adverse drug reactions and 66 million potentially clinically significant medication errors.

Pharmacy professionals are the experts in the use of medicines. Their role focuses on improving outcomes for patients when using medicines. Through this single focus they address clinical efficacy, safety and cost-effective use of medicines. Whilst Pharmacy will provide the leadership for this, delivery of the associated outcomes requires a multi-professional approach working closely with the patient using the Medicines Optimisation methodology.

The Long Term Plan (LTP), is peppered with references to the Pharmacy profession and medicines. The subsequent White Paper – Integration and Innovation: working together to improve health and social care for all builds on this to take us towards integrated care and population health. Workforce will be key in delivering the desired outcomes with patients and the public increasingly relying on clinical care provided by pharmacy professionals across all healthcare sectors. Safety will be improved, wastage reduced and medicines optimised across all sectors.

Our strategic ambitions

This strategy for Medicines Optimisation for Milton Keynes NHS Hospital NHS Foundation Trust defines how we will achieve the best outcomes for patients from their medicines for 2021-2024. It is broken down into six ambitions:



We will develop our patient facing services to optimise patient outcomes from their medicines



We will procure, produce and distribute medicines safely and efficiently



We will develop a modern workforce that delivers excellence in medicines optimisation



We will develop a culture of safety and quality improvement with regards to medicines across the professions



We will develop our use of technology to support safe and efficient practice



We will lead the development of an integrated approach to Pharmacy and Medicines Optimisation across Milton Keynes

As expected for medicines, this strategy contributes to the delivery of the full breadth of organisational objectives. Recognition of the role of Pharmacy and medicines and optimising their place in current and future through restructure and investment will ensure delivery of the strategy.



2. Overview and Context

2.1. Pharmacy & Medicines in the NHS

Medicines are the most frequently used treatment in healthcare and come with a large economic burden to the NHS of £16.8bn per annum. In addition, they are directly responsible for approximately 700 deaths per year due to avoidable adverse drug reactions and 66 million potentially clinically significant medication errors.

We also know that:

- Between 5 and 10% of all hospital admissions are medicines-related
- Two thirds of medicines-related hospital admissions are preventable
- The NHS drugs bill is rising by 8% a year which is more than the current annual increase in funding
- A 2010 report estimated the national figure for pharmaceutical waste to be £300 million

In addition:

- One quarter of the population has a long-term condition
- One quarter of people over 60 have two or more long-term conditions
- With an ageing population, the use of multiple medicines (known as polypharmacy) is increasing
- Between 30-50% of medicines prescribed for long-term conditions are not taken as intended

Pharmacy professionals are the experts in the use of medicines. Their role focuses on improving outcomes for patients when using medicines. Through this single focus they address clinical efficacy, safety and cost-effective use of medicines. Whilst Pharmacy will provide the leadership for this, delivery of the associated outcomes requires a multi-professional approach working closely with the patient.



2.1.1. Medicines Optimisation

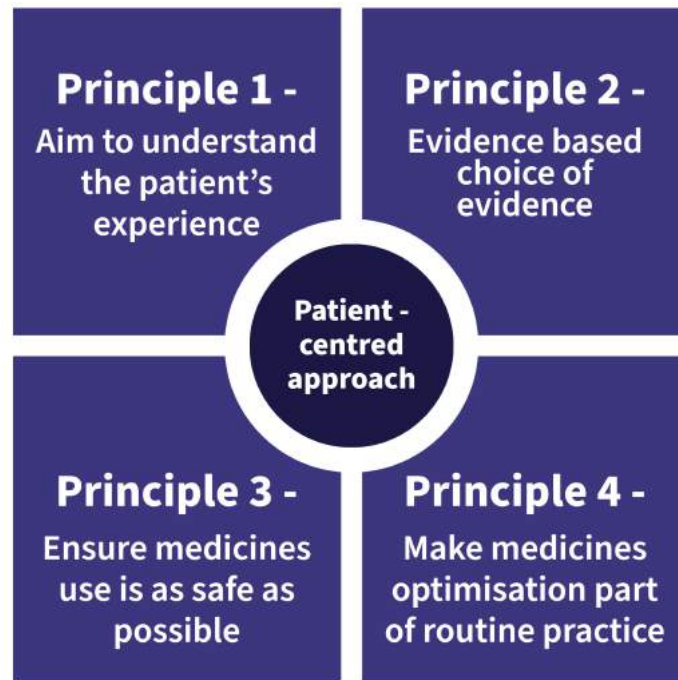
Medicines Optimisation (first defined by the Royal Pharmaceutical Society in 2013 in “Medicines Optimisation: Helping patients make the most of medicines”) is the methodology used to deliver this. It is about healthcare professionals working together with the patient to ensure people get the right choice of medicines at the right time and are engaged in the process. The Medicines optimisation framework came about as a result of noting that:

- Only 16% of patients who are prescribed a new medicine take it as prescribed, experience no problems and receive as much information as they need
- Ten days after starting a medicine, almost a third of patients are already non-adherent; of these 55% don't realise they are not taking their medicines correctly whilst 45% are intentionally non-adherent.
- Over half a million medication incidents were reported to the NPSA between 2005 and 2010. 16% involved actual patient harm
- In hospitals the General Medical Council's EQUIP study noted a prescribing error rate of almost 9%
- In primary care around £300million per year of medicines are wasted (which is likely to be a conservative estimate) of which at least half is avoidable
- At least 6% of emergency re-admissions are caused by avoidable adverse reactions to medicines



By focusing on the patient and their experience, along with embedding a strong evidence base and safety culture within healthcare professionals' practice, the four principles of medicines optimisation contribute to ensuring the best outcomes with medicines.

Improved patient outcomes



Aligned measurement & monitoring of medicines optimisation

Medicines optimisation looks at the value which medicines deliver, making sure they are both clinically and cost-effective.

