



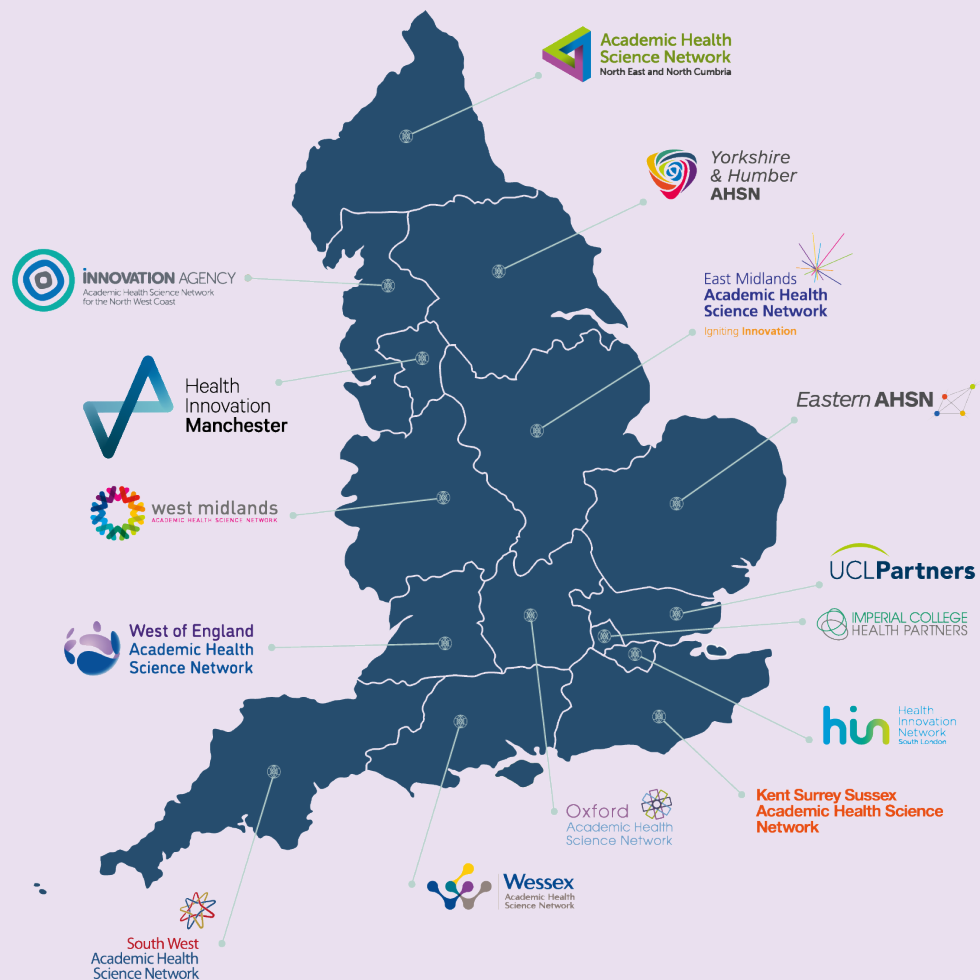
@WEAHSN

West of England AHSN

Regional Pharmacy Showcase



“The innovation arm of the NHS”



We are one of 15 Academic Health Science Networks (AHSNs) across England.

Together we make up the AHSN Network.




The AHSNs were originally set up by NHS England in 2013, and relicensed from 2018, to operate as the key innovation arm of the NHS.

