

Medication Safety in H&J

2018/19 H&J Programme to meet the
WHO Challenge

September 11th 2018



Plan on a page for Health & Justice Medicines Value Programme 2018/19

Vision- to encourage a range of improvements in commissioned H&J services, aligned with national strategies, aimed at ensuring that patients get the support they need to get maximum value and outcomes from their medicines

Value is... measurable improvement in **patient outcomes** while maintaining an **affordable** medicines bill

1. NHS Policy

1.1. *NHS England's Medicines Value Policy alignment in H&J*

- Over the Counter medicines and Prescribing Restrictions policies: Agree application in H&J
- Medication Incidents: Deliver WHO challenge in H&J
- Deliver Antimicrobial Resistance Strategy H&J

1.2. *Support legislative changes*

- Gabapentin and Pregabalin as CD
- Safer Custody Regulations review
- Electronic transfer of CD prescriptions
- Pharmacy regulation: Dispensing errors in H&J

1.3. *Implement H&J strategic policy*

- Advise on prison reconfiguration impact on medicines
- Support HMPPS Drug Strategy implementation
- Support delivery of smoke free IRCs

Making sure **patients get access to and choice of** the most effective treatments, and the outcomes that matter to them

2. Medicines in commercial arrangements

2.1. *Medicines procurement efficiencies*

- Explore National procurement framework for Nicotine Replacement Therapy
- Managing medicines shortages: Hep B; NCSO generic shortages impact in H&J

2.2. *Medicines in commissioning*

- Publish IRC Pharmacy Service report
- Advise on revision of primary care/pharmacy specification and services in courts

2.3. *Specialist medicines access in H&J*

- Enable access to specialist drugs: anti-lipidals
- Improve hepatitis C medicines pathway
- Implement transgender report recommendations

3. Optimising the Use of Medicines

3.1. *Improving standards*

- Complete audit against RPS H&J medicines standards: Outcomes and actions
- Deliver SARC medicines improvement programme
- Complete omitted doses audit of Mental Health medicines

3.2. *Medicines within H&J Public Health*

- Vaccination uptake: Pilot HPV for MSM; Monitor and improve flu vaccine access
- Enable access to antivirals for flu and improve TB medicines pathway

3.3. *Medicines in specialist patient cohorts in H&J*

- Older people medicines optimisation
- Medicines in palliative care
- Renal Dialysis in prisons

Making how we **purchase and supply medicines more efficient**, while ensuring the NHS retains its position as a world-leader in medicines

4. Developing the infrastructure for the supply chain

4.1. *Pharmacy & medicines workforce strategy*

- Pharmacy workforce analysis for H&J
- Share key training and competencies for the pharmacy workforce
- HJ medicines use capability by non-pharmacy staff- wider H&J strategy

4.2. *Medicines optimisation data & evaluation*

- Provide H&J Prescribing data via ePACT 2 + HJ medicines dashboard
- Medicines management HJIP analysis and focus on improvement

4.3. *Medicines IT improvements*

- Deliver electronic transfer of H&J prescriptions
- Facilitate improvements in HJIS functions
- Publish information on FP10 forms access and NHSBSA coding
- Implement Falsified Medicines Directive in H&J

Improving the quality (safety, clinical effectiveness, patient experience) **of prescribing and medicines use**

WHO Challenge in H&J context

- H&J medication safety has unique issues + similarities with mainstream medication safety
- H&J programme outcomes will prioritise activities that are delivered by the sector strategically and locally
- H&J response and contributions will reflect:
 - Delivering improvements that are unique or interpreted for H&J
 - Delivering the improvements/actions agreed by NHS England/NHS Improvement
 - Outcomes of RPS standards audit and workforce analysis

1. Patients and their families

Priority: *Improved shared decision making..... including when to stop medication.*

Priority: *Encourage and support patients and families to raise any concerns about their medication.*