This approach was later supported by NICE in 2015 (NG5 – Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes). The guidance contained 80+ recommendations and noted a potential saving of £5million from a reduction in avoidable drug reactions alone. Significant further savings were identified from a reduction in medicines related incidents causing harm to patients.



2.1.2. The Carter Review

In February 2016, the NHS efficiency review led by Lord Carter of Coles published its report “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations”. This identified that improved efficiency could save £800million on medicines.

The Phase 1 programme included a Hospital Pharmacy and Medicines Optimisation Project (HoPMoP) for which metrics were devised which formed the Pharmacy & Medicines section of the Model Hospital. It also required the development of a Hospital Pharmacy Transformation Plan (HPTP) which was approved by MKUH Board in February 2017 and has formed the MKUH Medicines Optimisation Strategy for the intervening period. This focused on:



Digital maturity



Procurement



Homecare



Outpatient dispensing



Production



Medicines Information



Clinical Services



Workforce



2.2. Pharmacy as part of the Long Term Plan & Working Together to Improve Health & Social Care

The Long Term Plan (LTP), is peppered with references to the Pharmacy profession and medicines. The subsequent White Paper – Integration and Innovation: working together to improve health and social care for all builds on this to take us towards integrated care and population health. Workforce will be key in delivering the desired outcomes with patients and the public increasingly relying on clinical care provided by pharmacy professionals across all healthcare sectors. Safety will be improved, wastage reduced and medicines optimised across all sectors.

Strategic Commissioning within an ICS is described within the plan and includes outcomes-based commissioning for whole populations, collaborating with local authorities and providers to make shared decisions, reformed funding flows and contracts, consolidated accountability and performance management.

The associated People Plan recognises the value the Pharmacy Profession brings to the delivery of the plan and the significant part medicines play in the effective treatment of our patients. Community, Practice and Care Home pharmacy teams will have greater freedom to deliver clinical care at the top end of their license whilst hospital pharmacy teams will continue to work with specialists but extend their practice into primary care.

There will be investment in education and training with a structured foundation programme for Pharmacists and Pharmacy technicians.

Consistent delivery of these goals will require clinical and professional leadership across the health and care system. Senior and experienced NHS Pharmacists will be appointed as Clinical Directors of Pharmacy and Medicines in each integrated care system with a responsibility to oversee NHS-funded Pharmacy services, enhancing medicines optimisation and value and overseeing the development and deployment of clinical pharmacy staff.

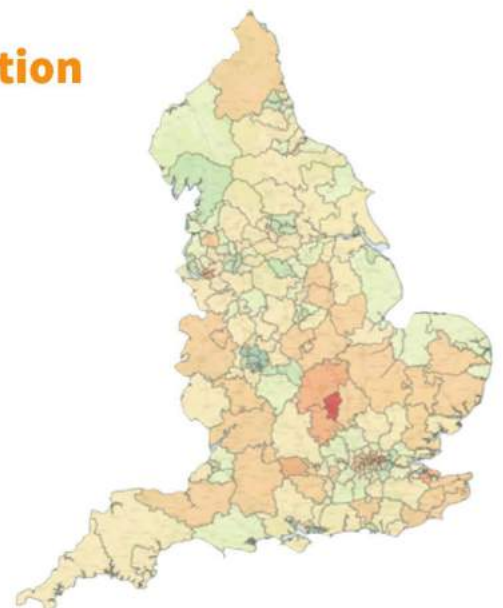
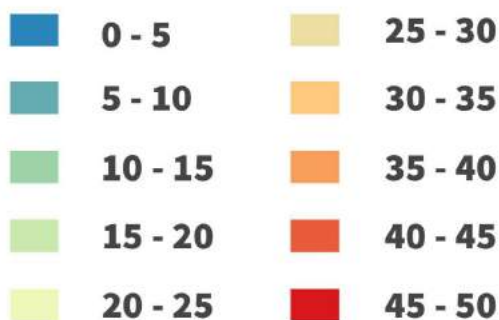
3. About Milton Keynes & it's University Hospital

Milton Keynes was the 20th fastest growing local authority in England between 2005 and 2015 with a growth of 17.1 per cent. This is expected to continue into the future. Current estimations suggest that the population of Milton Keynes will reach 308,500 by 2026. This is an increase of 46,750 people or 18 per cent between 2015 and 2026.

The age profile of the Milton Keynes population is younger than that for England as a whole. 22.6% of the Milton Keynes population are aged under 16 compared with 19.0% in England. The number of 25 to 64 year olds is projected to increase from 143,800 to 161,200, a rise of 12% between 2015 and 2026. This age group represents the biggest proportion of all age groups throughout the years. 12.1% of the Milton Keynes population are aged 65+ compared with 17.3% in England.

Looking forward however, the 65 to 79 year olds are projected to increase from 25,600 to 36,900, a rise of 44% between 2015 and 2026. Although this age group does not represent the highest proportion of the population, the percentage increase is significant and the associated rise in demand for healthcare services will be substantial.

10 year percent change in age 70+ population



The age profile of the town has by default resulted in a change in the ethnicity profile of the population. Between 2001 and 2011 the ethnic diversity (represented by those from an ethnic group other than “white” British) increased from 13.2% to 26.1%, compared to 20% in England. No data is currently available to provide a context to the change in ethnicity over the next 10 years, but if historical trends are to be considered, healthcare services will need to be planned in such a way as to reflect this change in ethnicity.

Milton Keynes University Hospital NHS Foundation Trust looks after patients not only from the town of MK but the wider population surrounding towns and villages.

