



South Central Ambulance Service **NHS**
NHS Foundation Trust

Annual Medicines Management Report

2016 to 2017

Date	Presented to:	Action Plan included	Review Date of Action Plan
June 2017	Quality and Safety Committee	Yes	November 2017
			Date of Next Annual Report
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1. EXECUTIVE SUMMARY

The annual medicines management report for South Central Ambulance Service NHS Foundation Trust (SCAS) outlines the progress against the 2016-17 programme. The report aims to assure the board that the organisation complies with the Care Quality Commission monitored “Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12”, medicines legislation and guidance, and is developing best practice.

The report is based on the NHS Trust Development Authorities Medicines and Optimisation and Pharmaceutical Framework and uses the tool to identify good practice and risks. The risks are incorporated in the programme for 2017-18, which is at Appendix 3. The Trust progress in achieving the actions will be reviewed in November 2017.

2. STANDARDS

The structure of this report is based on the NHS Trust Development Authorities Medicines Optimisation and Pharmaceutical Framework, which has been adapted by the Ambulance Pharmacists Network. Medicines optimisation has four strands:

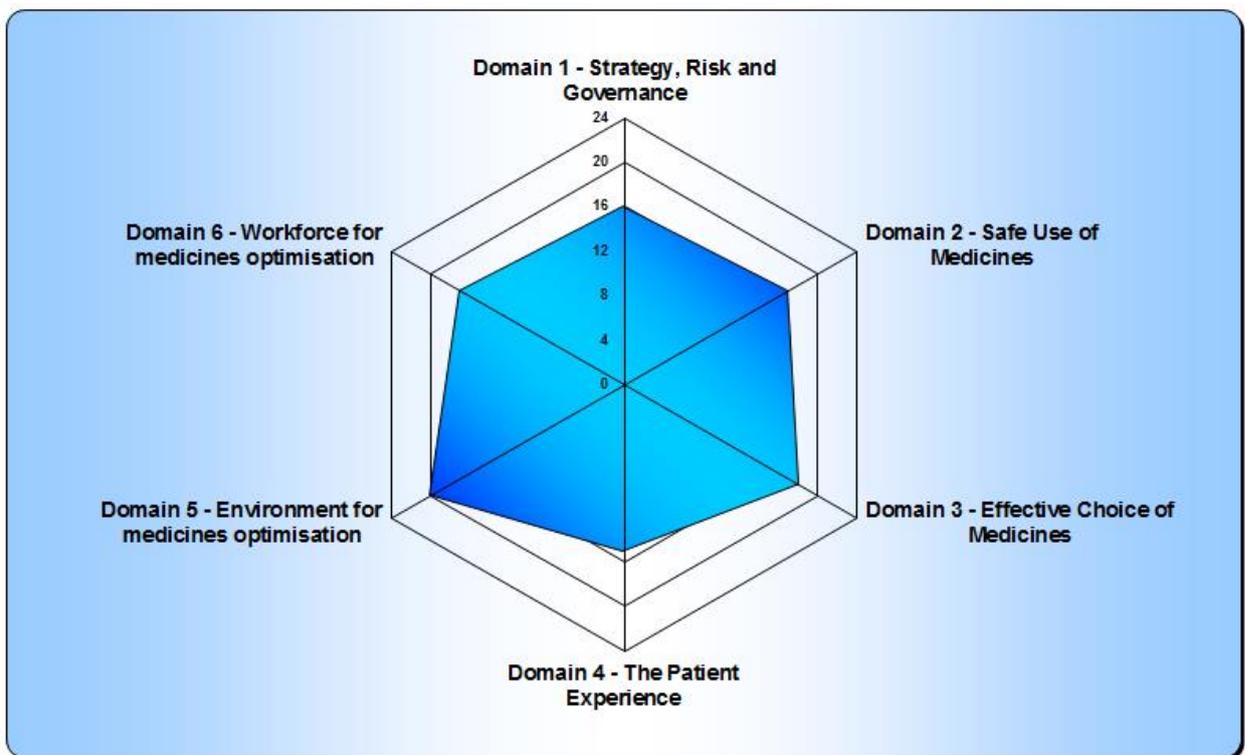
- understanding the patient's experience;
- evidence based choice of medicines;
- ensuring medicines use is as safe as possible;
- making medicines optimisation part of routine practice.

