Moving Medicines Safely: Implementing and sustaining a ‘Green Bag’ Scheme

A toolkit to support the implementation and evaluation of ‘Green Bag’ Schemes within Medicines Management Services – revised January 2013 and reviewed October 2015

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1. The tool kit

1.1 About this toolkit

This toolkit is designed to support NHS commissioners and providers working in acute, mental health or community Trusts in planning, implementing and sustaining the use of Green Bags in their Medicines Management Services. It gives tips for involving colleagues in primary care, the ambulance service and patients. The material included in this toolkit has been developed by NHS Trusts across the country as they have worked to integrate Green Bags into their services.

1.2 Who should use it?

This toolkit is not just written for pharmacy staff, indeed pharmacy may not be key to rolling out schemes in some sectors. Engagement of a wide range of people is central to ensuring the scheme’s successful implementation. Key personnel are suggested in section 3.2 of the toolkit.

1.3 How do I use it?

The toolkit is designed to provide a range of resources and ideas that can be used or adapted for use by NHS organisations to support them in developing and implementing Green Bag schemes in their locality. The toolkit includes checklists and examples of audit materials in addition to signposts to other useful information. It is intended that users can dip in and out of sections they consider relevant to their needs. It may also be used by those wishing to review, revitalise or re-launch previously introduced schemes.

For general information on implementing (and sustaining) service changes – particularly on safety grounds try NHS Improving Quality at www.nhsiq.nhs.uk which took on many of the NHS Institute for Innovation and Improvement’s useful tools, when it closed in 2013. The Institute website is still available at www.institute.nhs.uk – the section on Quality and Service Improvements Tools will be most useful. Or use the original quality improvement resource: The Institute for Healthcare Improvement on www.ihi.org – although an American organisation they do work in Europe.

If you have examples of good practice implementing (and sustaining) a Green Bag scheme and you would like these included in future editions of this resource please send to jane.hough4@nhs.net.

2. Implementing or Refreshing a Green Bag Scheme

Implementing a Green Bag Scheme should be considered like a change management process where people and communication are key to making it a success. The tool kit gives tips on how to do this.

Even if you have a well-established scheme it is advisable to revisit as inevitably practices will have slipped, personnel changed or well intentioned short cuts/work rounds introduced. Working practices may now be different requiring modifications to a scheme introduced some years ago.

Green Bag schemes can be hard work; they require champions from all sectors of health care and a project team that includes doers and at least one person with influence in the right places!

3. Introduction - Green Bags in context

3.1 What is a Green Bag?

A ‘Green Bag’ is simply a clearly designated, easily identifiable bag which can be used for transporting medicines between and around care settings. The purpose is to keep all the medicines belonging to a patient together in a readily identifiable container. The bags used do not necessarily need to be green, some that are in use are transparent with green writing for example, however the
principle is to have a bag which is clearly and easily identifiable by healthcare staff. The term ‘Green Bag’ will be used to describe such bags throughout this document.

3.2 Why use Green Bags?

There are many potential benefits that can be derived from introducing or re-invigorating Green Bags into practice. Figure 1: ‘Green Bag Benefits Wheel’ describes some of the benefits that may be achieved in different Healthcare sectors. It is important to recognise at the outset that considerable investment in time and materials will be required, but in due course the benefits achieved should outweigh the costs involved. Whether a Green Bag is used or not; one of the key drivers is the benefits to secondary care of reviewing and using patient’s own medicines from home (PODs).

Green Bags facilitate achieving the secondary care actions in The Department of Health Action Plan document: Improving the use of medicines for better outcomes and reduced waste (October 2012). Link There are four actions for acute trusts around encouraging patients to bring their own medicines into hospital (para 3.13); transferring medicines between clinical areas (para 3.6), having plans to actively increase the use of patient’s own medicines from home (PODs) during hospital admission and at discharge (para 3.10) and systems and processes need to be developed to maximise the use of patient’s own medicines from home (PODs) (para 3.11)

Another way to look at the benefits of Green Bag schemes are the relatively easy wins they provide for the Quality, Innovation, Productivity and Prevention (QIPP) challenge. All organisations now have QIPP high on their agendas and Green Bags can deliver on all four aspects. QIPP may even be the trigger to get people involved especially when it comes to working across organisational boundaries.

Transfer of information about medicines (particularly when moving care settings) is one of the key recommendations in the NICE Medicines Optimisation Guidelines (NG5) published in March 2015; link here is a link to these recommendations:

4. How do Green Bags support QIPP?

<table>
<thead>
<tr>
<th>Quality</th>
</tr>
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<tbody>
<tr>
<td>Medicines Reconciliation</td>
</tr>
<tr>
<td>An accurate history of pre-admission medicines helps to ensure medicines are continued on admission to hospital</td>
</tr>
<tr>
<td>Patients receiving their medicines on time</td>
</tr>
<tr>
<td>By having their regular medicines available as soon as the patient is admitted they are more likely to administered on time; this is particularly important for time critical medicines. The patient is receiving medicines they are familiar with and the need for a therapeutic substitution for a non-formulary medicine is avoided.</td>
</tr>
<tr>
<td>Medicines stay with the patient</td>
</tr>
<tr>
<td>Green Bags help ensure that patient’s medicines move with the patient when the move from one ward or care area to another; avoiding the need to re-dispense items. The medicines can also be used for discharge prescriptions often speeding up the discharge process.</td>
</tr>
<tr>
<td>Transfer of Information</td>
</tr>
<tr>
<td>Physical provision of medicines also helps with Transfer of Information initiatives such as the Royal Pharmaceutical Society’s ‘Keeping patients safe when they transfer between care providers – getting the medicines right – Final Report June 2012. Here is a link to the final report link</td>
</tr>
</tbody>
</table>
Innovation

Although not a new idea, Green Bags may be new to your organisation and there are innovative ways to use Green Bags to re-invigorate or sustain an established scheme.

Some creative ways to use or publicise Green Bags include:
- Dispensers for Green Bags in A and E for paramedics, patients or hospital staff to access
- Community Pharmacies displaying posters and issuing bags to patients who have a planned procedure
- GP Out of Hours Services carry Green Bags both at their bases and in their cars
- Community Matron or Mental Health Teams carrying Green Bags in their cars
- Formal and informal Carers – link to agencies and help groups
- Give out Green Bags to the new Doctors on their induction day so they have something to carry their papers in.
- Link to Waste Medicines campaigns
- Use the Green Bag message to promote the availability of Post Discharge Medicines Use Reviews (MURs) in community pharmacies

Productivity

Giving patients their medicines on time

By having their regular medicines available as soon as the patient is admitted they are more likely to administered on time; this is particularly important for time critical medicines. The patient is receiving medicines they are familiar with and the need for a therapeutic substitution for a non-formulary medicine is avoided. Also avoids the need to hunt for medication on the ward and then potentially request supplies from pharmacy

Reducing Waste/Keeping the medicines with the patient

Green Bags help ensure that patient’s medicines stay with the patient when the move from one ward or care area to another; avoiding the need to spend time looking for medicines or to re-dispense items. The medicines can also be used for discharge prescriptions often speeding up the discharge process.

Prevention

Having the patient’s own medicines available to the prescriber reduces the likelihood of an initial prescribing error. Problems the patient may have had with their medication prior to admission can be identified and resolved

Patient Safety events are also reduced by making available the patient’s own medicines helping to ensure the patient receives the right formulation, brand and on time.

Medicines wastage is reduced by ensuring medicines follow the patient when they move between wards and care settings. Using the medicines during a hospital stay avoids additional expenditure, making savings for the health economy

Encouraging patients to bring their medicines into hospital (in a Green Bag) features in the National Commissioning Board report on reducing the waste of medicines. Link
Over view of where Green Bag supported activities fit the QIPP agenda

<table>
<thead>
<tr>
<th>Activities</th>
<th>Quality</th>
<th>Innovation</th>
<th>Productivity</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Bags</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Facilitation of Medicines Reconciliation</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reduction in Patient Safety Incidents</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Keeping Medicines with the Patients</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Helping to ensure medicines are given on time</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reduces the likelihood of medicines being wasted</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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</table>

The following are case examples that have demonstrated cost savings as quantifiable benefits:

- **Nottingham University Hospitals NHS Trust** report financial savings indicative of £7.40 per patient in reduced repeat dispensing, but the real savings are in time and lives.

- **At Barts Healthcare** a Green Bag scheme was introduced to the Cardio-thoracic directorate as part of a ‘Lean’ project. All cardiac patients receive a Green Bag on admission or in the pre-admission clinic with the objective not only to encourage patients to bring in their own medication to facilitate medicines reconciliation but also to ensure safe transfer of medicines between wards e.g. ward to theatre to intensive care to ward. By adding the Green Bag scheme to an already established POD service an additional saving of £6500 per year on medicines on one ward was realised. The scheme has been funded from these savings.¹

- **Following the introduction of Green Bags and a pilot on one ward at Worthing and Southlands Hospital NHS Trust** it was found that patients bringing in and re-using their own medicines from home had reduced the Trust drugs bill by £2,400 in a single month.

- **Appendix 7** provides detailed examples of costing out savings to secondary care from using Green Bags and patient’s own medicines from home (PODs) from audits carried out across acute trusts in Thames Valley and Wessex (ex-South Central) in 2011, 2012 and 2013.

¹ Vercaeren et al. Can a little bit of Toyota benefit your pharmacy team? Pharmacy Management 2010 26(1); 9-15
Figure 1: Benefits of Green Bags

- Improved communication
- Improved patient safety & satisfaction
- Helps understand how patients manage their medicines at home
- Time & cost savings
- Reduced waste

Hospital
- Facilitates medicines reconciliation
- Reduces prescribing errors on admission
- Reduces missed doses
- Cost savings through waste reduction
- Improves discharge planning
- Facilitates self administration
- Time savings at drug rounds
- Time savings in dispensary
- Reduces drug related admissions

Clinic Commissioning Group
- Cost savings through waste reduction
- Increased patient satisfaction
- Improved patient safety
- Improved communication across interfaces
- Improved communication at Transfer of care across interfaces
- Improved patient education around medication
- Improved patient adherence
- Cost savings through waste reduction
- Increased patient satisfaction

Ambulance Service
- Speeds patient transfer
- Enables accurate drug histories
- Improved patient safety
- Speeds up treatment in drug related admissions
- Improves communication across interfaces
- Identification & management of poly-pharmacy

Patients
- Maintain familiarity of own medicines
- Reduced confusion
- Empowers patients to manage their own medicines
- Quicker discharge
- Reduces hoarding of medicines at home

GPs, Community Pharmacists, Care Homes
- Speeds patient transfer
- Enables accurate drug histories
- Improved patient safety
- Speeds up treatment in drug related admissions
- Improves communication across interfaces
- Identification & management of poly-pharmacy

- Improved communication
- Improved patient safety & satisfaction
- Helps understand how patients manage their medicines at home
- Time & cost savings
- Reduced waste
5. Identifying key players and influencers within a multidisciplinary team

You will need a project team to drive through the changes - the successful implementation of a Green Bag scheme requires a multidisciplinary team working across boundaries within the local health economy. It is important to identify all the key players and influencers at the start and to adopt a strategy for supporting effective team working throughout the course of the project.