In 2017/18 MKUH saw:



383,036
outpatient
attendances



25,993
elective
spells



34,401
emergency
admissions



88,041
emergency
department
attendances



3,592
babies
delivered

Milton Keynes University Hospital is one of 3 acute hospital sites within the Bedfordshire, Luton, Milton Keynes (BLMK) STP and is therefore a significant partner in any wider system plans and arrangements. The BLMK ICS is developing 2 Integrated Care Partnerships (ICP), one for Bedfordshire and Luton and the other is for Milton Keynes.

MKUH will therefore play a key part in the leadership and development of the Local Milton Keynes partnership arrangements. We are building on existing good practice and developing closer working arrangements with our community provider, CNWL, the Local Authority and our Primary Care colleagues so that as a system we can use our resources to best effect and also improve the experience and outcomes for the people of Milton Keynes.



4. Pharmacy at MKUH

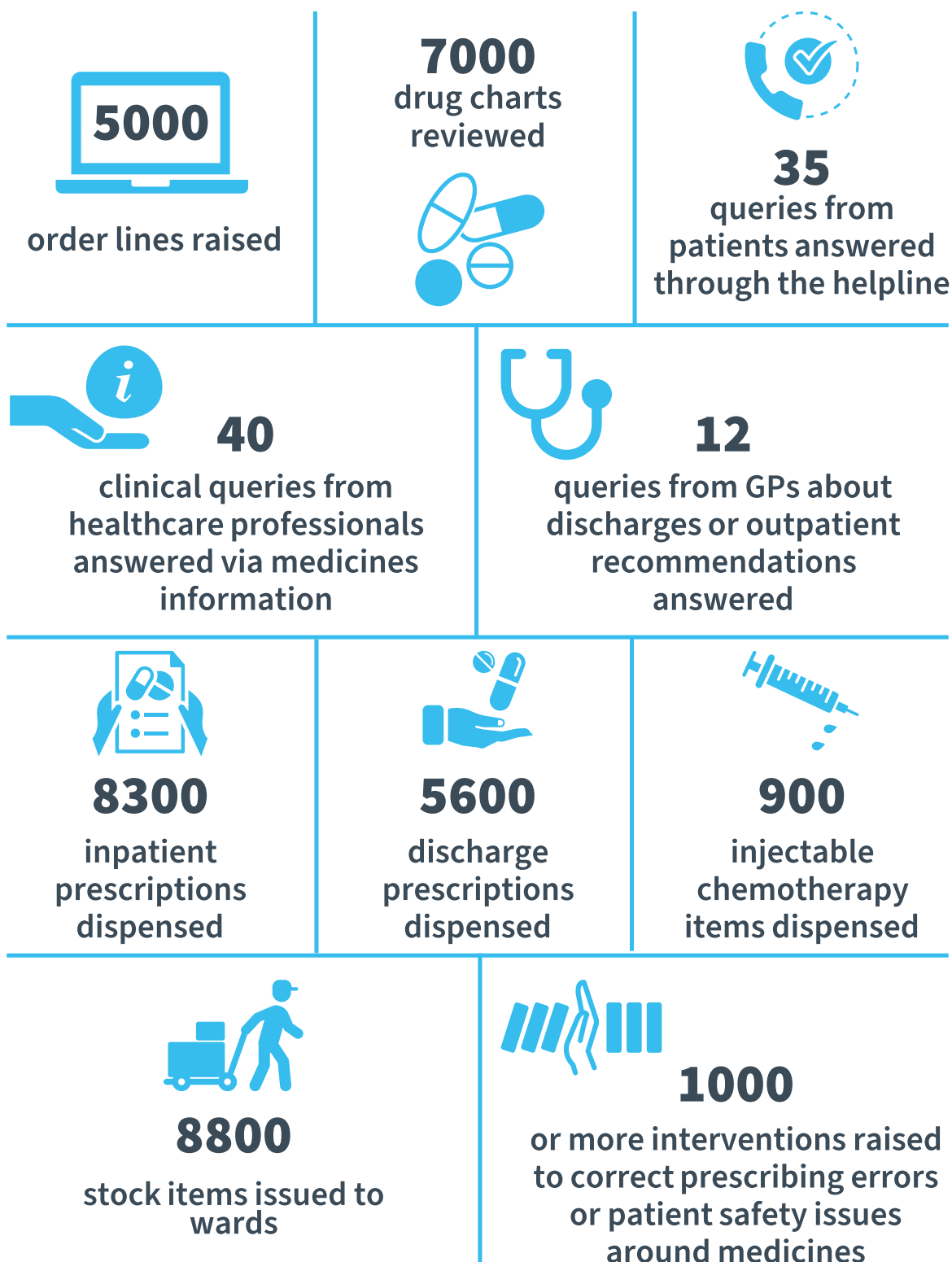
The Pharmacy team at MKUH provide a full range of pharmaceutical services, seven days a week to support the safe and effective use of medicines across the Trust. The graphic below shows the breadth of services provided.



With a headcount of just over 100, staffing is made up of 39% Pharmacists, 33% Pharmacy Technicians, 17% Pharmacy Assistants and 11% support staff. In addition, the department supports three Pre-Registration Pharmacists and four Pre-registration Pharmacy Technicians each year. Model Hospital and benchmarking data shows the department to have average numbers of Pharmacy Technicians and support staff with somewhat lower numbers of Pharmacists. The department is led by the Clinical Director for Pharmacy who professionally reports directly to the Medical Director.



In an average month MKUH Pharmacy:



Traditional Pharmacy services of supply and ward based clinical pharmacy are the backbone of the department's work and there has been significant investment into the departmental infrastructure to support this in FYs 2019 – 21. A new Aseptic Unit has been built within the new Cancer Centre.