3. ACTION PLAN REVIEW

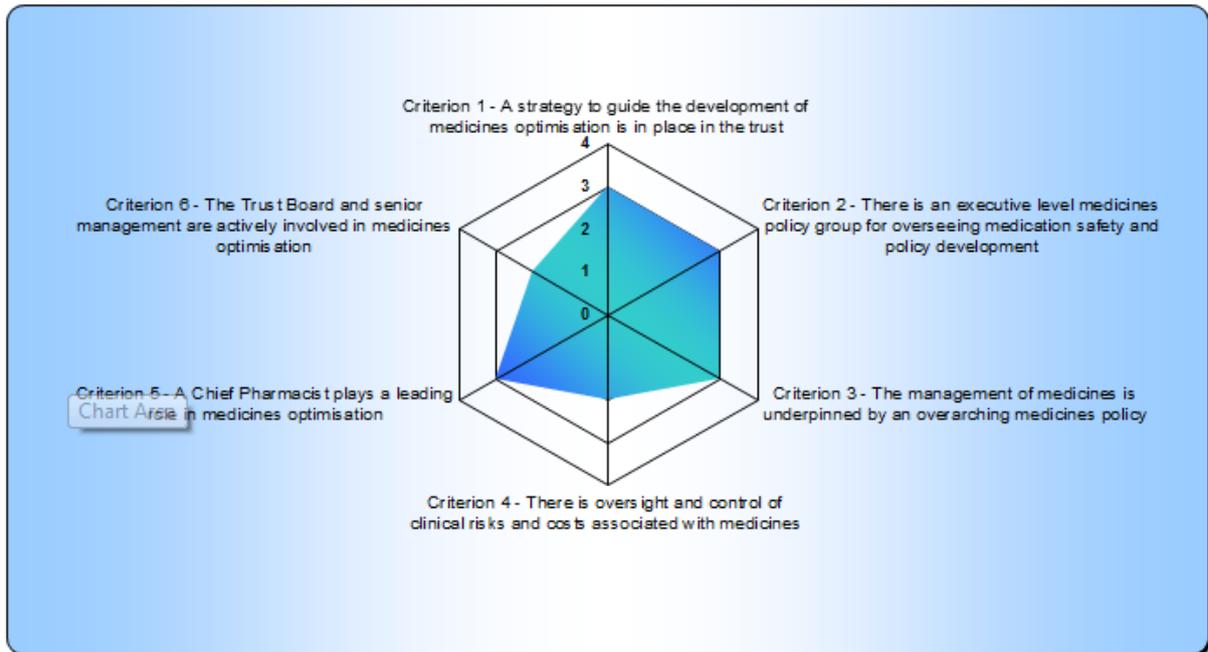
The medicines management programme for 2016/17 and the progress and outstanding actions are at Appendix 1. The actions undertaken during the year are explained more fully in Section 4.

4. ACTIVITY

A discussion of the key issues and activity is summarised in this section and is based on the NHS Trust Development Authorities Medicines and Optimisation and Pharmaceutical Framework. The framework enables organisations to score themselves out of a total of 144. This year the Medicines Group scored the Trust 103 out of 144, which is up from 91 the previous year.



4.1. Strategy, Risk and Governance



The Trust has a strategy for the development of medicines optimisation and has policies and professional advice in place. The development requirements in this area are evolving from last year, and are summarised below:

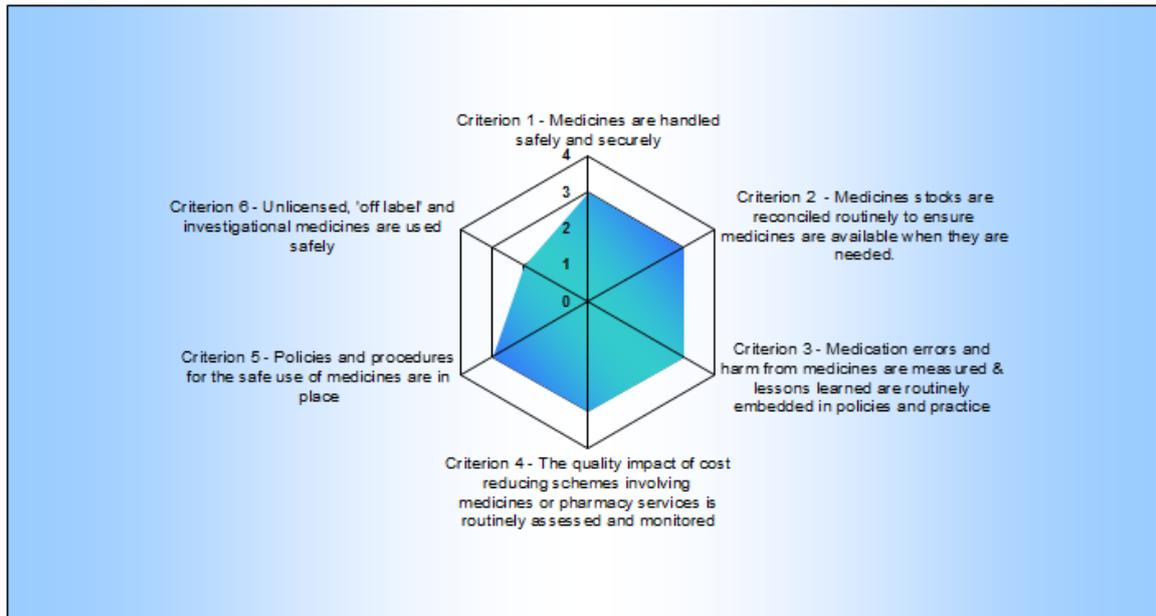
Actions taken

- Business cases have been developed for new medicines as part of the process to manage clinical risk and the costs associated with medicines;
- Medicines Management Policy and Controlled Drug Policy were updated in 2016.

Actions required

- Prescribing policy;
- Develop the business case process to manage clinical risk and costs associated with medicines;
- Improve upward information to Board members about medicines use.

4.2. Safe Use of Medicines



The Trust pharmacist audits the safe and secure handling of medicines each year. Recommendations of the audit are not always implemented and this year responses and action plans were not received from Kidlington, Nursling and Winchester/Eastleigh.

Medicines errors are reviewed by the Medicines Group and are collated in a quarterly report which is reported formally through the Patient Safety Group. The number of serious incidents remains low. To ensure practitioner learning from errors in the administration of medicines a reflection is requested; to facilitate organisational learning one anonymised medicines error reflection is shared each month with all clinicians.

During the year 674 incidents of vehicle medicine stock discrepancies were reported compared with 251 the previous year. A proposal to link the web-based software to manage the packing of medicines modules with the electronic patient record has been developed with clinical staff, and has been passed on to the ePR team for costing.

The Trust medicines policy defines the responsibilities of staff for the safe use of medicines; Patient Group Directions (PGDs), protocols and guidelines for all clinicians are in place and regularly updated. To identify front line clinicians who have not been signed off as competent to use the paramedic suite of PGDs an electronic process, linked to the PGD eLearning, is in development. The interim process has identified that 20% of clinicians have not been signed off as competent, and progress to address this gap will be monitored at the Medicines Group.

During the year PGDs for flumazenil, ketamine and midazolam were written, the paramedic

PGDs for codeine, paracetamol injection and tranexamic acid were extended and the respiratory suite of PGDs for Specialist Paramedics were also reviewed.