5.1 Enlisting support from senior management

Whenever you are trying to bring about change or improvement, it is also a good idea to gain the support from senior management in your organisation. This could be your executive board, a professional committee, or your senior management team. This requires the engagement of people with the authority to:

- Understand the link between the Green Bag Scheme and medicines management
- Raise the profile of medicines management as an organisational priority
- Get the work of the green bag implementation team onto the senior team agenda
- Support protected time for the green bag implementation team’s work
- Identify resources to support the initiative

It is particularly helpful if you can identify a champion or champions with connections to senior managers who can support your work. Identify what you need from them and let them know how they can support you. Brief them about the scheme, giving them facts and feedback results in a positive way. Some suggestions about how to engage senior managers include:

- Target the right people- Make sure key players are engaged
- Focus on the benefits of using Green Bags and how they connect to your organisation’s priorities
- Highlight what goes wrong when patient’s don’t bring their own medication into hospital
- Links to QIPP agenda through accuracy of prescriptions, reducing patient safety incidents, reducing medicines waste, avoiding cost of re-dispensing medicines and reducing delayed and omitted medicines
- Build on the ideas that others have found to work successfully and quote their results
- Undertake a base-line and post-implementation audit and present the outcome to the Board and other key influencers
- Make use of relevant information sources

Your organisation’s Service/Quality Improvement Team may be able to provide project management support or advice.

5.2 Identifying who within the multidisciplinary team to involve

Who exactly you need to involve in the implementation team will depend upon the geography of your area. The list on the next page provides some suggestions, but is not exhaustive.

Even if you are involving a wide range of people in your multidisciplinary group you will still need to engage and then “sell” the benefits to their colleagues and other stakeholders. Section 4 provides information on engaging different groups in Green Bags.
## 5.3 Factors supporting multidisciplinary team working

The following may encourage effective multidisciplinary team working:

- Agreeing a common goal and decision making process for the team
- Producing an action plan detailing responsibilities and milestones
- Gaining personal commitment from team members to achieving the common goal
- Focusing on outcomes that are important to patients and improve the patient experience
- Identifying clear roles and responsibilities for team members
- Establishing effective communication channels for sharing information between team members
- Receiving support from managers within the constituent organisations

## 5.4 Involving patients and the public in Green Bags

The NHS is committed to involving patients and the public in the delivery of their care and the planning and development of services. The Health and Social Care Act of 2012 gives a Greater Voice to Patients (information sheet B) – “no decision about me without me”. Many patient groups feel the 2012 Act builds on Section 242 of the NHS Act of 2006 which strengthened the duty of NHS Trusts and Authorities throughout England to involve patients and the public, the aim being to produce services that meet their needs, rather than the needs of the service providers. You may, therefore, need to consider whether to involve:

- Patients (people who are currently using health services)
- Carers (people who support others because of their ill health, age or disability)
- The public (citizens of the community)

It is also important to decide from the outset the purpose of engaging with them so that you can decide which method could be most appropriate, namely:

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### Table: Relevant roles

<table>
<thead>
<tr>
<th>Sector</th>
<th>Title</th>
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<tbody>
<tr>
<td>Hospital Trusts (Acute, Community, Mental Health)</td>
<td>Chief Pharmacist/Clinical Pharmacy lead</td>
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<td></td>
<td>Service Improvement Leads</td>
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<tr>
<td></td>
<td>Nursing leads including community nursing</td>
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<tr>
<td></td>
<td>Staff who admit patients (elective &amp; emergencies)</td>
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<tr>
<td></td>
<td>Outpatient &amp; clinic leads, admin &amp; reception staff</td>
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<tr>
<td></td>
<td>A&amp;E staff leads, reception staff</td>
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<td></td>
<td>Senior &amp; junior medical staff</td>
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<tr>
<td></td>
<td>Communication lead</td>
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<td></td>
<td>Discharge lounge staff</td>
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<td></td>
<td>Patient Advisory &amp; Liaison service</td>
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<tr>
<td>Ambulance Service</td>
<td>Service Improvement lead</td>
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<td></td>
<td>Education &amp; Training lead</td>
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<td></td>
<td>Pharmacy lead</td>
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<td></td>
<td>Paramedic staff</td>
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<td></td>
<td>Patient Transport Manager</td>
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<tr>
<td>Community Pharmacy</td>
<td>LPC representative</td>
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<table>
<thead>
<tr>
<th>Sector</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Clinical Commissioning Groups</td>
<td>Medicines Management Leads</td>
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<td></td>
<td>Primary care contracting</td>
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<td></td>
<td>Communications Lead</td>
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<tr>
<td>GP Practices</td>
<td>Practice Manager</td>
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<td></td>
<td>District /Practice nurse representative</td>
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<td></td>
<td>Reception staff</td>
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<tr>
<td></td>
<td>GPs/Prescribing leads</td>
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<td></td>
<td>LMC representative</td>
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<tr>
<td>Care Homes</td>
<td>Matrons</td>
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<tr>
<td>Others</td>
<td>Finance lead- depending on funding</td>
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<tr>
<td></td>
<td>NHS 111</td>
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<td></td>
<td>Patients</td>
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<tr>
<td></td>
<td>Social Care managers</td>
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<td></td>
<td>Safety leads</td>
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<td></td>
<td>Purchasing Pharmacist</td>
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<tr>
<td></td>
<td>Carers &amp; the public</td>
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</table>
• **Informing**: ‘One-way’ communication of what is planned, but this doesn’t allow people to express an opinion and enable you to check that the message has been received and understood correctly.

• **Consultation**: Seeking the views and opinions of individuals or groups about the proposed service before decisions are finalised, with honest feedback of results

• **Participation**: Active participation in decision-making throughout the process. This would be ideal, but often requires extra support such as giving access to relevant information to allow people to understand the implications of any decisions made.

**Tips for success:**

- Having clear aims about what you hope to achieve
- Asking patients and the public what they think
- Engaging with Patient Advocacy & Liaison service (PALs)
- Considering how you will give feedback to patients and the public (and not just those that have been involved in the initiative)
- Considering how people can benefit from participation, and how you will reimburse them for their time and travel

Patient understanding of and active support for, the need for medicines to transfer with them around the health care system is vital to the success of any Green Bag scheme. In the longer term, their support is at least as important as that of health care professionals. Campaigns ideally need to encourage patients to be active partners in their own care, to personally safeguard their medicines and take responsibility for ensuring they are transported with them at each stage of their journey through the NHS. This can be done in a number of ways through the media at the launch of a campaign (television and radio slots, short articles in magazines etc.)

More sustained approaches might be achieved through posters in places which patients might connect with hospital admission (GP surgeries, community pharmacies, Age Concern centres, hospital waiting areas etc) information leaflets (with hospital letters) and patient ‘stories’ of how having the medicine improved patient care or saved a life.

A slogan might help, e.g. **Your medicines: Guard them like your handbag (or wallet)!**

The Patient Safety Federation (a safety collaborative across Thames Valley and Wessex counties) funded the making of a DVD featuring a real volunteer patient on her journey from home via ambulance to hospital and home again. The DVD was used for training healthcare professionals and was suitable to explain Green Bags to patients and carers.

### 6. Engaging Others

The engagement of the many stakeholders is key to the success of a Green Bag scheme – examples of stakeholders and ways to work with them have been divided into four groups a) commissioners, b) transport providers, c) primary care and d) provider services.
6.1 Commissioners

Engaging Clinical Commissioning Groups
Clinical Commissioning Groups (CCGs) are led by GPs so many of the issues that may be concerning GPs in their practices will also be concerning the CCGs. However these groups need to be looking at holistic care and commissioning what is best for the local population. As a quality initiative they may wish to include within either the contract with providers or as part of quality monitoring through CQUINs (Commissioning for Quality and Innovation) that Green Bags should be available to patients.

Tips for success:
- Produce a briefing document showing why Green Bags are important for medicines safety
- Identify a champion on the CCG to be an advocate (this may not necessarily be a GP)
- Local case examples of problems that could have been avoided by the use of Green Bags are particularly valued by clinicians
- Provide information on savings through avoiding wastage of medicines

6.2 Transport providers

Engaging Ambulance Staff
The support of the Ambulance Pharmacist Lead is key. Remember - Patient stories showing the benefit sell it to ambulance staff.

For patients, being conveyed to hospital in an emergency ambulance is usually an unexpected and stressful experience. Patients will have a variety of concerns including who will feed pets, look after a dependent and keep an eye on the house. Taking medicines into hospital is one of many tasks for ambulance clinicians, and needs to be as simple as possible. Green Bags offer an opportunity to simplify local procedures.

Tips for success:
- Identify who provides pharmaceutical advice to the ambulance trust, and gain their support
- Focus on the advantages Green Bags offer to the ambulance trust
  - Saves time writing a list of the medicines a patient is taking at home
  - Keeps Controlled Drugs in the patients possession
  - Can be sealed and taken to the mortuary to keep all medicines in one place
- Support communication with patients and ambulance clinicians
  - include a recorded message on telephones for patients to gather their medicines together while waiting for the ambulance or have call center staff advise this as an action
  - provide posters and leaflets for all the places staff may rest and work (including vehicles)
  - consider including prompts on the patient clinical record form
- Gather local patient safety success stories to help sell the “Green bags” to ambulance staff
- Suggest Green Bags are kept in the bag that is taken to attend to patients
- Ambulance Services can be subcontracted to private providers. Ensure such providers receive the same messages and have access to the same bags.
The South Central Ambulance Service Pharmacist Lead has been key at driving through a multi-sector SHA wide approach – co-terminus with the ambulance service. Tendering for a single design of bag across the SHA makes it easier for the ambulance crews to recognise the bags. For more information contact Ed England on ed.england@scas.nhs.uk

In South East Coast a CQUIN has been used to incentivise the use of Green Bags by the ambulance service. The proposed CQUIN was agreed between the commissioners and ambulance providers and was monitored by uptake audits (one day audits of green bags coming in with patients admitted from their own homes).