This is a full clean room facility which is used to prepare chemotherapy for cancer patients. There is now the opportunity to develop to provide services to support the wider hospital (e.g. ready-made injectables) and other organisations. The main Pharmacy department has been fully refurbished to include a new robot which has supported a full review and optimisation of the workflow. Finally, a new outpatient Pharmacy is in the main entrance of the hospital. This will enable easy access for patients to obtain medicines prescribed through outpatients and also advice on the use of medicines or management of minor ailments.

The roles of pharmacy professionals have developed over the years and now includes prescribing, leading on medication safety, Homecare, specialist roles up to Consultant Pharmacist level, working closely with nursing staff to ensure the safe administration of medicines, ED based roles and more. Herein lies the opportunity that will be further developed through this strategy.

There are also significant developments in the Pharmacy profession in primary care with the role of the Pharmacist and Technician in supporting complex medication needs being recognised and integration of pharmacy professionals into primary care teams. The Pharmacy at MKUH has a long history of working with our healthcare partners in Milton Keynes, having shared a medicines formulary for 20 years, working together through Service Level agreements and joint participation in medicines governance arrangements. This is recognised in the Long Term Plan and gives an opportunity to develop this relationship further, with the profession working much more closely to break down the barriers at the interface of care and create a flexible workforce able to respond to the needs of our patients in all sectors of care.

Pharmacy, and the optimal use of medicines, contributes to all areas of the MKUH Strategy, with high quality care being at the centre of the profession's roles.



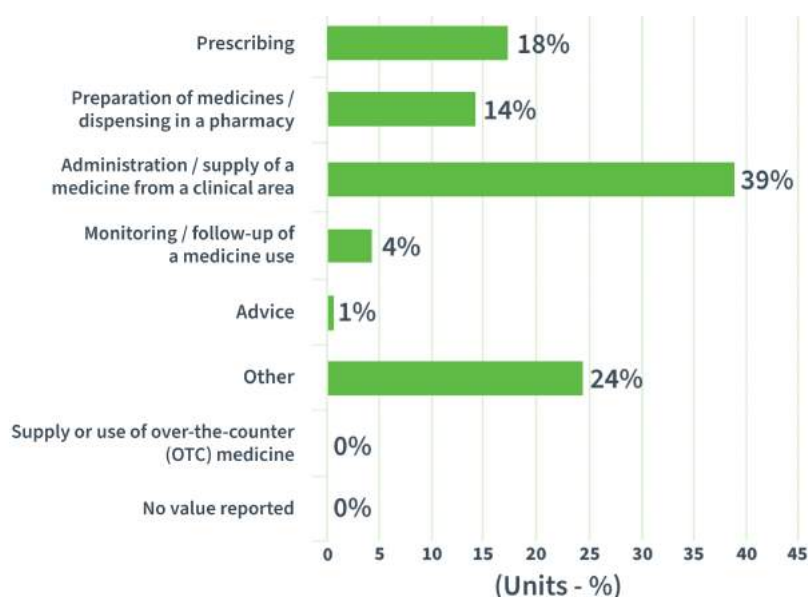
5. Medicines use at MKUH

In 2019/20 MKUH spent £22million on medicines to treat our patients, with Pharmacy contributing £2.73m cost savings overall against the prescribing budget.

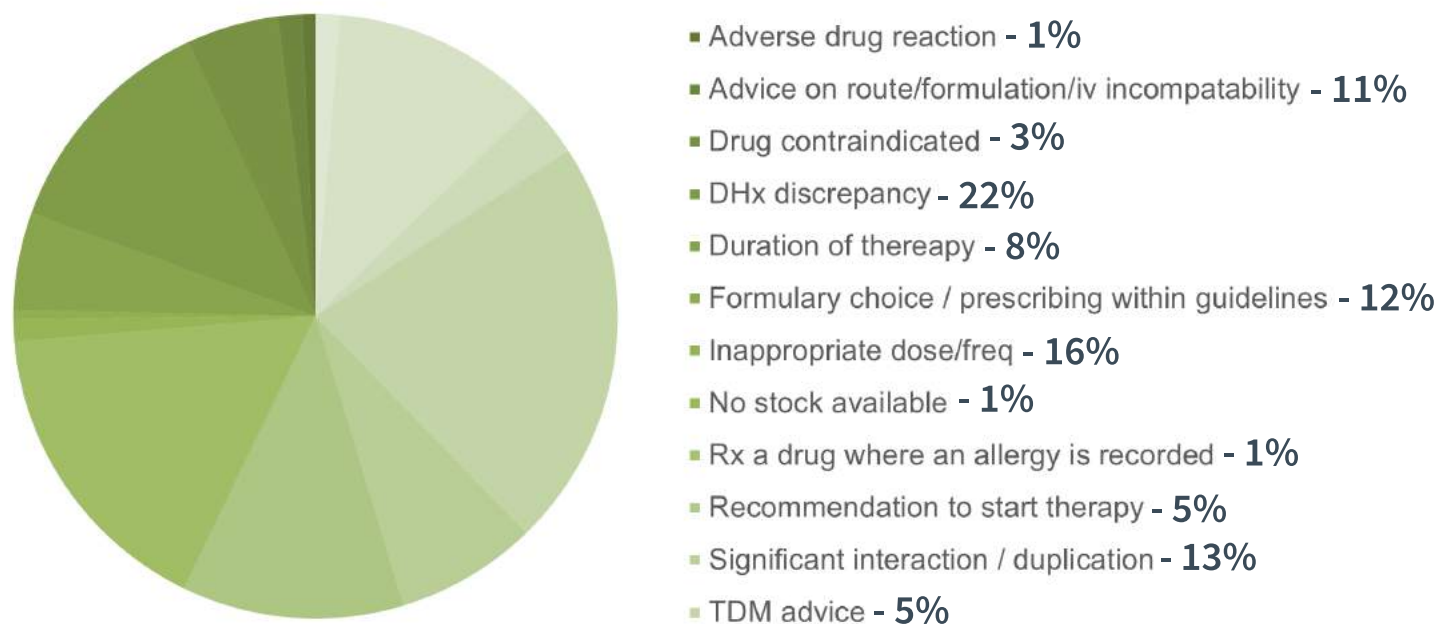
Pharmacy stock control is managed using the JAC Pharmacy system. Electronic prescribing was established for adult inpatient services in 2018 using Cerner's EPMA module. Further roll out of this to paediatrics, critical care and outpatients is planned to be completed by FY 2021/22. Chemotherapy is prescribed electronically using Aria. Safety incidents related to medicines are recorded through Datix.