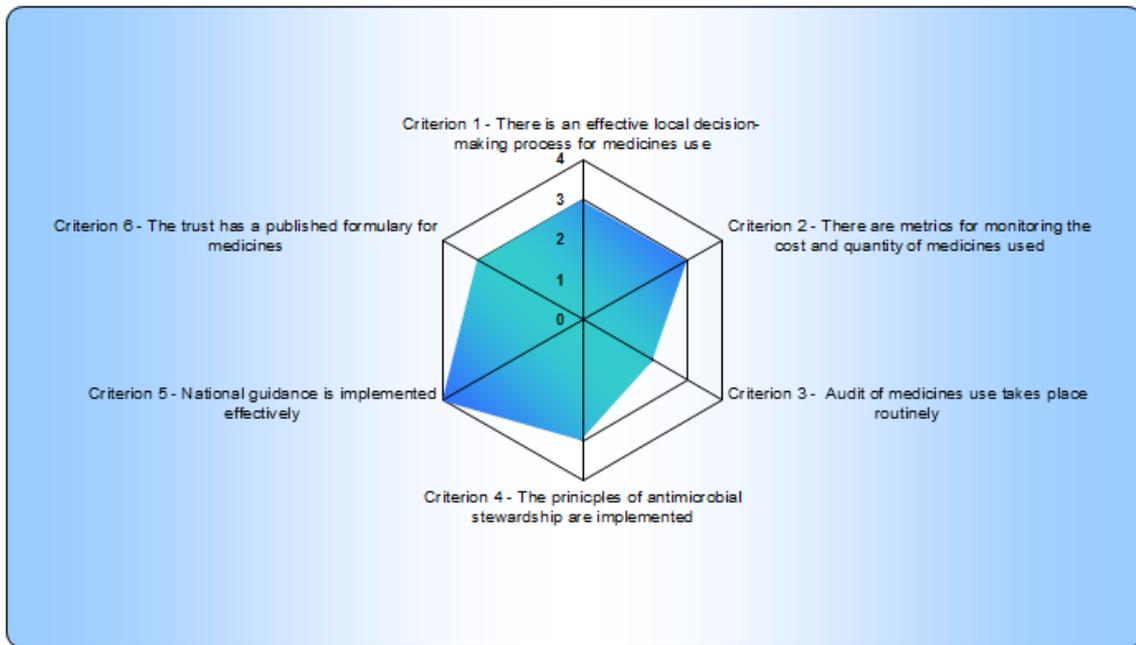
A protocol for the administration of intranasal naloxone was rolled out with e-learning to help ensure the safe use of this medicine used for the treatment opioid overdose. A protocol was also issued for oral paracetamol, to bring use in line with national guidance.

Contracted private ambulance providers administer medicines to Trust patients and medicines management is part of the contract, and ad hoc discussions with contractors take place. The Trust medicines e-learning packages have been made available to the providers. Four private providers were visited during the year and the audits are available in the annual audit report.

Actions required

- Develop electronic Patient Report Form report to ensure appropriate medicines stocks on vehicles;
- To collaboratively develop a business case to link medicine module contents with the administration record;
- Implement patient charging for supply of PGD medicines;
- Monitor list of clinicians who are not signed off as competent to use a PGD.

4.3. Effective Choice of Medicines



The Medicine Group discusses medicines issues. Costs and quantities of medicines used are monitored, and the report described in 4.2 has been developed to share some medicines usage information with Heads of Operations. This has enabled Criterion 2 to be improved this year.

No new medicines were introduced in 2016/17 however two business cases have been prepared. The first is for buccal midazolam to replace rectal diazepam to treat patients who are having seizures; this has been presented to commissioners for funding. The second business case is for methoxyflurane, a pain relief inhaler for use on the air ambulance, and this requires presentation to Trust executives.

A pain survey was conducted in June using SurveyMonkey and 396 clinicians responded. The results have been shared with the education team who will incorporate the themes identified in pain education and training. The posters from the 2016 pain campaign will be updated and then shared with staff as part of a pain campaign later in 2017.

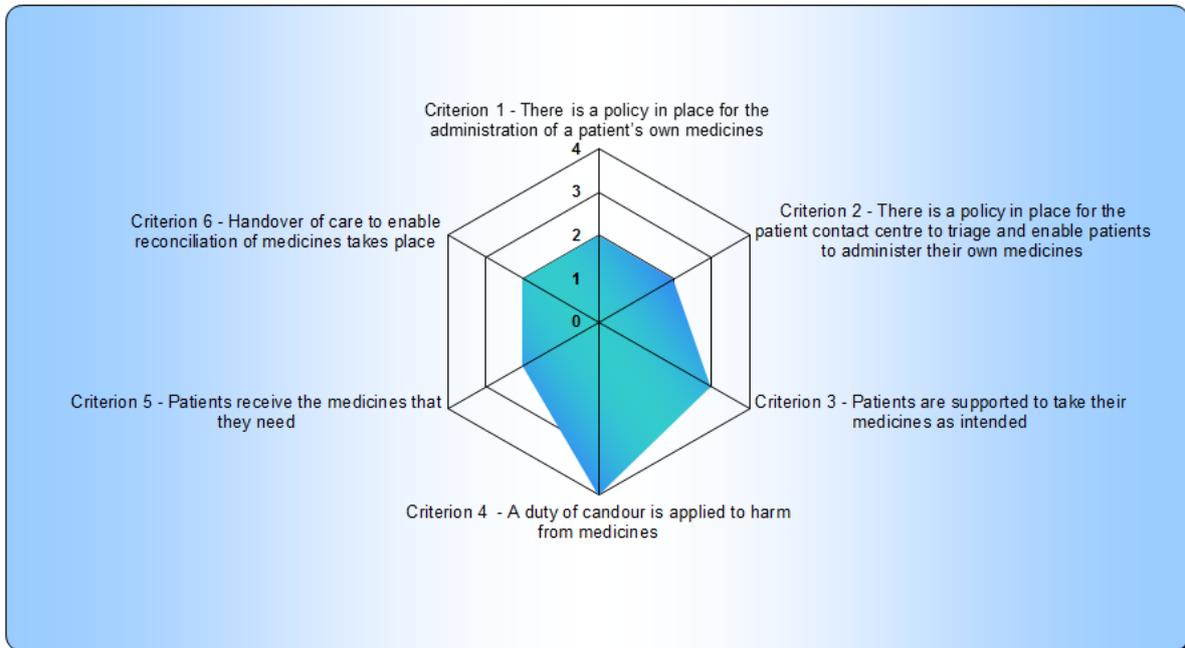
The use of diazepam for the period 01 December 2015 to 29 February 2016 was audited and identified the need for education on the management of seizures and diazepam dose titration.