The audit data helped inform discussion and action about how the initiative could be improved, it identified where the initiative was working more successfully so lessons could be learnt, but most importantly kept the issue on the health economy agenda at a time of unparalleled change in the NHS. Although progress has been slow, the audits and subsequent discussion have highlighted problems with the use of medicines within provider units which need to be addressed and led to discussions about how these might be resolved (e.g. medicines for patients admitted from care homes).

A resource to help develop a local CQUIN on the use of Green Bags by ambulance services has been developed by Specialist Pharmacy Service and can be found here: 

For more information contact Tracy Rogers on tracy.rogers@nhs.net

Engaging Non-emergency Patient Transport staff
Non-emergency patient transport can be provided by the Ambulance Service or a private organisation. They are often overlooked when changes are introduced. The patient transport staff need to familiar with Green Bags and the importance of their contents – they can be great advocates for reminding patients to bring their medicines with them!

Tips for success:
✓ Find out who manages the contract or leads on patient transport for your organisation and gain their support
✓ Gather local patient success stories to help sell the “Green bags” to the staff
✓ Suggest Green Bags are kept on the vehicles

Engaging Volunteer Patient Transport Drivers
Members of the public use their own cars to drive patients to appointments or to take patients home after a hospital stay. Like non-emergency patient transport staff they are often overlooked when changes are introduced. The volunteer drivers need to familiar with Green Bags and the importance of their contents – they can be great advocates for reminding patients to bring their medicines with them!

Tips for success:
✓ Find out who manages the volunteer patient driver service for your organization and gain their support
✓ Gather local patient success stories to help sell the “Green bags” to the staff
6.3 Primary Care Providers

Engaging Care Home staff
Many Care Home residents are unfortunately frequent users of acute or community hospital services; they often have complex medical problems and medication needs. Care Homes generally have their medication supplied in blister packs. They are often privately run organisations and within a locality there can be a large number of providers.

Tips for success:
- Find out if there is a network of care home managers this will save time rather than engaging with individual establishments
- Ensure you have the support of the Clinical Commissioning Group Medicines Management Lead who has responsibility for care homes
- Provide a Green Bag for each resident so that medicines can be brought in with the patient (there will then be no need to provide one on admission)
- Agree with the Care Homes, Ambulance Service and CCG Medicines Management Lead what needs to be brought into hospital
- Provide posters and publicity to the Care Homes

In South East Coast it was recognised during a roll out project for green bags that provider units had different views with respect to inpatient use of blister packed medicines supplied for patients in the majority of care homes. Some allowed their use within the organisation, others asked ambulance staff not to bring them to the trust, sent them back or destroyed them. This was a problem for the ambulance trust who had been asked to ensure all patients admitted from their own residence were accompanied by their medicines in a Green Bag.

A meeting was arranged which included the following stakeholders: primary and secondary care representatives, community health service, ambulance trust, community pharmacists, care home matrons. At the meeting the issue was discussed from each of the stake-holders perspectives. Taking the view that patient safety was paramount, a series of recommendations were drawn up on best practice which was circulated around the health economy with the view to making it policy.

For further information contact Carina Livingstone on carina.livingstone@nhs.net

Since patients in care homes are largely elderly and frail with multiple pathologies it is not surprising that they have a high likelihood of being admitted to hospital. One care home reported that on average 50% of their residents were admitted in any one year. The Isle of Wight (IOW) has addressed this by providing a Green Bag for every care home patient. The bag, labelled with the patient’s name, is kept at the front of the patient’s care plan. All staff have been made aware that residents need to take all their medicines with them to hospital in the Green Bag.

The Isle of Wight publicity for Care Homes can be found here.

For further information contact The IOW Team on iow.medicinemanagement@nhs.net

Case Example
On admission to hospital a medication issue was identified for a lady temporarily living in a Care Home who was experiencing increasing drowsiness and reduced level of consciousness. Her usual dose of Primidone was 500mg in the morning and 500mg alternating with 250mg at night. In her temporary care home she no longer took her own medication, the new community pharmacist misread her prescription and labelled the tablets as 500mg in the morning and 750mg at night. She recovered after withholding the drug for a few days.
Engaging Community Matrons
Community Matrons can be great advocates for Green Bags. As managers of the frequent flyer/revolving door type patients they appreciate support that will keep their patients complex medication regimens as simple as possible and synchronised. Adherence is likely to improve when patients use the medication they are familiar with in all care settings.

Tips for success:
 ✓ Find out if there is a network of community matrons or a forum at which they meet; identify an advocate before you meet them as a group.
 ✓ Consider providing Green Bags to the Community Matrons to give to patients, especially when they are facilitating an admission (there will then be no need to provide another one on admission)
 ✓ Target those patients with complex medication regimens (or use expensive products) such as COPD, diabetics

Consider involving Community Matrons in studies to measure what medicines are brought into hospital and what leaves with the patient – they could record what leaves the patients home and what returns with them. This will be useful information to convince many (including sceptical GPs) that medicines are not deliberately thrown away by hospitals.

For further information contact Liz Bere on liz.bere@southamptoncityccg.nhs.uk

Engaging Community-based Nurses
Community nurses (e.g. District Nurses) frequently visit a range of people who are comparatively likely to be admitted to hospital such as people with complex health needs, people less able to manage their own health or people recently discharged from hospital. It is not uncommon for community nurses to be poorly informed about the care plans and treatments for patients discharged to their care. This lack of information can make their work very difficult. They are likely to embrace initiatives like Green Bags which improve transfer of care.

Tips for success:
 ✓ Find out if there is a network of community nurses or a forum at which they meet; identify an advocate before you meet them as a group.
 ✓ Consider providing Green Bags and/or information leaflets to the Community Nurses to give to patients whom they identify as likely to be admitted
 ✓ Target those patients with complex medication regimens (or use expensive products) such as COPD, diabetics

Engaging Formal Carers
Formal Care is often provided to patients as part of a care package through Social Services and may range from help with washing, dressing and feeding to medicines administration. In many parts of the country medicines administration by formal carers requires medicines to be provided in MDS (multi-compartment dosing systems) – staff administering these medicines receive very little training. In anyone locality there will be many providers of formal care as these services are often sub contracted. However the local council will be responsible for the service. A carer visiting may be the person who identifies that the patient requires emergency admission to hospital; or they will know that there is a planned admission; by being more aware of Green Bags they can help ensure medicines move with the patient. Although it is unlikely that medication from a MDS will be used by nursing staff in the hospital it is very helpful to have access to the medication for completing medication histories/medicines reconciliation and should a medication be a non-formulary drug – the pharmacy staff may remove that particular medication from the MDS to ensure the patient has an on-going supply to help avoid missed and/or delayed doses.
Tips for success:
✓ Find out if there is a network of formal care providers – the County Council or the Social Services department may have a forum at which you can raise the profile.
✓ Provide posters and/or information leaflets to raise awareness amongst staff

Engaging Informal Carers
There are many people who provide “informal” care to their family, friends or neighbours. One of the tasks they could undertake is medicines administration. They are often overlooked in terms of needing support and many do not ask. Understanding the importance of moving medicines with patients facilitated by a Green Bag and how this will help with continuing the patient’s usual regimen will be re-assuring for the carer. There is also an opportunity for sign posting support such as post discharge MURs, new medicines services, medicines information help lines and pharmacists in general.

A charity, an arm of the local council or a partnership will be providing information and advice to informal carers and these organisations welcome involvement of healthcare professionals especially if the profile of informal carers is raised.

Tips for success:
✓ Find out if there is agency/charity that provides support for informal carers in your area.
✓ Provide information for their website
✓ Offer to put leaflets about the charity in the Green Bags you issue
✓ Attend any “market place” events the charity/council organises to raise the profile of Green Bags and MURs

Many County Council web sites have links providing support for informal carers and are keen to have additional information. In Oxfordshire the LPC facilitated a meeting between Community Pharmacies, the acute trust and representatives from the County Council and the Informal carers organisation Carers Oxfordshire to discuss a number of medicines related issues. Both the County Council and Carers Oxfordshire were interested in the concept of Green Bags and have been given information to put on their websites.

Engaging Older Patients
Older patients, particularly those with Long Term Conditions often have a number of medicines to take and changes can cause confusion. Raising the awareness to take your medication into hospital can help reduce this confusion as patient’s can see both their old medicines and the new ones supplied by the hospital.

Tips for success:
✓ Find out if there is any publicity aimed at patients planned in your area.
✓ Provide information for their website
✓ The bring your medicines into hospital message can be part of Waste Medicines campaigns
✓ Attend local community groups and provide information and demonstrate the use of Green Bags

Healthcare providers in the North East of England have devised a campaign called My Medicines My Health; patients can order a Green Bag on line and watch short TV ad clips that were originally broadcast on Tyne Tees TV.

View the clip and obtain further information here.
Engaging GPs

There are several possible reasons why engaging with GPs could be problematic. It is important to be aware of these if Green Bag schemes are to be successfully adopted across any locality:

- Occasional reports of hospitals somehow losing all of a patient’s medicines
- Memory of out-dated procedures when hospitals discarded all medicines that patients brought to hospital with them (because of concerns about unsuitable storage at home)
- Medicines that patients have at home are paid for out of GP prescribing budgets, so GPs may feel that there will be savings to their drugs budgets if all medicines used whilst in hospital are funded by that provider organisation

Arguments to GPs to support use of patient’s own medicines from home (PODs) in hospital include:

- Medicines error rates are particularly high when admitted to hospital: having up-to-date information of what medicines patients are actually taking helps reduce these errors and improves safety. The General Medical Council’s EQUIP study – An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education by Dornan et al detected 11,077 errors in 124,260 medication orders on seven census days in 19 acute trusts in the North West of England – a mean of 8.9 errors per 100 medication orders. Errors were most often made at the time of admission to hospital. Almost all errors were intercepted by pharmacists before they could affect patients. The full report is available here
- Less missed doses of medicines or need for therapeutic substitution if a patient’s regular medicine is not stocked by the hospital
- Helps ensure patients have the right medicines when they are discharged ie they do not carry on taking medicines discontinued in hospital
- Medicines dispensed by the hospital may well be different brands from those the patient is familiar with; the risk of doubling up on discharge (taking two lots of the same medicine with different appearance – one from the hospital and one from their regular pharmacy) is high if PODs are not used
- The risk of doubling up is even greater if hospital stocks have necessitated a therapeutic substitution (patients take two medicines from the same class/type)
- Confusion and errors with medicines are more likely if supplies are not familiar – if PODs are not used patients are disempowered to spot medicine errors themselves so safety is jeopardised both in hospital and when they return home
- Reduced medicines waste as patients continue to use supplies already issued (e.g. calendar packs) and the time and costs of unnecessary re-dispensing are avoided

Tips for success:

- Canvass opinion from local practices; produce briefing document showing why Green Bags are important for medicines safety.
- Identify a champion to work with you
- Local case examples of problems that could have been avoided by the use of Green Bags are particularly valued by clinicians
- Provide training and information for all practice staff
- Provide publicity materials to display in practices
- Consider providing a DVD or an information loop about Green Bags to be displayed on the TV screens in waiting rooms
- Identify the practice’s hospital ‘frequent fliers’ to make sure these patients have Green Bags (consider linking with Community Matrons)
- Liaise with local hospitals to ensure all elective patients can obtain a Green Bag before their admission
- Involve the practice staff by asking if they would consider holding stocks of Green Bags to give to patients who are going to be or are likely to be admitted to hospital
- Engage GP out of hours service providers so they have Green Bags stocked in doctors cars and at access centres
GPs are bombarded with information so providing messages about Green Bags as part of information they already receive may help get your message across. In Oxfordshire information was included as part of a briefing on a Waste Medicines campaign in the local Prescribing Points Bulletin issued by the Medicines Management Team at the then PCT link

For further information contact Claire Critchley on Claire.critchley@oxfordshireccg.nhs.uk

Alternatively a detailing card can be provided. For further information contact Carina Livingstone on carina.livingstone@nhs.net.