Medicines are prescribed in the main by doctors although there are over 50 non-medical prescribers in the trust, mainly nurses. Traditional systems of nurse administration are employed although implementation of EPMA has supported the introduction of additional safety measures such as positive patient and medication identification through barcode scanning.

In the year to May 2020, there were 811 medication related incidents reported within MKUH. This represents the third highest category of incident. 97% of these were of no or low harm. Almost 40% were related to administration of medicines.



In addition, over 12,000 interventions were recorded by Pharmacy staff relating to prescribing. These might be to correct errors in prescribing or to optimise treatment.



Patient survey results around medicines use and the information patients receive has remained static over the past few years showing significant opportunity to improve patient outcomes through a multi-professional approach to medicines optimisation

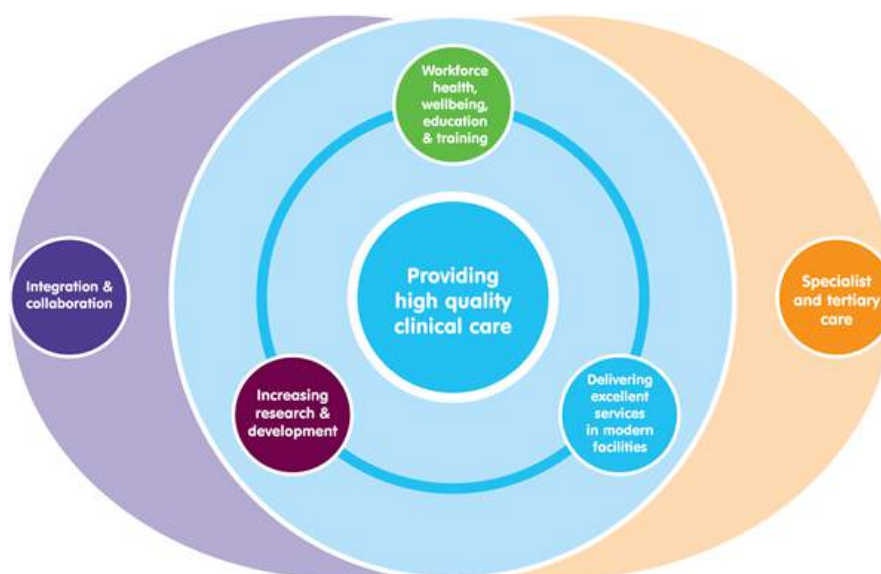
Using the data now available to us to support safe and optimal medication practice across all professions presents wide ranging opportunities to ensure patients get the best outcomes from the use of medicines. This requires a multi-professional approach, led by the Pharmacy team.



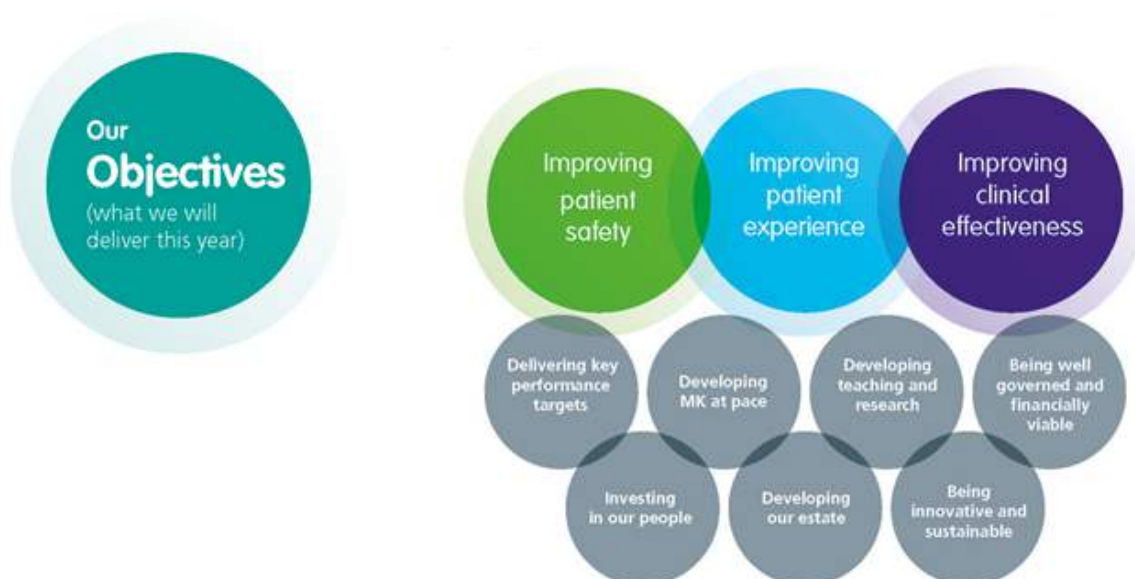
6. MKUH Pharmacy & Medicines Optimisation Strategic Ambitions

The strategic ambitions of the Pharmacy & Medicines Optimisation Strategy will support the overarching delivery of the objectives of MKUH.