The Trust engages with the wider health community about the use of antibiotics and so Criterion 4 has been scored higher this year.

Actions required

- Monitor compliance with the antimicrobial stewardship action plan;
- Audit the use of medicines;
- Pain campaign;
- Education on the management of seizures and dose titration.

4.4. The Patient Experience



There is a policy in place for the administration of patient's own medicines on an ad hoc basis. The plan to implement telephone advice from the Clinical Support Desk to support and enable ambulance clinicians to safely administer patients own palliative care medicines was amended by the Accelerated Clinical Transformation Board and is being taken forward as a training module .

Medicines information training has been delivered to a small number of 111 Clinical Advisors and no Clinical Support Desk (CSD) staff. The CSD clinicians provide advice to patients on how to take their medicines, however there are no formal guidelines to triage and enable patients to administer their own medicines.

The 111 Health Information Advisors provide some medicines information, and the training for this was outsourced by the 111 team. The standard of the training and answers continues to require auditing by medicines information professional. This is on the medicines risk register.

A report to analyse Controlled Drug use has been developed using data from the electronic Patient Report Form, and this has enabled an improvement in the ability to monitor costs. The report is shared with Heads of Operations each month and enables comparison between areas and comparison of individual clinician usage.

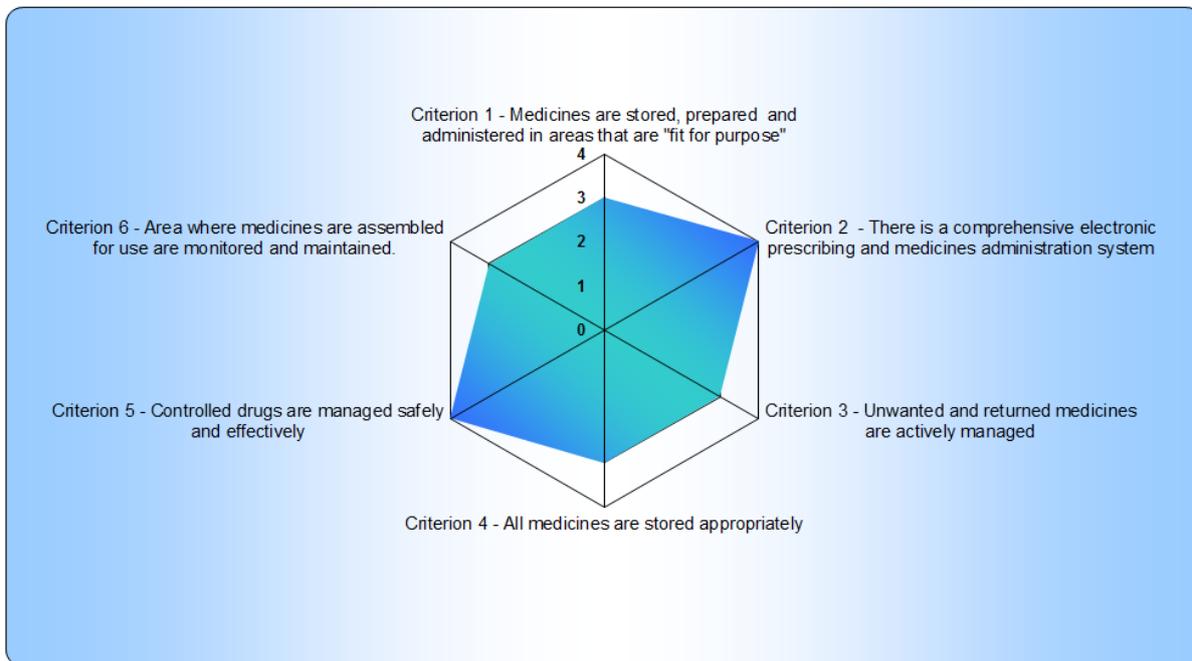
Medicine modules contain original packs of medicines which include a patient information leaflet to enable clinical staff to support patients to take their medicines. The Trust PGDs include information for paramedics and nurses to share with patients.