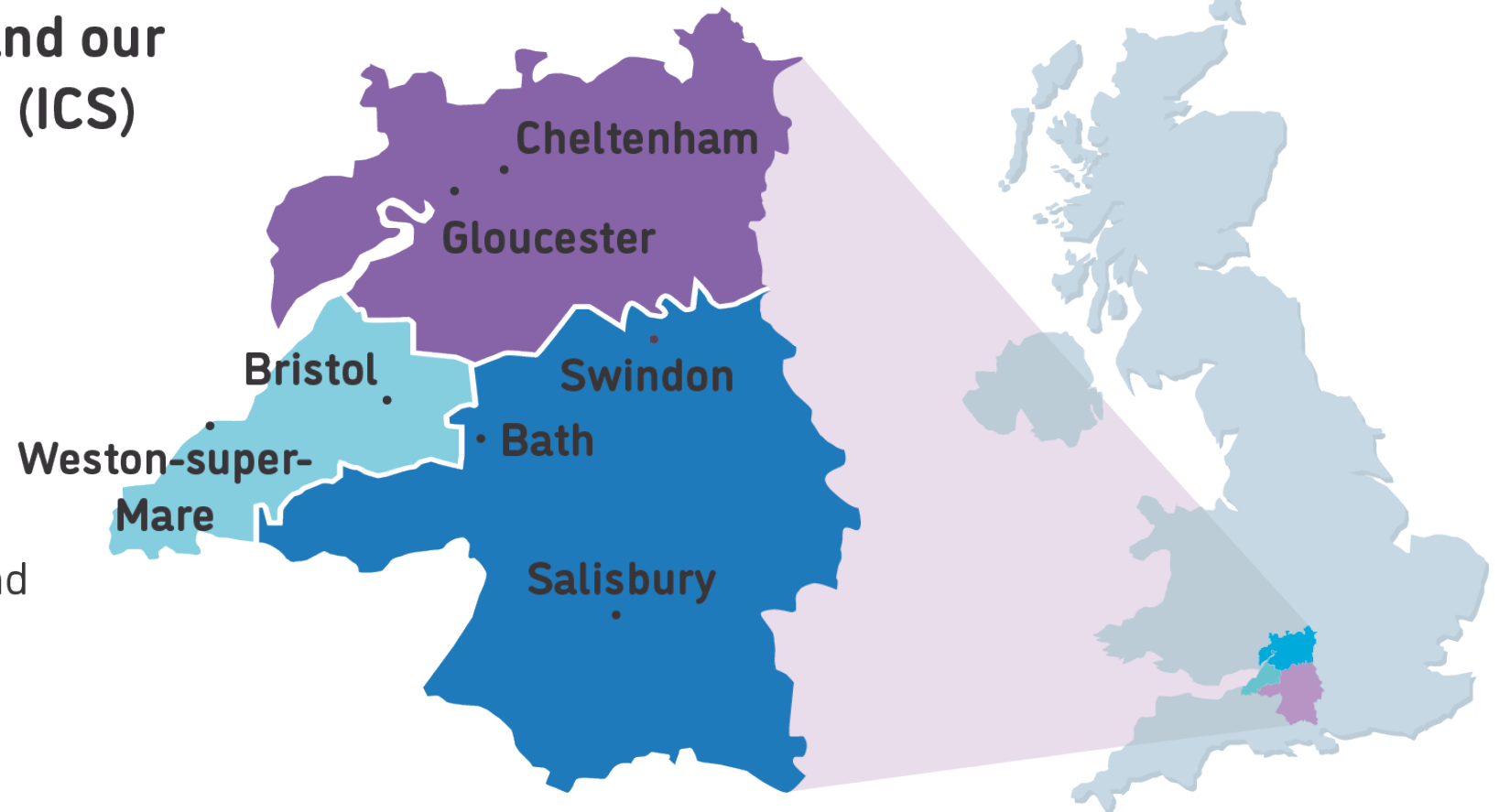
With core funding from NHS England and NHS Improvement and the Office for Life Sciences, our collective aim is to spread health innovation at pace and scale – improving health, transforming lives and generating economic growth.



Our regional focus

West of England AHSN and our Integrated Care Systems (ICS)

-  One Gloucestershire
-  Bath and North East Somerset, Swindon and Wiltshire Partnership
-  Bristol, North Somerset and South Gloucestershire (Healthier Together)



Collaborative and connecting



As an inclusive network, our AHSN works hard to identify shared goals and build supportive relationships with all those in the West of England who need and want to contribute.