MKUH Strategy



MKUH Strategic Objectives



Ambition		Linked MKUH Strategic Objectives
1	We will develop our patient facing services to optimise patient outcomes from their medicines	<ul style="list-style-type: none"> Improving patient safety Improving patient experience Improving clinical effectiveness Delivering key targets Developing MK at pace Developing teaching and research Being well governed and financially viable Investing in our people
2	We will procure, produce and distribute medicines safely and efficiently	<ul style="list-style-type: none"> Improving patient safety Improving patient experience Improving clinical effectiveness Delivering key targets Being well governed and financially viable Investing in our people Being innovative and sustainable
3	We will develop a modern workforce that delivers excellence in medicines optimisation	<ul style="list-style-type: none"> Improving patient safety Improving patient experience Improving clinical effectiveness Delivering key targets Developing MK at pace Developing teaching and research Being well governed and financially viable Investing in our people
4	We will develop a culture of continuous safety and quality improvement with regards to medicines across the professions	<ul style="list-style-type: none"> Improving patient safety Improving patient experience Improving clinical effectiveness Delivering key targets Developing MK at pace Developing teaching and research Being well governed and financially viable Investing in our people
5	We will develop our use of technology to support safe and efficient practice	<ul style="list-style-type: none"> Improving patient safety Improving patient experience Improving clinical effectiveness Delivering key targets Developing MK at pace Developing teaching and research Being well governed and financially viable Investing in our people Being innovative and sustainable
6	We will lead the development of an integrated approach to pharmacy and medicines optimisation across Milton Keynes	<ul style="list-style-type: none"> Improving patient safety Improving patient experience Improving clinical effectiveness Delivering key targets Developing MK at pace Developing teaching and research Being well governed and financially viable Investing in our people Being innovative and sustainable



1

We will develop our patient facing services to optimise patient outcomes from their medicines

Current Position / Challenges / Opportunities

Medicines are the most frequently used treatment in the hospital environment. Most patients will receive at least one medicine during their visit / admission. The current clinical pharmacy service follows a very traditional model with medicines supply at its core. This results in the opportunity to optimise patient outcomes from medicines being missed. Putting specialist pharmacy expertise into strategic parts of the patient pathway has been shown to improve the use of medicines and improve outcomes for patients, resulting in reduced admissions, readmissions, missed doses and cancelled operations and adverse outcomes. Increasing the presence of Pharmacy professionals as part of the wider multi-professional team encourages co-working to optimise patient outcomes and improve safety in the use of medicines. It will also release Medical and nursing time and reduce length of stay. Delays in TTO processing occur due to insufficient staff working at ward level.

To achieve this ambition, we will:

- **Redefine our clinical pharmacy service to integrate pharmacy teams into the ward based inter-professional team.**
 - Medicines Management Assistant, Medicines Management Technician and Pharmacist part of each ward team
 - MMA / MMT responsible for timely medicine supply, Safe & Secure handling of medicines, Drug history taking, use of patient medication survey, TTO co-ordination, patient counselling and concordance
 - Pharmacist to support clinical decision making with respect to medicines and ensuring optimal use of medicines through integration with medical teams. To utilise prescribing skills to ensure safe medication use.
-

- **Expand the clinical pharmacy service into areas where there is not currently a service or where the service is under-resourced**

- Current known areas are: Maternity, HIV / BBV, Paediatrics, outpatients / planned care

- **Develop Pharmacist specialists in key clinical areas.**

- Respiratory, Endocrinology, Frailty, Cancer and further develop cardiology / anticoagulation
- These pharmacists would be available to work across the health economy and run medication optimisation clinics for high risk / complex patients utilising their prescribing skills. Whilst optimising the use of medicines, they would also support de-prescribing to reduce adverse outcomes and harm from medicines.
- Provide specialist education to the wider health team to foster expertise across professional groups, and train other pharmacists to become “specialist-generalists”
- Provide education to patient support groups across MK

- **Provide Pharmacy services into ED and Pre-admission clinics**

- There is clear evidence for the benefit this brings to patients and service provision
- ED – to manage minor ailments, safe admissions, reduce frequent attendances, admission avoidance
- Pre-op Assessment – ensure medicines are optimised for the procedure to go ahead. Reduced medication related night before admissions, reduced cancellations on the day, discharge planning and reduction in TTO turn-around time.
- Ensure new service developments incorporate a modernised pharmacy service, close to the patient



2 We will procure, produce and distribute medicines safely and efficiently

Current Position / Challenges / Opportunities

We rank highly amongst peers for procurement KPIs, and management of High Cost Drugs is good. Pharmacy contributes significant CIP savings year on year against the drugs budget. However, recent investment into the Pharmacy infrastructure, along with learning from the COVID-19 response gives us wide ranging opportunities to further optimise our procurement, production and distribution of medicines. Dispensing times for TTOs are generally good but delays can occur at the pre-dispensary phase requiring a Pharmacist to validate the prescription. Due to pressures in the ward based team, a delay of up to 90 minutes can occur before the TTO is picked up.

To achieve this ambition, we will:

- **Provide ready-made injectables from Aseptics to ward areas**
 - This will improve safety in the handling of IV medicines and release nursing time
- **Use specialist Aseptics staff to teach and train other healthcare professionals in the safe handling of medicines**
- **Take into account the Carbon Footprint of medicines when procurement and drug use choices are made**
- **Further utilise Homecare services to provide medicines in an efficient, patient friendly manner**
- **Improve the clinical input into the management of High cost drugs**
 - Utilising the specialist pharmacists in Ambition 1
- **Optimise the use of the new robot to streamline dispensing processes**
 - To reduce dispensing times



- **Obtain a Specials License for the Aseptic Suite. This will enable us to:**

- Maximise the use of the unit
- Support the wider trust and healthcare economy with provision of ready-made injectables
- Allow us to sell products to other NHS and private providers, giving an income stream and supporting the wider NHS need for chemotherapy and ready-made injectables.