- **H&J Strategic Actions:**

- Development of clinical pharmacists in H&J practices within commissioned services
- Signposting to national resources to support shared decision-making locally

- **Local Actions**

- Improving access to on-site pharmacy team for patients
- Improving information about medicines & safety shared with patients
- Active service user forum that provides opportunity for patient involvement and feedback on pharmacy services and medicines pathways

2. Healthcare Professionals

Priority: *Improved shared care between health and care professionals; with increased knowledge and support.*

- **H&J Strategic Actions:**

- Implementation of revised MH and Substance Misuse service specifications: Includes shared care and multi-professional collaboration with medicines/prescribing
- Signposting to national resources to support shared care
- Commissioning Clinical Pharmacists in H&J Practices

- **Local Actions**

- MDT approach for complex cases and people with MH/SM and physical health co-morbidities
- Multi-professional MMC with custodial security engagement to enable holistic approach to medication safety
- Conforming to national and local shared care agreements for specialist/hospital medicines

2. Healthcare Professionals

Priority:*leadership bodies, working with professional regulators must ensure continuing professional development adequately reflects safe and effective medicines use too.*

- **H&J Strategic Actions:**

- Working with CPPE to develop medication safety programme for H&J settings medicines and improved support for H&J practitioners
- Working with HEE and NHS England to enable access to CPD training programmes for H&J practitioners with signposting for H&J providers
- Inclusion of medicines within national H&J workforce strategy led by H&J CRG
- Continue to support a proactive SEPG!!

- **Local Actions**

- Pharmacy leads to embed safe medicines use within H&J services and personnel
- Conforming to national and local shared care agreements

3. Systems and Practice

Priority: *The roll-out and optimisation of **improved** e-prescribing and medicines administration systems*

- **H&J Strategic Actions:**

- Deliver improvements to SystemOne with HJIS developments:
 - ❖ Non-IP to IP switching
 - ❖ E-transfer of prescriptions
 - ❖ Methasoft integration with HJIS
- Support for automating reporting for medicines HJIPs and feedback

- **Local Actions**

- Improve competency and consistency in how HJIS is used
- Engage with data quality audit medicines criteria led by NELCSU
- Use the IP, Meds Rec and release/transfer templates!

3. Systems and Practice & Metrics

Priority: *The roll-out of proven interventions in primary care such as PINCER*

Priority: *The development of a prioritised and comprehensive suite of metrics on medication error aimed at improvement*

- **H&J Strategic Actions:**

- Extract HJIS prescribing data and integrate with ePACT2 then:
 - ❖ Develop national dashboard for H&J
 - ❖ Report on national medication safety metrics and MO dashboard
 - ❖ Enable HJ data for other key dashboards e.g. CDs
- Support medicines research in H&J e.g. Manchester!

- **Local Actions**

- Use local prescribing analysis to identify priorities for audit and service improvements
- Engage with research projects

Other related H&J Programmes

- **Workforce analysis:**
 - Commissioned H&J pharmacy workforce analysis planned- please complete it!
 - Will inform pharmacy workforce developments to support medication safety
- **Pregabalin and Gabapentin re-scheduling:**
 - Expected HO response to consultation soon
 - Plan for changes now!!!!
 - Non-IP expectation as for tramadol – no guidance but may publish H&J letter
 - May introduce flexibility for Cat D prisons

Winter Flu planning 2018/19

- PHE guidance for H&J imminent (includes outbreaks)
- >65 years should receive Fluad (trivalent) vaccine with quadrivalent vaccines for <65 year population
- Collation of info about ordered vaccines in H&J underway
- Guidance expected about what to do if no Fluad stock
- Access flu vaccine PGDs (PHE have published the template and local NHS E teams should have these available now)
- Antiviral PGDs needed for treatment and prophylaxis: can adapt PHE Care Home template PGDs
- Agree antiviral stock and order initial supply as preparation for flu season