The Trust supports hospital reconciliation of patient's medicines, which has been demonstrated to improve care. The Trust has worked with hospitals across the South Central region and provides "Green bags" on all vehicles so that patient's medicines can be taken to hospital.

Action required

- All Clinical Advisors require medicines information training;
- External audit of 111 Health Information Advisors medicines information call management;
- Develop and audit a policy for the Clinical Support Desks to triage and enable patients to take their own medicines;
- Support Heads of Operations to interpret Controlled Drug usage to enable improved patient care.

4.5. Environment for medicines optimisation



Heads of Operations have started auditing the management of medicines locally, and the process is developing. This process and monitoring the results requires formalising, however the action has improved the score for Criterion 3.

A risk assessment and "Intravenous guidelines" for the wider range of injectable medicines used by air ambulance doctors is maintained.

The summary of the declaration of Controlled Drug concerns to NHS England is at Appendix 2. Incidents are monitored monthly by the Integrated Performance Review and the numbers are comparable with other ambulance trusts. The Trust pharmacist audits the management of morphine at each ambulance site once a year and this is reported in the in the "Medicines Management Audit Report 2016/2017". The number of incidents during the year was high, however the time to resolve incidents has significantly improved.

An e-learning module for the safe and secure management of morphine has been developed and is based on the Monopoly game. Rollout is on hold pending approval from the copywrite holder.

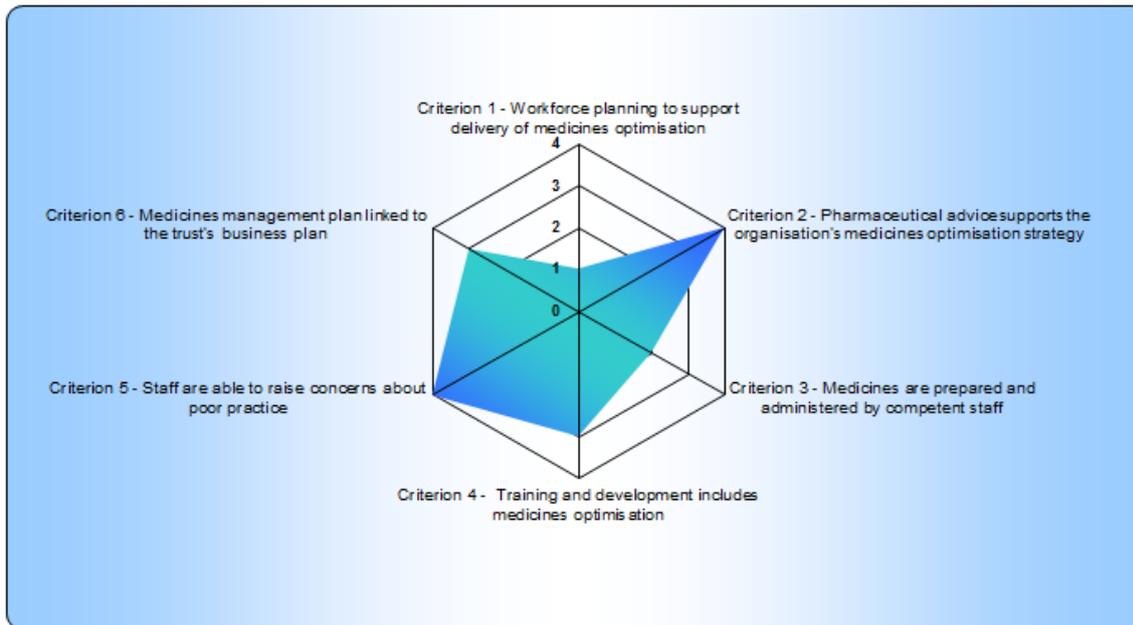
There is ongoing discussion with the Home Office about ambulance trust requirements for Controlled Drug licensing. The Trust is continuing to supply employees and the processes in the North and the South requires standardisation. The same discussion will have an impact

