

**ANNUAL SELF ASSESSMENT
HEALTH AND CARE STANDARDS**

<p>S Situation</p>	<p>Standard 2.6 Medicines management (Corporate) Self-assessment completed May 2018 Overall rating: Getting there</p>
<p>B Background</p>	<p>The overall conclusion is that the Health Board is Getting there</p> <p>The rationale for this response is that, whilst there are some areas of robust and innovative practice in relation to safe and effective medicines management and very good governance processes, this is not yet consistently evidenced either within Clinical Boards or across the Health Board.</p> <p>Notable improvements over the past year include the widespread implementation of MTeD (electronic discharge) on all wards, except Mental Health and some specialised day units (where a “discharge on demand” functionality has recently been launched. The links to the community pharmacy Choose Pharmacy platform facilitates discharge communication to primary care and safe transfer of patient care. Also supports post discharge medicines review with patients.</p> <p>All initial target outpatient clinics implemented electronic prescribing (COPPS).</p> <p>Dissemination and actions related to Patient Safety Notices and internal communication of medication safety issues is led by the Medicines Safety Executive (reporting to corporate Medicines Management Group). Effective sharing of lessons from medication-related incidents is supported through this process, including a widely circulated monthly medicines safety briefing.</p> <p>Systems to manage the UHB joint formulary and manage the entry of new medicines are well embedded. The New Treatment Fund has supported timely and robust patient access to new medicines.</p> <p>Medicines-related procedures have been updated to align with the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal published November 2015 (update progressing) and a single UHB Medicines Code was launched in November 2017. A Health Board wide audit of all inpatient areas relating to storage and security has been undertaken supported by Clinical Board nurses and the Nurse Advisor.</p>

	<p>Continued development of Antimicrobial stewardship across primary and secondary care remains a challenge due to lack of resource and clinical engagement. Positive outcomes have been realised in relation to HCAI – the concern is that these may not be sustainable. A case for resource support on a sustainable footing in 2018-19 IMTP failed to cross the UHB prioritisation threshold.</p> <p>A patient helpline to support provision of information and advice on medicines (after hospital discharge or outpatient consultation) is available and messages are fed on to Pharmacy Medicines Management Practice Group to inform improvement strategy.</p>
<p style="text-align: center;">A</p> <p style="text-align: center;">Assessment</p>	<p>Medication chart (prescribing and administration, including omitted and delayed doses) audits need to be fully implemented and reported with supporting remedial action plans across all sectors (including district nursing and domiciliary care). A plan to complete this audit for 2017/18 is in place.</p> <p>Recent NICE guidance on management of controlled drugs in hospitals (May 2016) has been used to support review of all related processes across primary and secondary care, via the Local Intelligence Network.</p> <p>Training and revalidation of staff (including HCSW) involved in medicines administration (including intravenous therapy) is a key development area and supports the continued implementation of the MARRS policy noted above. Supporting e-learning is now available.</p> <p>A review of the Non Medical Prescribers register held within pharmacy was completed to ensure all information and scope of practice was up to date for each individual non medical prescriber. A UHB forum for Non-Medical Prescribing has been re-established.</p> <p>National Prescribing Indicator performance has improved across all indicators and C&V performs best for number of practices meeting the NPI thresholds. Pain and antimicrobial prescribing shows greatest variation and is a specific focus for the Medicines Management Incentive Scheme 2018-19 (by both NPI improvement and also audit of prescribing and peer review).</p> <p>Key performance metrics for medicines management to be agreed and reported through Clinical Board and corporate Medicines management groups.</p>

	<p>Improved access to the GP-record of a patients medication has been implemented, and facilitates safe admission processes including medicines reconciliation. MTeD supports safe transfer of care at discharge.</p> <p>Yellow care (adverse event) reporting has increased across primary care and by pharmacists in secondary care.</p>
<p>R Recommendation</p>	<p>With the aim of achieving “Meeting the Standard”, progress with each of the actions noted above will be monitored through the corporate Medicines Management Group.</p> <p>Specific areas for focus in 2018-19 are:</p> <ul style="list-style-type: none">- Strengthen medicines-related audits in non-ward areas- Medicines storage, security and destruction compliant with UHB Medicines Code (and updated MARRS policy when available)- Specific support to patients/carers in presence of sensory loss- Agree UHB non-medical prescriber strategy- Work to understand and reduce medicines-related admissions- Implement three yearly update for staff involved in MARRS process, in line with MARRS policy, using the MARRS e-learning package to facilitate this <p>This assessment will be signed off by the Executive Medical Director and Independent member (Susan Elsmore) and through the corporate Medicines Management Group.</p> <p>May 2018</p>