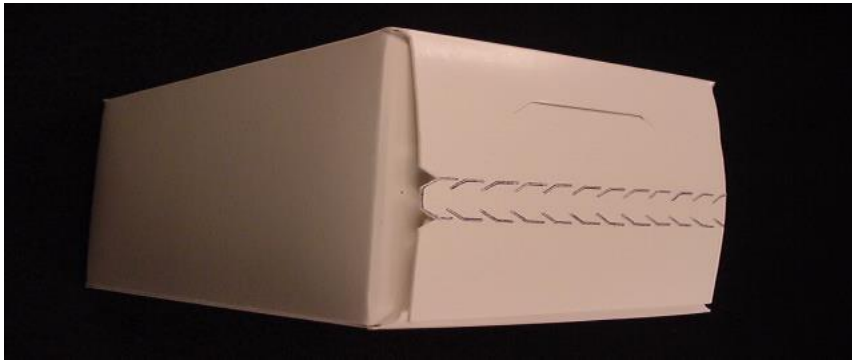
Falsified Medicines Directive

- EU legislation with UK implementation February 2019
- Aims to prevent introduction of counterfeit medicines into the medicines supply chain
- HJ represented at national implementation board
- Affects all sectors of healthcare and healthcare institutions
- Some exemptions permitted (Article 23) which includes prisons (interpreted as all residential custodial environments)
- Process tracks manufactured product end to end (from factory to patient or healthcare delivery site)

The Delegated Regulation (EU)

2016/161 - Published on 9 February 2016 – implementation,
EU wide from 9th February 2019

Anti-tamper device (ATD)



Unique identifier (UI)



The Falsified Medicines Directive

- **FMD applies to ALL prescription only medicines &**
 - Organisations supplying medicines these medicines, (Manufacturers & Pharmacy Wholesalers).
 - Healthcare Institutions supplying medicines to patients (Community Pharmacies, Hospital Pharmacies and Dispensing Doctors).
 - Exclusions (ref. Article 23) include dentists, opticians, paramedics, **prisons**, hospices and nursing homes.

FMD requires **Prescription Only Medicines (POMs)** to be verified / decommissioned.

How does it work?



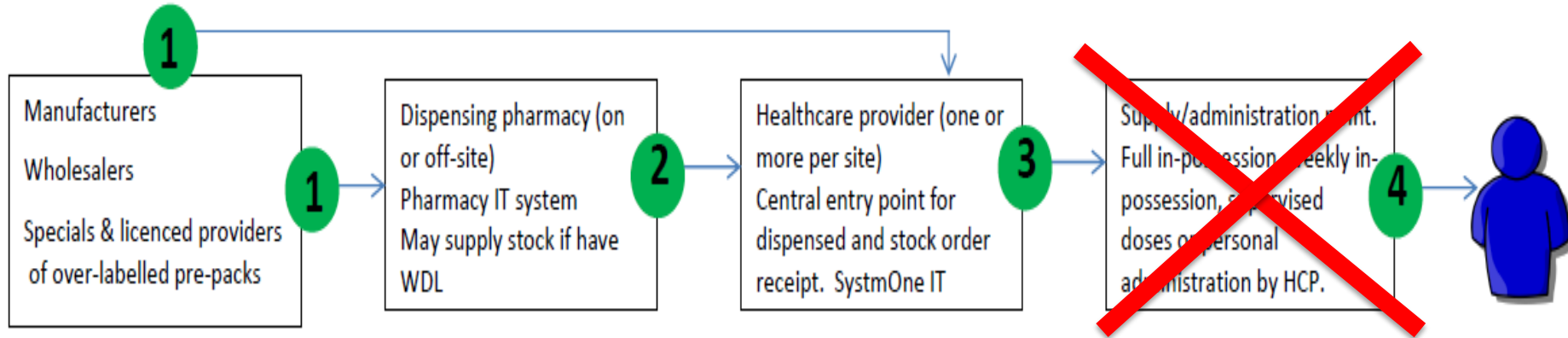
Key Points for Community/dispensing Pharmacy