Engaging Out of Hours Services
Out of Hours Services are run by a variety of providers including Ambulance Services and private companies. These services are staffed by a wide range of health care professionals including Doctors, Nurses, Emergency Care Practitioners and Paramedics. These staff can prompt patients to use the Green Bag they may already have or provide one.

Tips for success:

- Find out who runs the local Out of Hours Services – it could be provided by GPs, the Ambulance Service or a private company
- Produce a briefing document showing why the Green Bags are important for medicines safety.
- Local case examples of problems that could have been avoided by the use of Green Bags are particularly valued by clinicians
- Promote the message Green Bags will help them (as well as others) with obtaining up-to-date information on patient’s medicines

Green Bags have been made available via GP out of hours services in West Sussex since 2012. Clinicians working at their local centres had already identified that having up-to-date information on the medicines patients were taking was very useful during telephone consultations. They recognised that this would also be true for doctors responsible for admitting patients at provider organisations. The service agreed to trial Green Bags in their cars and access centres. As well as keeping count of the numbers of bags issued from each site to determine uptake, the bags they use are marked so later hospital audits can identify any Green Bags in use obtained by this route

For further information contact Carina Livingstone on carina.livingstone@nhs.net

Engaging Community Pharmacists
Pharmacists from every sector can help ensure patients know that they should take all their medicines with them if they go to hospital. The Green Bags provide a visible means of supporting this. Some community pharmacies may want to have supplies of Green Bags. However, others might well reinforce the message about taking medicines to hospital, with the hospital then supplying the bag for use in the future. The main problem with issuing Green Bags from community pharmacies is trying to target the bags to patients who are likely to be admitted to hospital.

Information leaflets provided to patients about Green Bags either pre or post admission to hospital can also signpost the patient to visit a Community Pharmacy when they leave hospital for a Post Discharge MUR. Significant patient benefit can result from the Discharge MUR service as it is well known that medication errors are particularly common when transferring in and out of hospital..

Tips for success:

- Make contact with the Local Pharmaceutical Committee (LPC) they can help circulate information
- Ask if you can attend a LPC meeting to explain Green Bag
✓ Produce a briefing document showing why the Green Bags are important for medicines safety
✓ Provide posters and leaflets on Green Bags to display in Community Pharmacies
✓ Provide Green Bags to issue to patients at risk of being admitted to hospital when conducting MURs or New Medicines Service reviews
✓ Suggest “Bring your Green Bag with you” is added to the publicity for New Medicine and MUR Service.

**Case Example**

An elderly gentleman with chronic renal failure was admitted to hospital for severe hyperkalaemia. He had brought his own medication from home and these included potassium citrate mixture he had bought over the counter to prevent recurrent UTIs. He had been taking an equivalent of approximately 28 mmol potassium three times a day for a number of weeks.

Some work has been done in Sussex with community pharmacists who now have supplies of Green Bags and information for patients.

Find an example of a [poster](#) aimed at community pharmacy staff and a [poster](#) and [information leaflet](#) for patients. For further information contact Carina Livingstone on carina.livingstone@nhs.net

### 6.4 Provider services

**Engaging Emergency Department Staff**

Emergency Department staff are under a lot of pressure to deal with patients quickly and move them on within a four hour window. Naturally they will focus on the reason the patient presented and may be less interested in the patient’s routine medication. However it is very important to get across the message not to send medicines home again as they are useful later in the patient’s stay and will provide doses of any regular medicines prescribed to be taken in the admitting organisation which improves efficiency and avoids wasting time looking for them in a stock cupboard or requesting supplies from pharmacy. Where to store the medicines safely can prove challenging as there is often not room for patient’s own medicines from home (PODs) in bed spaces.

**Tips for success:**

✓ Identify the Medicines Management Lead in the Emergency Department and get them on board or find a senior level champion for the initiative
✓ Provide training about issuing Green Bags to patients who arrive with out one
✓ Consider providing a “Green Bag Dispenser” so Paramedics and other staff can quickly grab a bag
✓ Provide posters explaining the scheme to patients and staff
✓ Remind staff especially Medical Staff not to send medicines home again
✓ Share the benefits of ensuring the patients medicines follow them round the organization
✓ Stress the benefits of having medicines to hand to administer reducing the number of omitted and delayed medicines
✓ Show how patient’s own medicines from home (PODs) facilitate medication histories and identification of medicines taken in overdose by self harmers

One innovative manufacturer of traditional bedside lockers for medicines has worked with the NHS to develop boxes that are fixed to Emergency Department patient trolleys; ensuring the medicines move with the patient [Link](#). The boxes have a grill making it easy to see what is in the box – a Green Bag is clearly visible.
Further information from the company is available on www.wshuttleworth.co.uk

For further information on use of these boxes in practice contact ros.castle@uhns.nhs.uk jonathan.snape@uhns.nhs.uk

Case example
A patient was prescribed sodium valproate on their acute trust drug chart. Their own medication they brought with them contained a box of valproic acid (Depakote). The pharmacist asked the doctor to change the prescription back to Depakote. The patient did not receive any sodium valproate in error.

Engaging Ward-based Nurses in all care settings
Ward based nurses in all care settings are key to making Green Bags a success in any organisation. They need to understand their responsibility in moving medicines around the organisation. There are many benefits to having patient’s own medicines from home (PODs) available such as not having to order medicines from pharmacy, reducing delayed and omitted doses and speeding up discharges. However patient’s own medicines from home (PODs) and Green Bags are often perceived as a nuisance as they need storing; experience shows that it is possible to store Green Bags by neatly folding them and placing them in the bedside medicines (POD) locker.

Often practices need to change from using what is in the stock cupboard to starting with the patient’s own medicines from home (PODs).

Admissions areas particularly need to be engaged and have processes in place to issue Green Bags if patients have not arrived with one.

Include the portering staff – they can be empowered to query where Green Bags are when transferring patients.

Don’t forget the Discharge Lounge if you have one – patient’s spend plenty of time waiting for transport (or their medicines!) and are captive audience for the Green Bag message! If nursing staff in the Discharge Lounge can help deliver the message by talking to patients about the bags, giving out leaflets, displaying posters as reminders to bring their Green Bag in next time even better.

Tips for success:
✓ Identify champions who can influence their colleagues
✓ Ensure the Director of Nursing and other key Senior Nurses are on board
✓ Try piloting on one ward and share the successes with others
✓ Gather local patient safety success stories to help sell the “Green bags” to nursing staff
✓ Find ways to link Green Bags with other initiatives such as Productive Ward
✓ Provide Green Bags to issue to Patients from the ward
✓ Provide Posters and Information on the scheme
✓ Provide training for staff
✓ Show how negates the need to order medicines from pharmacy
✓ Measure the number of omitted and delayed medicines before and after Green Bags and using PODs are introduced or refreshed
✓ Show how discharges can be speeded up

At Medway Maritime Foundation Trust Green Bags are used to transfer medicines within the organisation and for take home medicines. To remind staff of the need to transfer medicines with the patient a screensaver runs on the hospital computer system

For more information contact Elizabeth Pearce on Elizabeth.pearce@medway.nhs.uk
Pharmacy staff at the Royal Berkshire Foundation Trust put information slips on drug charts to remind nursing staff to move medicines when the patient moves wards. [Link, Link, Link, Link]

For further information contact Naomi Power on Naomi.power@royalberkshire.nhs.uk

At Basingstoke Hospital now part of Hampshire Hospitals Foundation Trust an old ward trolley is used as a display and teaching tool for medicines related issues including Green Bags. It was regularly moved from ward to ward and the theme of the display changed.

Case Example
An elderly lady with impaired vision and a history of heart failure took amongst other things furosemide and ferrous sulphate. Due to her visual impairment and brand changes of her regular tablets the patient when at home would put her new supplies of tablets into the familiar outer boxes she had been issued with originally. Whilst checking her tablets on admission to hospital the pharmacist discovered the patient had inadvertently put the ferrous sulphate blisters into the furosemide box. The omission of her diuretic tablets contributed to the worsening of her heart failure and her admission to hospital.

Engaging medical staff
- Medical staff may not see the value of patient’s own medicines from home (PODs) and many will be tempted to tell the family to take them home again. Promoting their value in reducing medication incidents, facilitating medication histories and speeding up discharges should get them on board. The General Medical Council’s EQUIP study – An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education by Dornan et al detected 11,077 errors in 124,260 medication orders on seven census days in 19 acute trusts in the North West of England – a mean of 8.9 errors per 100 medication orders. Errors were most often made at the time of admission to hospital. The classes of drugs most commonly involved were analgesics, anti-bacterials, bronchodilators and anti-anginals. Almost all errors were intercepted by pharmacists before they could affect patients. The full report is available [here]:

- And if they’re in a managerial position reducing the spend on medicines will be of interest.

However they are busy people, bombarded with information but often don’t read emails or other traditional communication methods – for many you need to get your message across in the duration of a journey in a lift or in the equivalent of a Tweet!