- **Improve TTO turnaround times**

- Increase the number of MMTs and MMAs on the wards to co-ordinate TTOs, undertake the technical aspects of processing them and release Pharmacist time to validate TTOs in a more timely manner, so reducing TTO turnaround and length of stay.

- **Open an outpatient pharmacy & explore options to outsource it**

- To provide a quick and efficient dispensing service for patients
- To support staff health and well-being
- To repatriate the use of FP10s and so optimise efficient procurement and formulary compliance
- To support efficient procurement of medicines for MK:Place
- Release capacity in the main dispensary to focus on TTOs and in-patient items thus reducing TTO turnaround time and missed doses.

- **Create a substantive delivery service to support new ways of working**

- Based on experience through the COVID-19 response, a delivery service is required to support the use of virtual clinics.
- This can also support TTO delivery in pressured situations.





We will develop a modern workforce that delivers excellence in medicines optimisation

Current Position / Challenges / Opportunities

Pharmacy is a relatively young, diverse staff group. The traditional way of working is not fully exploiting the skills of the newly qualified workforce in optimising the use of medicines. A lack of technical staff working at ward level has resulted in Pharmacists undertaking technical roles and so not fulfilling their professional satisfaction. This has resulted in a high turnover rate in the team. Upskilling team members will give job satisfaction and see improvements in patient care with better outcomes from the use of medicines and optimal use of financial resources. It is well established that investing in Pharmacy staff results in better use of the drug budget.

To achieve this ambition, we will:

- **Review the skill mix and roles available in the department to identify resource gaps and develop staff to undertake additional roles and work at the top of their license**
 - Benchmark staffing against peers. Ensure capacity to take on new roles.
 - To reduce any risk of single points of failure
 - Develop the role of the Pharmacy Technician at ward level to support ward staff and patient knowledge and understanding of their medicines
- **Develop senior Pharmacist clinical roles to allow them to progress in their career based on clinical expertise rather than management.**
- **Ensure Divisional Pharmacists work with Divisional Leadership teams**
 - To support the safe and effective use of medicines in each Division



- **Develop the technical services to be completely technician run**

- Implement Technician checking and release in aseptics
- Develop Band 4 technicians to undertake the checking role
- Develop the role of the MMA at ward level to manage medicines stocks and availability and release technicians for a patient facing role.

- **Develop an environment around medicines which is grounded in psychological safety**

- To allow a learning culture to flourish

- **Create a Pharmacy Workforce strategy**

- To provide a clear pathway from Foundation to Advanced level practice
- To clarify role requirements and expectations

- **Adopt new methods to modernise Pharmacist, Pharmacy Technician and Pharmacy Assistant training**

- **Promote access to post-qualification / registration training**

- To allow each member of the team to reach their full potential

- **Bring nurses into the Pharmacy Team to create a multi-professional approach to medication use**

- **Create a Practice Development Pharmacist role**

- **Develop the opportunities for Pharmacist and other Professional non-medical prescribing across the Trust**

- **Review the impact of the introduction of new therapies and ensure the expertise is available to manage them safely. e.g. Genomic (personalised) medicines.**



4

We will develop a culture of continuous safety and quality improvement with regards to medicines across the professions

Current Position / Challenges / Opportunities

Pharmacy roles tend to result in a reactive service rather than optimising care at the earliest opportunity. Investment into the eCare system has created data which can be used to identify concerns and optimise workflows to ensure safe practice. The Medication Safety Officer (MSO) role could be developed further to be a key member of Trust staff in learning from medication incidents and near misses. A focus on serious incidents can mean missing opportunities to use near miss data to prevent an incident. To implement this, we need to foster a multi-professional approach, led by Pharmacy using the data we have available. Policies and guidelines will form the infrastructure, but shared learning across all staff will enable us to lead the way in safe practice.

To achieve this ambition, we will:

• Create Governance, Quality Assurance and data analysis roles within Pharmacy to:

- Make best use of the data we have to influence change in the way we work and guide essential policy and training needs
- Create the necessary infrastructure to allow the Aseptic Unit to become a licensed unit and support the requirements of the Wholesaler Dealers License and Home Office License
- Ensure full compliance with legislation and inspectorate requirements through policy and a full audit programme.
- To provide the necessary specialist input to the quality aspects of medical gases.

• Providing the Pharmacy team with a skill set to embed QI into daily practice

• Support information provision to patients to help decision making and safe administration of medicines

- **Enable the MSO to lead an organisational wide change in the approach to medication safety and learning from incidents / near misses**

- Using a collaborative multidisciplinary approach to QI and medication safety
- Implementing Safety II methodology and Human Factors science in system improvements
- Ensuring full engagement of all stakeholders
- Integrate the NHSE / I Medication Safety Improvement Programme into the MKUH Safety agenda

- **Review opportunities in Pharmacy staff roles to support the wider medication safety agenda**

- Through audit and schemes such as self-administration of medicines and technician administration of medicines.

- **Encourage sharing our work and learning from others through:**

- Attendance at regional and national conferences and workshops
- Networking with those working in similar areas of specialism
- Use of NHS Benchmarking data

- **Development of a QI strategy around Pharmacy and Medicines Optimisation**



5

We will develop our use of technology to support safe and efficient practice

Current Position / Challenges / Opportunities

Optimising the use of the systems recently invested in will be key to “knowing our Pharmacy business”, optimising workflows and driving forward medication safety initiatives. Learning from the recent COVID-19 response has also identified further potential investment into technology which will help service provision.