- (Community) pharmacies are expected to decommission **on supply to the patient.**
 - Ideally barcode scan at point of dispensing would generate a decommission message that is 'held' until the medicines are collected by the patient (evidenced by scan of bag label barcode).
 - Wholesale items can be decommissioned on supply for Article 23 recipients – otherwise must be decommissioned on receipt at other healthcare organisation
- Can be scanned back into repository within 10 days
- Guidance will be provided about what to do if a medicine is scanned and an error message comes up

Implementation in H&J

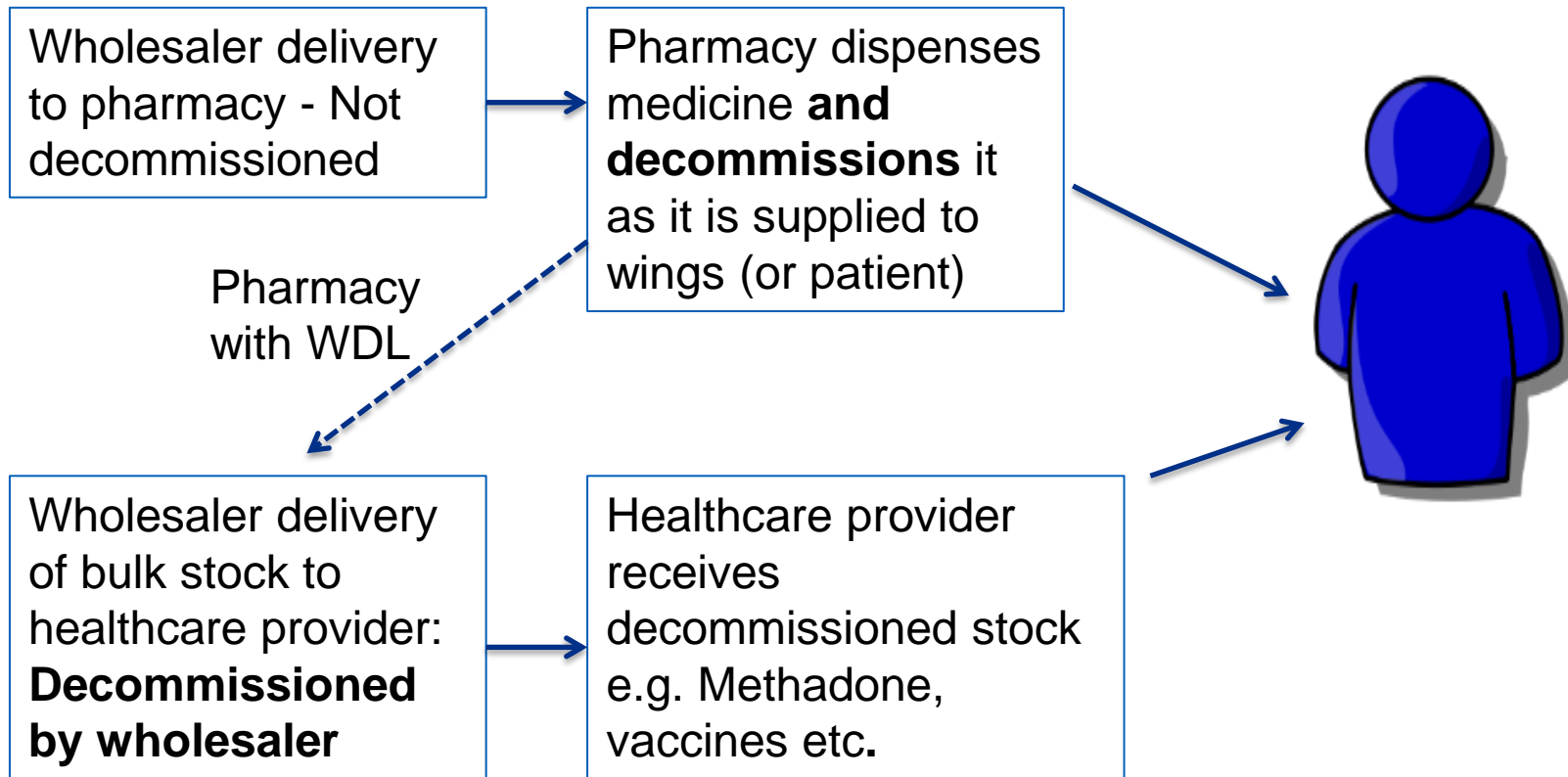
- Article 23 exemption allows wholesaler to decommission bulk stock delivered to H&J healthcare providers
- On-site pharmacies in H&J are acting as community pharmacies: Will need to decommission medicines once bagged up and sent to the wing (or handed to the patient if collecting from the pharmacy)
- Rationale: Equivalence and accounts for community pharmacy model
- External pharmacies supplying named patient medicines to prisons will decommission the medicines as they are bagged up ready for delivery to HJ site