Tips for success:
- Identify champions to work with you
- Provide posters explaining the scheme for tea room/common room areas
- Catch their attention with screen savers or messages on the lab results or electronic discharge pages of the trust intranet
- Use the bags in any teaching for medical students or junior doctors
- Remind Medical Staff not to send medicines home again
- Stress the benefits of having medicines to hand to administer reducing the number of omitted and delayed medicines
- Show how PODs facilitate medication histories
- Share local patient stories where medication safety events have been avoided (tailor these to the consultants interest!)
The Oxford University Hospitals NHS Trust used Green Bags on their stand at the bi-annual medical induction days and offered them as a traditional carrier bag to the medics who are struggling with arms full of papers. More recently they have been used to decorate the stand.

**Preadmission Clinics**

Giving patients a Green Bag at a pre-admission clinic acts as a reminder to patients to bring in the medicines for a planned procedure. Experience has shown it is easier to include as part of a nurse led clinic; however this does also work in any clinic. Remember to give the staff feedback on how helpful it is on the wards to have all the medicines available when the patient is admitted. Ideally bags should be provided for patients to bring their medicines to the pre-admission clinic with them. Some trusts have tried posting bags to patients but they are bulky and fiddly for the clerks to stuff into envelopes. Explore how you might be able to involve colleagues based in the community.

**Tips for success:**
- Provide Green Bags to issue or ensure everyone knows how to order supplies
- Provide Posters and Information on the scheme
- Provide training for the staff in the clinics
- Make sure you have identified all of the clinics, there is often no one person in charge of all the clinics
- Ensure you have already identified who will pay for the Green Bags
- Give the clinic staff positive feedback from the ward areas
- Patient stories help make it real for staff

**Patient Feedback**

“These Green Bags are such a good idea, I was given one when I came to pre-admission and it reminded me to bring my medicines with me when I came for my op – I could see the bag when I was moved back to the ward and now I don’t need to wait for any discharge medication because the doctor and pharmacist could see I had plenty including the pain killers that I had purchased like it said to do in the leaflet I was given in clinic.”

**Engaging Community Hospital Staff/Healthcare Staff**

Community Hospital staff are really no different to their acute care colleagues and need to be engaged and transfers from the acute trusts should arrive with a Green Bag. The benefits of patients arriving with their own medicines are potentially greater for community hospital patients and nurses as there is rarely 24 hour medical staff cover – patient’s own medicines from home (PODs) allow accurate continuation of therapy until a local review can be undertaken.

The Community Hospital staff should issue patients admitted from the community without a Green Bag one from their stocks; and have processes in place to educate patients are carers to bring medicines into any health care setting.

And of course; when transferring patients to an acute trust, community hospital staff need procedures to send patients with a Green Bag containing their medicines. Reciprocating the benefits they see by having patient’s own medicines from home (PODs) available when the patient arrives.

Some Community Hospitals have their medicines supplied by a Community Pharmacy chain and may want to use a bag advertising their company.

**Tips for success:**
- Ensure the matron and key senior nurses are engaged
- Provide Green Bags to issue or ensure everyone knows how to order supplies
- Provide Posters and Information on the scheme
- Provide training for the staff on how the scheme works
- Patient stories help make it real for staff
Measure the increase in medicines administered on time
Reassurance for the patients who are receiving medicines they are familiar with.

Surrey Community Health (now Virgin!) – participated in the early adopters pilots for the Royal Pharmaceutical Society’s work on “Keeping Patients safe when they transfer between care providers – getting the medicines right”. Link:

In January 2012 they have met their target of 90% of patients being discharged with Green Bags - nurses or pharmacists explain the bags to patients. Ward matrons have been the main driver to make the bags work. Nursing staff like the bags as a way of keeping all the patient’s medicines together. Green Bags are also very useful if patients are going out of hospital for short periods (such as weekends) and then the bags are used to take medicines out and bring back. Many more patients are arriving from local acute trusts with Green Bags so often they don’t need to issue one.

Following a local promotional event, community matrons and community nurses are also issuing green medicines bags to some of their patients. Since 2013 Special School nurses have been issuing Green Bags to children at the start of the autumn term, these are then used by the children’s parents – nurses are enthusiastic about this scheme as it keeps all the medicines together and the bag is easily remembered due to its bright colouring. Reports on Green Bags are given at the regular medicine management meetings to try and ensure this good progress continues.

For further information contact Fay Boyett on Fay.Boyett@virgincare.co.uk

Engaging Mental Health Staff
Mental Health bedded units are no different to an acute care bedded unit. There is however a concern about the suffocation risk from plastic bags. Purchasing a bag with holes already punched can help with say children playing but a determined self harmer will find a section of the bag with no holes. Where a trust has a complete ban on plastic bags then promoting the principles of Green Bags but using an alternate suitable receptacle will work. In other trusts punching holes throughout the bag may help.

One view is to issue for discharges rather than short term leaves – although the reusable Green Bag could also be considered useful for short term leaves.

Community Mental Health Teams could keep bags in their in cars.

Tips for success:
✓ Ensure that key senior nurses are engaged
✓ Where appropriate provide Green Bags to issue or ensure everyone knows how to order supplies
✓ Identify suitable storage locations
✓ Provide training sessions on the scheme
✓ Provide Posters and Information on the scheme
✓ Work through the “suffocation” issues – agree an approach
✓ Share the message Green Bags facilitates the continuation of regular medicines (particularly physical health ones) and reduces omitted and delayed doses
✓ Share the availability of PODS facilitates discharges

Case Example
Patient was admitted at a weekend to a medical ward in a trust not authorised to dispense clozapine. The patient came in with their MDS box. The pharmacy in the acute trust were able to transfer the clozapine into a bottle for nursing staff to use over the weekend and were also able to use that clozapine to fill a box on discharge avoiding the need to re-titrate the patient.
Engaging with Health and Justice Healthcare
As the NHS is responsible for commissioning or supporting commissioning in prisons, other places of prescribed detention, and police custody healthcare, consideration should be given to how Green Bags could be used to support the transfer and continuity of medicines supply in these new settings.

The medicines for people in custody with medical problems can be transferred between care settings and around organisations in a Green Bag. The medicines are clearly identifiable but additional precautions need to be taken in terms of the security of the medicines as some medicines e.g. gabapentin and pregabalin are considered at greater risk of diversion.

Like other settings a plastic bag may pose a suicide risk so the bag can be used to transfer the medicines via healthcare or secure environment staff (eg for transfer between wings or given to the prison escort team) but should not be given to the patient except on release.

Tips for success:
- Use the medicines management committee of the establishment to co-ordinate this
- A joint leadership approach between a healthcare lead and an establishment staff lead is advised to maximise partnership working and process mapping
- Ensure you have identified the key staff to engage including external providers and subcontracts involved in transfers
- Where appropriate provide Green Bags to issue or ensure everyone knows how to order supplies
- Provide training sessions on the scheme - include contractors responsible for transferring offenders between settings
- Provide Posters and Information on the scheme
- Work through the “suffocation” issues – consider safe storage to prevent access to them by offenders
- Share widely that the scheme facilitates continuation of regular medicines and reduces omitted and delayed doses
- Provide training sessions on the scheme
- Ensure you have identified the key staff who will influence their colleagues
- Include enthusiastic staff in your implementation group
- Provide training sessions on the scheme
- Make updates part of regular departmental meetings

Engaging Hospital Pharmacy Staff
Although the benefits to hospital pharmacy staff may seem obvious there will inevitably be resistance to change, confusion over who issues bags when and where from; remembering to tell patients to bring their medicines next time they are in hospital and forgetting to issue patient information leaflets. Pharmacy staff will need to be advocates for the scheme even if it isn’t pharmacy driving the change. Patients and nursing staff will raise queries with pharmacy staff – everyone needs to give the same answer.

The issues pharmacy staff working in the dispensary may have will differ from those who work on the wards. You will need to have clear policies and procedures on when Green Bags are issued, who pays for them; whether they stay on the ward or come to the dispensary. Identification of which bag(s) are to be used to send additional items dispensed for discharges will need to be addressed together with ensuring there are policies in place to enable the person who is discharging the patient to be able to check that they have all the medicines required by the patient or there is clear evidence the patient has further supplies at home.

Tips for success:
- Ensure you have identified the key staff who will influence their colleagues
- Include enthusiastic staff in your implementation group
- Provide training sessions on the scheme
- Make updates part of regular departmental meetings
✓ Provide Posters and Information on the scheme
✓ Ensure everyone knows how to order supplies
✓ Agree when Green Bags are issued
✓ Share patient stories
✓ Get staff involved in collecting audit data to show the financial benefits of patient’s own medicines coming into hospital
✓ Remind staff about PODs facilitating medicines reconciliation, reducing omitted and delayed doses and facilitating discharges.

Case Example
Whilst completing a medicines reconciliation the hospital pharmacist found a patient's drug history recorded in the medical notes differed significantly from the repeat FP10 prescription the patient had just shown her. On further questioning the pharmacist ascertained the patient filled a compliance aid which had been given to him by the hospital in 2002 but it still had the original labels stuck on it. The doctor had just taken the medication history from the labels. All together there were 14 discrepancies which included being prescribed a quarter of his current Gliclazide dose; receiving amitriptyline he was no longer taking and not receiving theophylline.

7. Practicalities!

Having thought about who will need to be engaged and who should be invited to the stakeholder meeting to represent each of the sectors key to your health economy, you now need to start to consider some practical points, so that decisions can be easily made when you bring your stakeholders together, and the project can forge ahead.

7.1 Identifying where & how Green Bags could be used

One of the first steps will be to agree how and where the bags will be used most effectively. Figure 2 provides an illustration of who could potentially issue the bags and how they could be effectively used to facilitate medicines transfer during a patient journey.

Some suggestions include:

✓ By ambulance personnel to safely transport patients medicines to and from hospital
✓ By Pre-Admissions Clinics to encourage and support patients to bring their medicines to hospital appointments and when admitted
✓ In A&E to ensure that medicines remain with patients while they are assessed
✓ In hospitals to transfer medicines between wards and care settings
✓ By GP surgeries and community pharmacies to encourage patients to keep medicines together
✓ In Care Homes to keep medicines together and transported easily
✓ For “frequent flyer” patients to keep at home, Community Matrons and GP Practices can help

7.2 Choosing a suitable bag

Key points to consider when deciding upon a design to suit your needs:

✓ Agree and define how the bag will be used
✓ Consider whether you really need a corporate logo as this will add cost or whether you could use a generic design that is already being used by others
✓ Consider collaborating across a health economy tendering for a large amount of bags will reduce the cost
✓ Obtain permission from other Trusts if you do decide to use a design with their corporate logo and brand it with your own Trust's logo
✓ Consider whether one size of bag will meet your needs or if you need a range of sizes
✓ Consider whether you need the bag to seal effectively
✓ Select a design that will not be confused with other bags in use
✓ Choose a biodegradable bag (each bag can last five years)
✓ Choose a bag that is hole punched to avoid suffocation risk
✓ Consider a bag that has a anti-microbial coating to combat Health Care Associated Infections
✓ Select a design with information that tells patients/carers what to put in it
✓ Consider whether there is a need to provide a leaflet to supplement the information provided on the Green Bag
✓ Consider costs and durability before making a final choice

Examples of Green Bag designs can be found at: Design 1, Design 2, Design 3

7.3 Organising a supply

There are a number of suppliers of suitable bags and costs of different bag designs vary considerably, but the more you buy the cheaper they'll be. Contact your local pharmacy procurement lead for advice. You will also need to get agreement about who will order and pay for the bags. This may prove contentious and so needs careful consideration early in the implementation process. Involving appropriate finance leads in the discussion may be beneficial.