on supply of these medicines to doctors providing services to Trust patients, and also needs to be reviewed.

Action required

- Formalise audit of medicines management by operational teams;
- Develop and roll out e-learning on the safe and secure management of morphine;
- Standardise morphine process across the Trust taking into account Home Office requirements;
- Review supply of Controlled Drugs to doctors.

4.6. Workforce for medicines optimisation



A workforce plan to support the delivery of medicines optimisation continues to be required. The Trust employs a pharmacist to provide pharmaceutical advice, and now has a regular meeting for 'subject matter' experts to discuss staff education and training needs. However there continues to be a need to link the medicines optimisation plan to the Workforce Board plans.

There is some medicines training for staff, however competency assessment is in development in most areas and there is no ongoing mandatory training or patient safety medicines education. An update of injection technique should be in place (NPSA 20) together with competency assessment of practitioners recruited from other Trusts. During 2017-18 work is required to develop medicines optimisation and safe administration of medicines training for all clinical staff as well as competency assessments; an e-learning package would enable all staff to have access to training.

The pharmacist leads the medicines induction training for paramedics and nurses. Clinical staff receive some training and updates on medicines to keep them abreast of developments and this includes a monthly "Questions and Answers" column in the staff e-newsletter, e-learning modules (PGDs, postpartum haemorrhage, activated charcoal in overdose and dexamethasone for croup) and voluntary workshops.

The annual review of non-medical prescribers is to be built into the appraisal process, and will be reviewed by the non-medical prescribing Lead. There continues to be a need to develop a strategy for non-medical prescribers.

A briefing document outlining Heads of Operations medicines management responsibilities has been rolled out.

Action required

- Pharmacist advice to Workforce Board to highlight mandatory and patient safety medicines education requirements;
- Competency assessment of injection technique;
- Develop e-learning package for the safe administration of medicines;
- Medicines optimisation should be developed as part of mandatory training for all clinical staff;
- Review implementation of strategy for the development and monitoring of non-medical prescribers;

5. RISKS IDENTIFIED

The following risks which are not on the medicines risk register were identified in this annual report:

- a. Around 20% of clinicians have not been signed off as competent to administer medicines using the paramedic Patient Group Directions
- b. Educational need for the management of pain and seizures identified
- c. Home Office requirements for the management of Controlled Drugs may have significant cost and process implications

6. PROPOSED MEDICINES MANAGEMENT PLAN 2017/2017

The proposed medicines optimisation and pharmaceutical services plan for 2017/2018 is at Appendix 3. The actions identified in section 4 and the risks identified in section 5 informed the plan.

The Boards approval of the medicines optimisation and pharmaceutical services plan 2017/2018 is requested.

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South Central Ambulance

Medicines Management Programme Progress Report 2016/2017

Objective	Action taken
Strategy, risk and governance	
Executive level medicines policy group oversees medication safety and policy development	Prescribing policy continues to be required.
Management of medicines is underpinned by an overarching medicines policy	Audit of compliance with policy is being rolled out locally by Heads of Operations.
Oversight and control of clinical risks and costs associated with medicines	A robust process to manage clinical risk and costs associated with medicines is required. Business cases are now being developed and are taken to Executives for approval.
Trust Board and senior management actively involved in medicines optimisation	Upward information about medicine risks are now raised at the Medicines Group, and then raised at the Clinical Review Group. Board members require more robust information about medicines use.
Safe use of medicines	
Policies and procedures for the safe use of medicines are in place	Audit of medicines management standards at air ambulances undertaken during the year;
	A report to analyse electronic Patient Report Form data is in development to enable a review medicines stocks on vehicles;
	Patient charging for supply of PGD medicines requires implementation;
	PGDs for flumazenil, midazolam and ketamine approved and training rolled out to air ambulance and HART clinicians. The PGD is to be rolled out.
Effective choice of medicines	
Audit of medicines use takes place regularly	Compliance with the antimicrobial stewardship plan not monitored; training delivered to Specialist Paramedics.
	The use of diazepam was audited during the year.