Medicines supply chain for Residential Secure environments- shows potential points for decommissioning

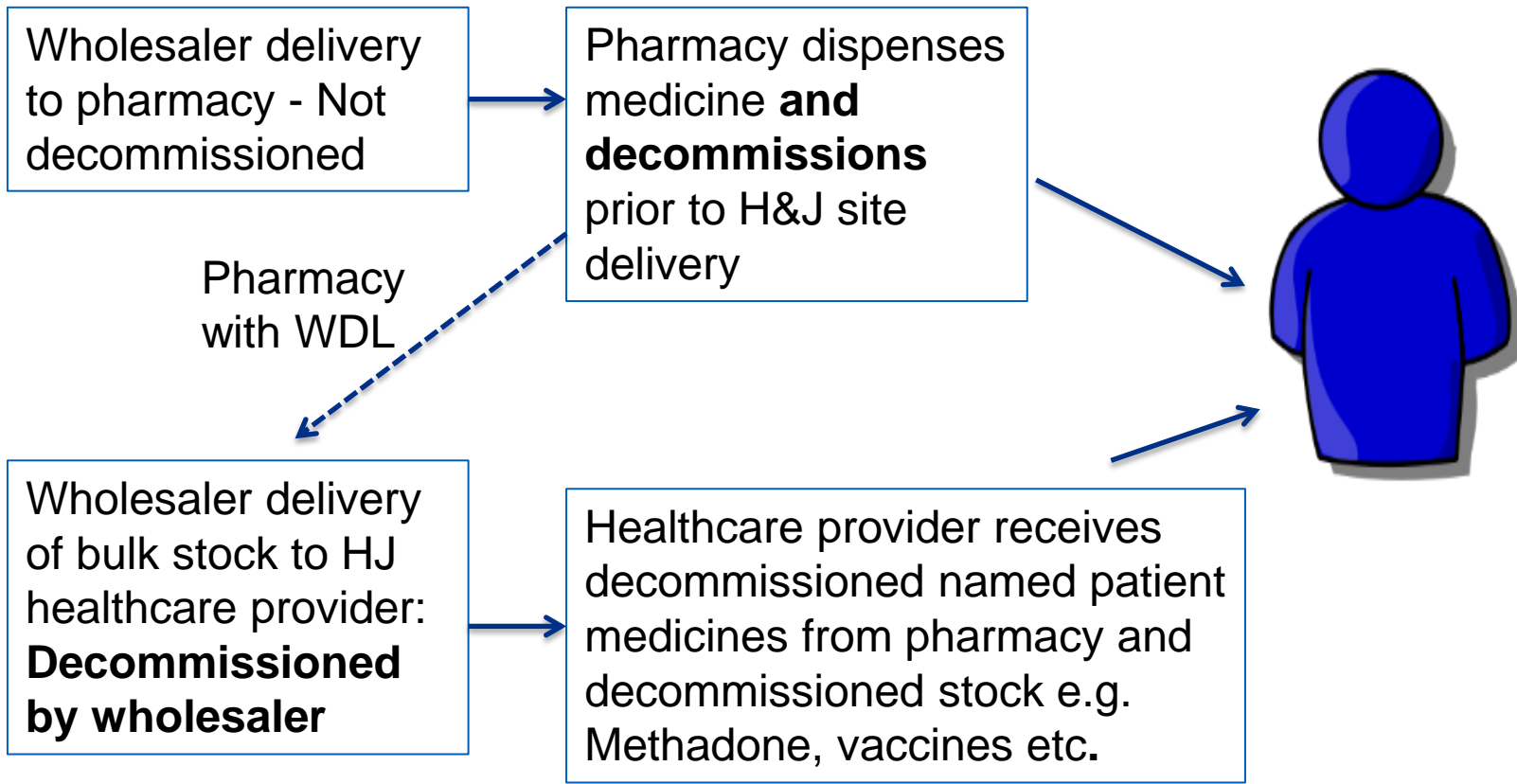


- 1** Medicine decommissioned as it leaves the initial source. This will always be un-dispensed bulk stock or pre-packs. Only allowed if enable use of regulatory flexibility (i.e. secure environments are not health institution).
- 2** Medicine decommissioned as it leaves the dispensing pharmacy for delivery to the healthcare site. This will be individually named medicines that are original packs (with tamperproof seal in place) or medicines dispensed from part packs. Pharmacies with WDL may also supply bulk stock.
- 3** Medicine decommissioned a) as it arrives into the central point at the healthcare site or b) as it is transferred to places where the medicine is stored and supplied to the patient. Examples include prison wings, treatment rooms
- 4** Medicine decommissioned as it is administered to the patient (this is not allowed in secure environments)

Scenario 1: On-site pharmacy



Scenario 2: Off-site pharmacy e.g. Community pharmacy or other prison pharmacy



FMD Implementation

- 42 on-site pharmacies in H&J in England: Not all registered pharmacies
- Pharmacy dispensing system providers linked in and should be developing software to enable FMD scanning and comms with the UK repository
- Blue tooth scanners and hard-wired scanners will be OK in H&J but not wireless/WiFi