Who pays can be the biggest barrier to implementing a scheme. There could be an argument for secondary care pharmacy to either pump prime or pay for supplies issued in the community from “savings” to the drugs budget by using medicines brought in from home. A recent audit across South Central showed a Green Bag cost 12p; whilst savings by reusing patient's own medicines from home (PODs) were at least £10 per patient. See Appendix 7 on showing the financial benefit of Green Bags.

Some health economies have tendered for a Green Bag to be used across the whole area – check if that is the situation for you. Examples include the 1000 Lives Bag in Wales and the South Central/South East Coast bag.

Trusts should consider if they have a mechanism for charging wards for the bags they issue or if wards order the bags directly themselves.

Contact details of some suppliers of Green Bags can be found at: Suppliers
Consider links with other schemes e.g. ‘Message in a Bottle’
8. Planning for Implementation and Monitoring Progress

8.1 Planning for implementation

The implementation of a significant change in practice requires careful planning and monitoring to achieve a successful outcome. A checklist to help you plan for implementation is provided in Appendix 1.

8.2 Things to consider when developing processes

It may be important to consider the following when developing processes:

- How the use of Green Bags will link with medicines reconciliation, patients own drug and self-administration schemes that are already in place
- Checks for out of date medicines or those belonging to other people
- Destruction of medicines no longer required by the patient
- Checks for Controlled Drugs and how these will be stored
- Checks for fridge items and how these will be stored
- Storage of Green Bags and their contents during the patients’ stay
- Process and procedure when patients are transferred between wards
- Which type of bag will be used for medicines issued at discharge
- Process and checking procedures at discharge

8.3 Monitoring progress of the use of Green Bags

Implementation of a Green Bag scheme is only the first step. It is as important, if not more important, to ensure that steps are taken after the launch to ensure it is effectively sustained. The following list of suggestions to help maintain the scheme has been compiled using the experience of others who have successfully introduced schemes into their organisations:

- Ensure that key areas do not run out of supplies of Green Bags
- Make regular visits to key areas of use e.g. admissions units to ensure bags are being used appropriately
- Seek regular feedback from a wide range of stakeholders on process and outcomes
- Distribute regular updates on the scheme’s progress through newsletters and posters
- Include leaflets on the scheme in new staff induction packs
- Ensure training and information about the scheme is provided at induction and on an ongoing basis for staff.
- Consider the use of e-learning training packages to deliver regular training.
- Identify Green Bag Champions for all wards and directorates to act as the key communication links with the pharmacy department
- Share patient stories

8.4 Re-invigorating and sustaining a Green Bag Scheme

Experience has shown you need to keep revisiting Green Bags to sustain their correct use; practices slip, they stop being issued, someone new comes along and doesn’t understand the process or the current processes haven’t kept pace with new ways of working. The following list of suggestions to help re-invigorate the scheme has been compiled using the experience of others who have recognised the need to rekindle their scheme and/or look for new ways to use Green Bags:

- Set up a network across a health economy to provide mutual support to colleagues implementing or refreshing their scheme – you can meet face to face or via conference call
- Refresh your scheme with new posters, screen savers etc
Moving Medicines Safely: Implementing and sustaining a ‘Green Bag’ Scheme – V2.1 October 15 (JH)

8.5 Measuring success

It is important to identify at the outset some form of measures you will use to evaluate the overall success of the scheme. This could include measuring how well the bags are being used by patients and gaining staff feedback on the acceptability of the scheme. Examples of audit tools are provided in Appendices 2 and 3 and questionnaires to gauge staff feedback in Appendices 4 and 5.

- Do regular audits of the number of bags coming in hospital (or savings made) and present the data as run charts
- Foster a sense of competitiveness between ward areas
- Develop a visual target to show the overall number of bags coming in e.g. gradually colouring in a Green Bag until 1000 bags have been brought in

Don’t forget to tell others what you find (including Senior Managers and Non-Executive Directors in your organisation – quantifying the improved safety and financial savings in easily understandable terms) and to celebrate success!

9. Publicising and Communicating the scheme

The successful implementation of a Green Bag scheme involves the engagement of and co-operation from many individuals across the health economy. Effective publication and communication of the scheme is therefore key to its success. Basic steps involved in designing an effective communication strategy are given below.

9.1 Defining the goal

A typical goal might be to ensure all staff are aware of the changes to the medicines management process, the reasons for them and how they will be managed to enable them to deliver safe, effective and informed patient care.
9.2 Identifying the targets for communication

These could typically include:

- ✓ Nursing staff
- ✓ Pharmacy Staff
- ✓ Clinicians
- ✓ Admin staff
- ✓ Receptionists
- ✓ Discharge lounge staff
- ✓ Ambulance Staff
- ✓ Patients
- ✓ GPs
- ✓ Community nursing teams
- ✓ Care homes
- ✓ Carer agencies
- ✓ Community pharmacies
- ✓ Managers

9.3 Identifying the key messages.

Effective communication relies on giving clear, simple messages, such as:

- ✓ Change will bring: Benefits for patients
  Benefits for staff
  Benefits for Trust

- ✓ Change will reduce: Inappropriate prescribing
  Errors in prescribing
  Omitted and delayed doses
  Medicines waste
  Time spent on drugs administration
  Patient confusion with medication post discharge
  Time spent waiting for discharge medication

- ✓ Change will increase: Cost effectiveness
  Patient involvement with their medication
  Time for patient care

9.4 Identifying the main barriers to change

Some typical barriers you may encounter include:

- ✓ Considered yet another change to work practice
- ✓ Cost of bags
- ✓ Too busy to take on board the changes properly
- ✓ Cannot see benefit of change.
- ✓ Not convinced it is better for patients
- ✓ Set ways - we have been doing it this way for years and it works
- ✓ Resentment of external interference into current ways of working
- ✓ We know best attitude

9.5 Identifying the best methods for communication

Think about the need to communicate with the many groups of people that you identified in Section 3. Consider different ways of communicating your message.

The trick is to assess which is likely to be the most successful for each individual situation. Some suggestions which others have found useful are:
### Communication target | Communication method
--- | ---
**Hospital Staff** | Staff information leaflet. Letter to staff. Bulletin board detailing launch of scheme. Screen savers or other electronic messages. Staff briefings at ward/department level. Regular newsletters that provide updates on developments. Pocket sized laminated simple check list for staff. Information folder for use within ward/department. Working with appropriate personnel to produce literature and training material that can be used during staff training and induction.

**Management teams** | Ask for Green Bag schemes to be included on the agenda for all the major meetings in the Trust including Trust Board, Medical Executive Board, Heads of Departments and Matrons Meetings. Offer to attend meetings to provide a briefing or progress report if necessary. Produce regular team briefings that include details such as:
- How the project is progressing. What’s on track, what’s not and why.
- Challenges that occur
- What they could do to help and support. Be realistic but honest about any resources required.
- What and how things should be communicated across the wider organisation
- How the project will become important to other people

**Patients** | Patient information leaflet for inclusion in appointment letters and bedside literature packs. Information on bedside TV system. Embed into all correspondence to patients. Posters in hospitals/GP surgeries/community pharmacies/libraries/community centres. Use patient support groups Use Charities

**Ambulance Personnel** | Poster about the scheme Working with appropriate ambulance personnel to produce literature and training material that can be used during training and induction of ambulance staff.

**Media** | Media release briefing local newspaper/radio/television.

**GPs Surgeries** | Letter to practice explaining scheme. Poster ‘Going to Hospital, Don’t Forget’. Briefing/presentation at practice meeting.

**Care Homes** | Work with Care home staff to provide tailored information, patient stories may help Use leaflets and posters about the scheme

**Community Pharmacies** | Use the Local Pharmaceutical Committee (LPC) to help circulate information, attend a LPC meeting to explain the scheme Use an introductory letter/briefing document and posters for the community pharmacy staff – provide leaflets and posters aimed at patients

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**Examples** of posters & leaflet can be found in Appendix 6 and at [Posters](#) and [Patient Leaflet 1](#), [Patient Leaflet 2](#), [Patient Leaflet 3](#), [Staff leaflet](#)
## Top Tips for successful communication

<table>
<thead>
<tr>
<th>General methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Communicate creatively and keep doing it</td>
</tr>
<tr>
<td>✓ Employ a mixture of ‘big bang’ and ‘drip feed’ methods.</td>
</tr>
<tr>
<td>✓ Use activities based around a series of milestones and themes coupled with a few ‘big bang’ events such as the launch of the ‘Green Bag’ scheme from the run up until completion of project. Note that large events need to be stage managed, can be time consuming to arrange and need to involve a number of staff if they are to be effective.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keeping staff trained and aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Ensure new staff are informed by incorporating information on the ‘Green Bag’ scheme into the induction programmes</td>
</tr>
<tr>
<td>✓ Attend staff training sessions to introduce the concept of Green Bags</td>
</tr>
<tr>
<td>✓ Keep policies and procedures clear and simple. Ensure that step by step guides are available for all key areas and are easily accessible e.g. via the intranet</td>
</tr>
<tr>
<td>✓ Run short mini awareness campaigns in specific themes targeted at particular staff groups</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keeping people informed of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Prepare a ‘yellow brick road’ display for general information to staff and visitors to be displayed in prominent places across the trust showing progress along the road towards the end of the project including milestones and aspects of the project as they are completed.</td>
</tr>
<tr>
<td>✓ Use a Storyboard – ‘Once upon a Time’ theme which explains ‘Green Bags’ in a simple way that busy staff can take in at a glance when in the staff room or other well used areas.</td>
</tr>
<tr>
<td>✓ Distribute a monthly newsletter to keep staff up to date with developments – follow themes and use case studies of staff that are already involved. Illustrate with examples of where Green Bags have been successful on wards and improved efficiency or can be shown to have saved money or prevented/avoided unnecessary prescribing or prescribing errors.</td>
</tr>
<tr>
<td>✓ Develop a ‘Green Bag’ page on the intranet providing background information, informative reference, details of project progress, how to obtain bags and contact details for the medicines management team.</td>
</tr>
<tr>
<td>✓ For staff less directly involved keep the message simple and use general leaflets focussing on major milestones and achievements</td>
</tr>
<tr>
<td>✓ Deliver a presentation to project stakeholders detailing its progress to date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designing promotional material</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Develop a simple logo or mascot which can be used on all forms of communication about the project.</td>
</tr>
<tr>
<td>✓ Ensure continuity of all promotional materials that is used in the project – by using the same font and layout</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Striving for continual improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Run a ‘Big-Ideas’ competition for staff across the trust to encourage staff to look for ways to improve processes.</td>
</tr>
<tr>
<td>✓ Run a ‘Cut out Waste’ competition to encourage staff to spot wastage of medicines and suggest solutions for improvement</td>
</tr>
<tr>
<td>✓ Link to a reducing Medicines Waste campaign</td>
</tr>
</tbody>
</table>