Objective	Actions required
The patient experience	
Policy for the administration of a patient's own medicines	Telephone support for the administration of palliative care medicines discussed with Specialist Paramedics and requires rollout.
Policy for the patient contact centre to triage and enable patients to administer their own medicines	Clinical Advisors continue to require medicines information training;
	External audit of 111 Health Information Advisors medicines information call management is on the Medicines Risk Register; A policy for the Clinical Support Desks to triage and enable patients to take their own medicines continues to be required.
Patients receive the medicines they need	Medicines use information for morphine and diazepam is fed back to Heads of Operations; A pain survey was run from May to June 2016, and the lessons have been shared with the Education teams for roll out to staff.
Handover of care to enable medicines reconciliation to take place	'Green Bag' Awareness campaign continues to be required.
Environment for medicines optimisation	
All medicines are stored appropriately	Temperature data for medicines storage on vehicles analysed and action plan in development;
Controlled Drugs are managed safely and effectively	Two morphine processes across the Trust continues while awaiting clarification of licensing requirement from Home Office;
	E-learning on the safe and secure management of morphine delayed due to copywrite discussions with Hasbro.
Workforce for medicines optimisation	
Work force planning to support delivery of medicines optimisation	Pharmacist advice to Workforce Board to highlight mandatory and patient safety medicines education requirements still required.
Medicines are prepared and administered by competent staff	Competency assessment of injection technique continues to be required;
	E-learning package for the safe administration of medicines required, as time not available face to face training.
Training and development include medicines optimisation	Pharmacist involved in subject matter expert meeting and so has had an opportunity to discuss medicines optimisation requirement to be a part of mandatory training for all clinical staff;
	Strategy for the development and monitoring of non-medical prescribers requires leadership;
	Heads of Operations have a document signposting their medicines management responsibilities.

Appendix 2

South Central Ambulance Medicines Management Programme 2017/2018

Objective	Actions required
Strategy, risk and governance	
Executive level medicines policy group oversees medication safety and policy development	Prescribing policy required.
Oversight and control of clinical risks and costs associated with medicines	Develop the business case process to manage clinical risk and costs associated with medicines.
Trust Board and senior management actively involved in medicines optimisation	Improve upward information to Board members about medicines use.
Safe use of medicines	
Policies and procedures for the safe use of medicines are in place	Develop electronic Patient Report Form report to ensure appropriate medicines stocks;
	Business case to link medicine module contents with the administration record;
	Implement patient charging for supply of PGD medicines;
	Monitor list of clinicians who are not signed off as competent to use a PGD.
Effective choice of medicines	
Audit of medicines use takes place regularly	Monitor compliance with the antimicrobial stewardship plan;
	Audit the use of medicines;
	Pain campaign;
	Education on the management of seizures and dose titration.
The patient experience	
Policy for the patient contact centre to triage and enable patients to administer their own medicines	All Clinical Advisors require medicines information training;
	External audit of 111 Health Information Advisors medicines information call management;
	Develop and audit a policy for the Clinical Support Desks to triage and enable patients to take their own medicines.
Patients receive the medicines they need	Support Heads of Operations to interpret individual clinician Controlled Drug usage data.

Objective	Actions required
Environment for medicines optimisation	
All medicines are stored appropriately	Formalise audit of medicines management by operational teams;
Controlled Drugs are managed safely and effectively	Standardise morphine process across the Trust in conjunction with Home Office advice;
	Develop and roll out e-learning package for the safe administration of medicines;
	Review supply of Controlled Drugs to doctors.
Workforce for medicines optimisation	
Work force planning to support delivery of medicines optimisation	Pharmacist advice to Workforce Board to highlight mandatory and patient safety medicines education requirements.
Medicines are prepared and administered by competent staff	Competency assessment of injection technique;
	Develop e-learning package for the safe administration of medicines.
Training and development include medicines optimisation	Medicines optimisation should be developed as part of mandatory training for all clinical staff;
	Review implementation of strategy for the development and monitoring of non-medical prescribers.