- FMD comms under development and NHS Digital working to support IT infrastructure
- NHS England H&J will liaise with commissioners and providers where on-site pharmacies are to support implementation

What are next steps: Strategic

- **Clarify/confirm:**

- Pharmacy PMR system providers for H&J are on track for developing software
- Scanner choices and fitness for H&J
- On-site pharmacy leads identified for H&J to link with
- Costs of IT infrastructure and training and who pays?
- Comms needed for
 - external pharmacy providers
 - Other stakeholders

N.B. Some manufactured POM packs already have 2D bar codes- phased in approach

What to do now in On-site H&J pharmacies

- **Clarify/confirm:**
 - Your Pharmacy PMR system providers are on track for developing software
 - Ask software providers about
 - compatible 2D barcode scanner choices
 - User training
 - FMD pharmacy lead and let Denise know who that is please and which PMR system is being used
 - Start thinking about dispensing workflow and whether this is impacted/needs to change due to need for scanning POM packs.

What to do everyone!

- Read the info about FMD- Useful links
 - ✓ Main FMD site: [Link](#)
 - ✓ Sign up to the UK FMD newsletter: email FMD.safetyfeatures@mhra.gov.uk and ask to be added to their mailing list
 - ✓ Check out the PSNC FMD web-pages and resources: [Link](#)
 - ✓ Check out FMD FAQs (secondary care but it's relevant and useful for H&J): [Link](#)
- Respond to the consultation on FMD: [Link](#). By 23rd Sept!!