Some examples of website publicity can be found at: [Promotion material](#) And for the Welsh 1000 Lives Campaign [here](#)
Acknowledgements

The second edition of the Green Bag tool kit (2013) has incorporated further pieces of work to introduce and re-invigorate/sustain Green Bag schemes; particularly those where there is a link to QIPP (Quality, Innovation, Productivity and Prevention). We are very grateful to those that have allowed us to use and share their experiences, procedures and related documentation, audit tools and bag designs and we are pleased to be able to include contact details for specific pieces of work. In 2015 Jane Hough checked the links and examples and updated those that were no longer working or had been superseded.

The first edition of the toolkit was produced as a culmination of work carried out by NHS Trusts across England and Wales to introduce ‘Green Bags’ into their Medicines Management Services. We would like to extend our grateful thanks to Busola Ade-Ojo who at the time was at Milton Keynes NHS Foundation Trust for gathering much of the information together and for convening in 2010 an East and South East England ‘Green Bag’ working group with the following contributors:-

- Busola Ade-Ojo, Milton Keynes Hospital NHS Foundation Trust
- Amanda Buglass, Whittington Hospital NHS Trust
- Ed England, South Central Ambulance NHS Trust
- Mark Faulkner, London Ambulance NHS Trust
- Caroline Goh, Mayday Healthcare NHS Trust
- Jane Hough, East & South East England Specialist Clinical Pharmacy Services
- Paul Lindars, NHS Westminster PCT
- Leena Nanavati, Barnet and Chase Farm Hospital NHS Trust
- Dharmistha Nayee, Royal Free Hospital NHS Trust
- Jane Nicholls, East & South East England Specialist Clinical Pharmacy Services
- Taruna Patel, Newham University Hospital NHS Trust
- Emma Richmond, Richmond & Twickenham PCT
- Tim Root, East & South East England Specialist Clinical Pharmacy Services
- Rana Sedaghat, Ipswich Hospital NHS Trust
- Khandarp Thakkar, Imperial Collage Healthcare NHS Trust
- Saskia Versaeren, Barts and the London NHS Trust
- Jayne Yeung, Barts and the London NHS Trust
- Peter Bramley, East Kent Hospitals NHS Trust
- Hounslow PCT

Some contributors may have moved organisations and some organisations have been re-organised to Clinical Commissioning Groups or merged trusts.
## Appendix 1: Checklist for Implementing a Green Bag Scheme

<table>
<thead>
<tr>
<th>Action</th>
<th>Tick</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have all key staff been identified and included in the team?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have the aims and objectives of the scheme been identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have outcomes been identified upon which overall success can be measured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has agreement been reached on how the scheme will be funded?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the design of bag been agreed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a supply of the bags been sourced, supplies ordered and received?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have locations for stocking and issuing bags been agreed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have processes for ordering, supplying and using bags been agreed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have procedures been written for ordering, supplying and using bags?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has agreement been reached about how the scheme will be publicised and communicated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have relevant staff received information and training necessary to implement the scheme?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the potential for linking the Green Bag scheme to other local initiatives been considered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have all the QIPP benefits been identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has agreement been reached about how the use of bags will be monitored and reviewed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the method for measuring success of scheme in meeting specified outcomes been agreed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the method for reviewing ongoing success of scheme, sharing learning and assessing potential for extending into other areas been agreed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Appendix 2: Example Audit Tool for Monitoring of Use of Green Bags**

<table>
<thead>
<tr>
<th>Patient Details</th>
<th>Q1 How was the patient admitted?</th>
<th>Q2 Did the patient bring their medicines with them to hospital?</th>
<th>Q3 Are these medicines still with the patient? If ‘yes’ go to 4</th>
<th>Q4 Are these medicines in a Green Bag?</th>
<th>Q5 Who supplied the Green Bag?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □ Pharmacy □ Don’t Know □</td>
<td></td>
</tr>
<tr>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □ Pharmacy □ Don’t Know □</td>
<td></td>
</tr>
<tr>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □</td>
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<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □ Pharmacy □ Don’t Know □</td>
<td></td>
</tr>
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<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □ Pharmacy □ Don’t Know □</td>
<td></td>
</tr>
<tr>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Ambulance □ A&amp;E □ GP □ Out of Hours Service □ Pharmacy □ Don’t Know □</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Example Audit tool to assess quantity of Patients’ Own Drugs (PODs) brought into Hospital

Pre-Green Bag Baseline / Post Implementation (delete as appropriate)

<table>
<thead>
<tr>
<th>Ward:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Fill in each column for every new patient who is admitted to the hospital. Tick the relevant column indicating whether the patient brought in none, some, or all of their medication, and record the reasons for not bringing it in (if applicable).

<table>
<thead>
<tr>
<th>Patient number</th>
<th>Quantity of PODs brought in</th>
<th>Reason for not bringing in PODs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Some</td>
</tr>
</tbody>
</table>

|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
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|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
|                  |     |      |      |                                |                           |
Appendix 4: Example Staff Questionnaire for Evaluating Green Bag Scheme

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Nurse: A&amp;E Ward</th>
<th>Doctor</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the ‘Green Bag Scheme’ for patients own medicines?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Are the Green Bags Too small</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>The bags should be Opaque</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

For each of the following statements please tick the box that most closely represents your views

| Patients admitted as an emergency usually bring their medicines with them |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | Agree | Don’t know | Disagree | Strongly Disagree |

| For admitted as an emergency, the Green Bag scheme has increased the numbers who bring their medicines in to hospital |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | Agree | Don’t know | Disagree | Strongly Disagree |

| Ambulance staff usually supply Green Bags for patient’s own medicines |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | Agree | Don’t know | Disagree | Strongly Disagree |

| Green Bags are usually issued by pharmacy staff |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | Agree | Don’t know | Disagree | Strongly Disagree |

| Patient’s own medicines are regularly lost when the patient is transferred |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | Agree | Don’t know | Disagree | Strongly Disagree |

| Green Bags reduce the numbers of medicines being lost |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | Agree | Don’t know | Disagree | Strongly Disagree |
Appendix 5: Example Patients Own Drugs Green Bag Scheme Feedback

**WIDER HEALTH ECONOMY FEEDBACK FORM**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Place of work:</th>
</tr>
</thead>
</table>

*Your feedback is important as it will be used by us to target future training / education initiatives in this area and help make improvements in developing medicines management for the benefits of the patients.*

What are the key points you feel, from participating in this campaign?

| 1   |   |
| 2   |   |
| 3   |   |
| 4   |   |
| 5   |   |

In your opinion, has this campaign helped information flow about patient’s medication across the interface?


In your opinion has this campaign helped improve patient’s understanding about their medicines and lead to improvements in concordance?


In your opinion what more can be done to improve matters in this area, and what could have been done better in this campaign?

<table>
<thead>
<tr>
<th>New initiatives</th>
<th>Improvements in this campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6: Sample Posters and Leaflets

Going into Hospital?

Don’t forget..put all your medicines in your Green Bag!!

..so they can be continued without delay

Please bring them in the boxes and bottles that the Chemist put them in

Produced by Busola Ade-Ojo Deputy Chief Pharmacist/Clinical Services Manager

Introducing Green Bags

- Reduced risk of medication errors in hospital
- Reduced nursing time with medication administration
- Medicines will "follow the patient" during ward changes
- Reduced waiting time for medications to be dispensed at the point of discharge
- Improved communication between wards across the primary care/hospital interface

Staff Information

For hospital staff

- Improved pharmaceutical care of patients in-hospital and at home
- Improved stock management
- Less staff time in ordering medicines
- Reduced medication wastage due to incorrect doses
- Reduced overall expenditure on medicines
- Better use of nursing time with patient education in individual medicines/interventions
- Reduced pharmacist workload

For the NHS

- Reduced risk of medication errors in hospital
- Reduced nursing time with medicine administration
- Medicines will "follow the patient" during ward changes
- Reduced waiting time for medicines to be dispensed at the point of discharge
- Improved communication between wards across the primary care/hospital interface

The East Kent ‘Green Bag’ Scheme

For transporting patients’ own medicines

From November 2006 all patients admitted via ambulance to hospital will have their medicines in a ‘Green Bag’ like this.

Green bags can save time, money and reduce waste of medicines.

Patients’ own medicines are important to us.

Dear Patient,

Please bring all your medicines into hospital with you, including medicines you buy yourself.

It is important for hospital staff to have accurate information about your current medication. Thank you.
Appendix 7: Costings for medicines brought into hospital – worked examples

Background
South Central Green Bag Leads agreed to undertake a collaborative audit to determine the number of Green Bags and patient’s own medicines from home (PODs) coming into acute trusts for Care of the Elderly, General Medical and General Surgical patients and to cost out an average saving for each care area made by secondary care through using the medicines brought in from home during the patients stay. Data was collected on one day in May 2011. Information was also taken from one of the electronic prescribing sites where routine practice was to record the details of all patient’s own medicines from home (PODs) brought in; this information was used to calculate reference costs across the Health Authority. The costs are based on hospital prices.

The audit was repeated in May 2012 following publicity in an SHA wide publicity message in a Waste Medicines Campaign of bring your medicines into hospital in a Green Medicine Bag

Aim:
The aim of this project was to determine an average hospital cost saving per medicine and per patient when a patient brings their medicines with them on admission. The costs are based on hospital prices.

The medicines reconciliation data for all medical inpatients at the Royal Hampshire County Hospital on 17 May 2011 was analysed and costed, and an average medicine cost was determined to be used as a reference cost across the Health Authority.