To achieve this ambition, we will:

- **Use MS Teams and other technology to increase training availability and communication across professional groups with regard to medicines**
- **Further use eCare to support medication safety through:**
 - Implementation into paediatrics, critical care and outpatients
 - Supporting safe prescribing via PowerPlans, Order Sentences and decision support
 - Optimal use of Barcode scanning to ensure the right patient and the right medicine
- **Invest in the necessary resource to extract data from systems such as JAC, eCare and Datix to**
 - create monthly Divisional reports
 - review and optimise workflows
 - prioritise services in real time
 - implement new medication safety improvement techniques.
- **Ensure Pharmacy staff have adequate access to necessary IT hardware at ward level**
- **Create Web based dashboards for Pharmacy KPIs to ensure we know our business**

- **Implement an electronic Quality Management System to track all medication related policies and guidelines**
- **Implement a Medical Gases Cylinder Tracing system so that we know exactly where all our resources are in the Trust**
- **Investigate opportunities for service improvement in aseptics through the use of**
 - Semi / fully automatic compounding robots / pumps
 - Tracker system to enable ward staff to have real time data on production
- **Implementation of technology to support the new outpatient service:**
 - Patient satisfaction feedback
 - Delivery driver payment App to collect necessary prescription charges
 - System for telling patients their prescription is ready
- **Use of a Staff Wellbeing app**
- **Utilisation of technology for safe storage of medicines on wards**
 - Automated drug cupboards and CD registers in Pharmacy and on wards





We will lead the development of an integrated approach to Pharmacy and Medicines Optimisation across Milton Keynes

Current Position / Challenges / Opportunities

Roles within Pharmacy across MK (and nationally) have grown rapidly in recent years. There are now Pharmacists and Pharmacy Technicians within MKUH, MKCCG, CNWL, GP Practices, PCNs, MKGP Federation and of course Community Pharmacy working to optimise the use of medicines from the simplest of pain killers to the most complex regimens. In addition to direct patient care, they have many corporate roles including R&D, medication safety, procurement, aseptic services, education and training and budget management. The opportunities for developing the scope of these roles to proactively manage medicines has also grown now that prescribing is developing into a core skill along with specialist and Consultant Pharmacist roles working across multiple sectors.

There has been a long history of Pharmacy professionals working collaboratively across all sectors in Milton Keynes. The health and social care structure in MK lends itself well to successful cross sector working. Indeed, this has been the case over the last 20 years with excellent working relationships within the profession. Local Pharmacy leadership during this time has maintained a strong focus on quality and safety which has also resulted in significant cost savings across the health economy. MK has shared a medicines formulary across primary and secondary care for the last 20 years.

Implementation of the Long Term Plan, gives an opportunity to develop this further, with the profession working much more closely to break down the barriers at the interface of care.



To achieve this ambition, we will:

- **Work with MK Partners to lead the development of a strategy for Pharmacy & Medicines optimisation across Milton Keynes**
- **Work with MK partners to establish joint training, education and career development opportunities for Pharmacy**
- **Look for opportunities to share resources across the interfaces of care in MK to optimise patient outcomes with medicines.**
 - To include opportunities where there are similar roles such as medication safety, education and training, workforce planning, and antimicrobial resistance
 - To include opportunities to develop specialist pharmacy resource for the most complex patients eg Anticoagulation, Frailty, clinical specialities such as respiratory, endocrine, paediatrics
- **Implement the Discharge Medicines Service to share information with Community Pharmacy Colleagues**
- **Explore how MKUH Pharmacy roles can interface more closely with colleagues in the community and primary care sector to optimise patient care**
- **Utilise MKUH Pharmacy services to support community services**
 - MKUH Aseptic unit preparing Ready made injectables for care homes, hospices and OPAT
 - Outpatient Pharmacy to co-ordinate shared care arrangements



7. Measuring success

Each ambition will be measured in the following way:

1	<ul style="list-style-type: none"> • Improved medicines reconciliation rates • Improved TTO turnaround times • Increase in the number of prescriptions written by pharmacists • Improvement in medicines aspects of patient experience survey 	<ul style="list-style-type: none"> • Increase in the range of services supported by Pharmacy • Increase in number of pharmacists working in speciality roles • Hours of pharmacy time allocated to ED and pre-op assessment
2	<ul style="list-style-type: none"> • Increase in number of ready-made injectables provided to wards • Increase in number of patients receiving homecare • Audit of high cost drug use shows high compliance with commissioning statements 	<ul style="list-style-type: none"> • Improved TTO turnaround times • Increase in number of items dispensed for outpatients • Aseptic unit is licensed • Improvement in formulary adherence for outpatient prescriptions
3	<ul style="list-style-type: none"> • Reduction in pharmacy staff turnover • Improved medicines reconciliation rates • Increase in spectrum of pharmacy roles 	<ul style="list-style-type: none"> • Divisional medicines optimisation reports available • Improvement in staff survey scores
4	<ul style="list-style-type: none"> • Available suite of Medical Gas SOPs and training • Tracking system for medical gas cylinders • Audit of compliance with QMS requirements 	<ul style="list-style-type: none"> • Increase in E&T opportunities in Pharmacy • Reduction in moderate and above medication incidents
5	<ul style="list-style-type: none"> • Demonstrable use of automation on wards • Demonstrable availability of systems • Audit 	
6	<ul style="list-style-type: none"> • An agreed Medicines Optimisation strategy for MK Place • A number of shared roles across the health economy • Evidence of joint working across the health economy 	



8. Resources

Investment will be required into the Pharmacy team to optimise the contribution the Pharmacy profession makes to the effective use of medicines across the trust. As services are redesigned or introduced there will be opportunity to embed medicines and pharmacy into them and ensure best outcomes for patients from medicines and optimal use of the Pharmacy profession.

Further additional resources may be required to deliver the strategy in full. Opportunities to release money elsewhere within the system will be reviewed to support this. Capital investment will be required to deliver aseptic and technological developments.