Costings and assumptions:

Single (oral and nebulised) dosage forms
The total number of doses potentially taken for one week following admission were costed and then divided by 7 to give a daily cost. The seven days took account of dosage regimens which were less than once daily. For "when required" medicines, a single daily dose was assumed. The costs are presented as the average cost per item or per patient per day.

Original Packs
Original packs of inhalers, creams, insulin and other preparations which are not split were costed at unit price.

Two methods of calculating the cost of these items are presented:
  a. One off cost (total cost divided by total number of items or patients)
  b. Average daily cost:
     a. Medical and surgical patients: calculate by dividing the total cost by 14 days (assuming an average value of 14 days to the hospital) and by the total number of items or patients
     b. Surgical patients: calculate by dividing the total cost by 7 days and by the total number of items or patients.
Results

Medicine

Single dosage forms

<table>
<thead>
<tr>
<th>Total value for 7 days</th>
<th>Total value for 1 day</th>
<th>Value per medicine item per day</th>
<th>Value per patient per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>£467.16</td>
<td>£66.74</td>
<td>£0.105</td>
<td>£0.81</td>
</tr>
</tbody>
</table>

Original packs

<table>
<thead>
<tr>
<th>Total cost</th>
<th>Total one off value per item</th>
<th>Total one off value per patient</th>
<th>Average daily value per item</th>
<th>Average daily value per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1376.41</td>
<td>£2.20</td>
<td>£16.79</td>
<td>£0.155</td>
<td>£1.20</td>
</tr>
</tbody>
</table>

Interpretation

The value of patients own medicines brought into hospital can be calculated in several ways.

For simplicity the workshop group proposed the average value per day, and these are:

a. £0.26 (£0.105 + £0.155) per item brought into hospital per day
b. £2.01 (£0.81 + £1.20) per patient who brings their medicines in to hospital per day. For General Medicines the average length of stay in South Central was 7.1 days, equivalent to a potential cost saving of £14.27 per patient per stay.

In interpreting these values we suggest that no patients’ own medicines would be used for more than 14 days.

Surgery

Single dosage forms

<table>
<thead>
<tr>
<th>Total value for 7 days</th>
<th>Total value for 1 day</th>
<th>Value per medicine item per day</th>
<th>Value per patient per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>£464.62</td>
<td>£66.37</td>
<td>£0.16</td>
<td>£1.28</td>
</tr>
</tbody>
</table>

Original packs

<table>
<thead>
<tr>
<th>Total cost</th>
<th>Total one off value per item</th>
<th>Total one off value per patient</th>
<th>Average daily value per item</th>
<th>Average daily value per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>£448.16</td>
<td>£1.11</td>
<td>£8.62</td>
<td>£0.16</td>
<td>£1.23</td>
</tr>
</tbody>
</table>

Interpretation

The value of patients own medicines brought into hospital can be calculated in several ways.

For simplicity the workshop group proposed the average value per day, and these are:

c. £0.32 (£0.16+ £0.16) per item brought into hospital per day
d. £2.51 (£1.28 + £1.23) per patient who brings their medicines in to hospital per day. For general surgery the standardised length of stay in South Central was 4.1 days, equivalent to a potential cost saving of £10.29 per patient per stay.

In interpreting these values we suggest that no patients’ own medicines would be used for more than 7 days (and this takes into account occasional re-dispensing on discharge).
Care of the Elderly Results

Single dosage forms

<table>
<thead>
<tr>
<th>Total value for 7 days</th>
<th>Total value for 1 day</th>
<th>Value per medicine item per day</th>
<th>Value per patient per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>£598.65</td>
<td>£85.52</td>
<td>£0.17</td>
<td>£1.26</td>
</tr>
</tbody>
</table>

Original packs

<table>
<thead>
<tr>
<th>Total cost per item</th>
<th>Total one off value per item</th>
<th>Total one off value per patient</th>
<th>Average daily value per item</th>
<th>Average daily value per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>£279.34</td>
<td>£0.57</td>
<td>£4.11</td>
<td>£0.04</td>
<td>£0.29</td>
</tr>
</tbody>
</table>

Interpretation

The value of patients’ own medicines brought into hospital can be calculated in several ways.

For simplicity the workshop group proposed the average value per day, and these are:

e. £0.21 (£0.17 + £0.04) per item brought into hospital per day
f. £1.55 (£1.26 + £0.29) per patient who brings their medicines into hospital per day. For patients aged 75 the average length of stay in England was 10.5 days, equivalent to a potential cost saving of £16.29 per patient per stay.

In interpreting these values we suggest that no patients’ own medicines would be used for more than 14 days.
Appendix 8: Abstract for Poster Presentation at UKCPA May 2012

Collaboratively spreading a SHA-wide Green Medicines Bag from the safety agenda to QIPP.

Hough JE; England E and Eccleston F
No Needless Medication Errors Green Medicine Bag Team, South Central SHA

Introduction
South Central SHA (SC) Pharmacists have a history of working collaboratively and since 2008 energies have been directed towards the No Needless Medication Errors (NNME) work-stream of the SC Patient Safety Federation (PSF). Improving Medicines Reconciliation (MR) rates was a key objective; and having access to Patients Own Drugs (PODs) was believed to facilitate the MR process. With drive and persistence from the Ambulance Service (SCAS) Pharmacist a consensus on the design of a bio-degradable; hole punched Green Medicines Bag for SC wide use was eventually agreed. A business case was successfully submitted to the PSF to pump-prime secondary care trusts with bags. Trusts committed to purchase specific quantities and the procurement pharmacist tendered the business.

Trusts were supported to introduce or re-invigorate their Green Medicine Bag processes by a NNME Team (SCAS Pharmacist, Specialist Pharmacy Services Pharmacist and NNME Project Manager) providing adaptable resources (often based on the Green Bag Tool Kit) and facilitating regular workshops and conference calls. Trusts were generally good at supplying bags at discharge but it was unclear how many of the Green Medicines Bags were used to facilitate PODs being brought into hospital and if this could be translated into a Quality Improvement Productivity Prevention (QIPP) saving.

Objectives
To spread the SC Green Medicines Bag from the safety agenda to QIPP
To quantify the number of patients from three care groups bringing PODs in hospital.
To quantify the number of Green Medicine Bags brought in
To quantify the number and value of the PODs brought in.
To estimate the proportion of PODs used on the wards.
To determine a QIPP saving.

Method
All South Central Acute Trusts agreed to participate in the audit. A data collection form was piloted and an audit date agreed. A point prevalence type audit was designed; whereby on 17th May 2011 all the medical, surgical and care of the elderly patients were reviewed to count the number of PODs brought into hospital (and if a Green Medicines Bag had been used) and to estimate if all, some or none of the PODs were being used during the stay. Data collection forms were returned centrally for analysis.

One of the electronic prescribing sites provided detailed information on the PODs their patients brought into hospital on the audit day, and the hospital costs of the medicines. This information was used to calculate the “saving” to secondary care of not supplying the medicine for use on the ward.

Previous work in South Central based on NICE/NPSA methodology had estimated the cost avoidance of pharmacy led Medicines Reconciliation to be in the order of £5 per MR. Monthly data collection of the percentage of MR is routinely collected as part of the NNME work-stream and was used to calculate the safety saving. Typically 70% of adults receive a medicines reconciliation within 24 hours of admission.

Results
2922 patients from 12 acute trusts in South Central were reviewed. 42 to 47% (depending on speciality) brought their medicines into hospital. 3.7 to 11 % were not on any medication prior to
their admission and 3.5 to 8.5% were monitored dose patients whose medicines would not be reused. Two thirds to three quarters of PODs were used on the wards. The audit did not identify the proportion that were not suitable for use or had been discontinued. See table 1

### Table 1 Details of Patients and Medicines brought into hospital

<table>
<thead>
<tr>
<th>Admissions</th>
<th>Not on meds</th>
<th>MDS</th>
<th>Meds In</th>
<th>No of Meds</th>
<th>%used</th>
<th>Green Bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly Care</td>
<td>585</td>
<td>22 (3.7%)</td>
<td>50 (8.5%)</td>
<td>262 (45%)</td>
<td>1112</td>
<td>75%</td>
</tr>
<tr>
<td>Medical</td>
<td>1346</td>
<td>54 (4%)</td>
<td>88 (6.55%)</td>
<td>571 (42%)</td>
<td>3046</td>
<td>66.7%</td>
</tr>
<tr>
<td>Surgery</td>
<td>991</td>
<td>111 (11%)</td>
<td>33 (3.3%)</td>
<td>470 (47%)</td>
<td>2408</td>
<td>74%</td>
</tr>
</tbody>
</table>

The value of PODs brought in by patients estimated from the electronic prescribing site data was manipulated into a daily and an SC average length of stay “saving” to secondary care for not resupplying the medication; details are in table 2.

### Table 2 Estimates of Savings to Secondary Care from Medicines brought into hospital

<table>
<thead>
<tr>
<th>Item saving (£ per day)</th>
<th>Elderly Care</th>
<th>Medical</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily savings (£)</td>
<td>0.21</td>
<td>0.26</td>
<td>0.32</td>
</tr>
<tr>
<td>Average Length of stay saving (£)</td>
<td>16.29</td>
<td>14.27</td>
<td>10.29</td>
</tr>
</tbody>
</table>

There are approximately 900,000 admissions a year in South Central. The PSF pump-primed 90,000 bags at a cost of £12k. There is a significant return on investment. If 40% of patients are bringing their medicines in hospital; and there is a conservative “saving” of £10 per patient; then a “saving” of £3.6m is currently made from medicines and a further £1.26m from MR safety cost-avoidance for 70% of these patients across South Central SHA each year.

### Discussion

There is an overwhelming safety agenda (accurate medicines reconciliation, avoidance of missed and delayed doses etc) to encourage the use of Green Medicines Bags. There is also clearly a contribution to QIPP targets; which could be increased; by encouraging more patients to bring their medicines into hospital preferably in a Green Medicines Bag. Although it would appear relatively small numbers of Green Bags were brought into hospital; the Green Medicines Bag is a facilitative tool to encourage patients and ambulance staff to bring medicines into hospital; if a different method is used that is not a problem. Further work is underway - one of the three themes of the SC Waste Medicines Campaign launched on 20th February 2012 was Bring Your Medicines into Hospital using a Green Medicine Bag. The audit will be repeated in May 2012* to measure the impact of the campaign. Local pieces of work with team support are underway to ensure medicines follow the patient as they move round organisations; and frequent flyers and key patient groups are being targeted to empower patients to bring their medicines into hospital and to challenge staff to move their medicines with them.

### References


### 2015 Foot note

These audits were repeated annually in 2012 and 2013 and the results can be found in this poster presentation. [Link](#)