We bring together all the key players who play a role in innovating health and care, including:

- NHS providers and commissioners
- social care providers
- patients, carers and the wider public
- industry
- universities and research bodies
- local authorities
- the voluntary, community and social enterprise sector.

Together we have earned a reputation for our ambitious, joined-up vision and approach to healthcare innovation and transformation.

Our member organisations

NHS providers

- South Western Ambulance Service NHS Foundation Trust
- Avon & Wiltshire Partnership Mental Health NHS Trust
- Gloucestershire Health and Care Services NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Sirona Care & Health
- University Hospitals Bristol and Weston NHS Foundation Trust
- Wiltshire Health & Care

NHS commissioners

- Bath & North East Somerset, Swindon and Wiltshire CCG
- Bristol, North Somerset and South Gloucestershire CCG
- Gloucestershire CCG

Universities

- University of Bath
- University of Bristol
- University of the West of England



Transforming lives through innovation

Improving our innovation pipeline

Supporting digital transformation

Building capability and sharing knowledge

Enhancing engagement with local integrated care systems



Mental health



Maternity and neonatal



Medicines safety



Long-term conditions



Deterioration



People



Integrating and optimising care

Responding to the climate emergency

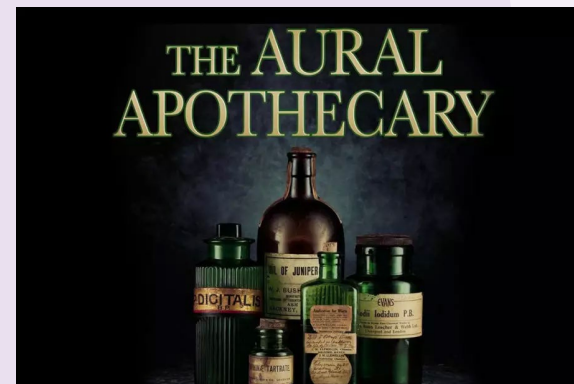
Our commitment to equality, diversity and inclusion

Key Speaker

Paul Gimson

Assistant Director for Improvement Culture,
Capability and Delivery
ICTM - Cwm Taf Morgannwg University Health Board

The Aural Apothecary Podcast Presenter



Agenda

- | | |
|----|---|
| | |
| 1. | Introduction to AHSN Medicines Safety/Optimisation projects |
| 2. | Contractual opportunities to reward achievement in the safety of care |
| 3. | Key Speaker: Paul Gimson – The importance of QI for Pharmacy colleagues |
| 4. | Hear about the opportunities available for you |
| 5. | Share your ideas and thoughts and develop connections |
| 6. | Wishing you a good rest of your evening |

There will be limited time for questions, please use the chat box.

We will try and answer as many questions as we can. Any questions not answered in the session will be addressed in the post event information.

West of England AHSN Medicines Optimisation Projects



National Commissions (NHS E/I & Office for Life Sciences)	Local Commissions (Based around local need with governance provided by Medicines Safety Steering group)
eRD – Electronic Repeat Dispensing	Medicines Compliance Aids (MCAs)
Medicines Safety Improvement Programme (MedSIP)	Quality Improvement for Pharmacists and Pharmacy colleagues
PINCER	
Rapid Uptake Products (RUPs)	
Transfer of Care around Medicines (TCAM) - Now Discharge Medicines Service (DMS)	



eRD – Electronic Repeat Dispensing

eRD has been contractual obligation since April 2019.

eRD done well can help support practices and community pharmacists and patients.

- Work with NHS BSA to support pharmacy teams to understand your data, and opportunities for improvement
- Provide workshops to help community pharmacy and primary care teams to share learning and develop ideas
- Connect you to colleagues with similar interests / working in a similar area
- Provide resources and quality improvement tools

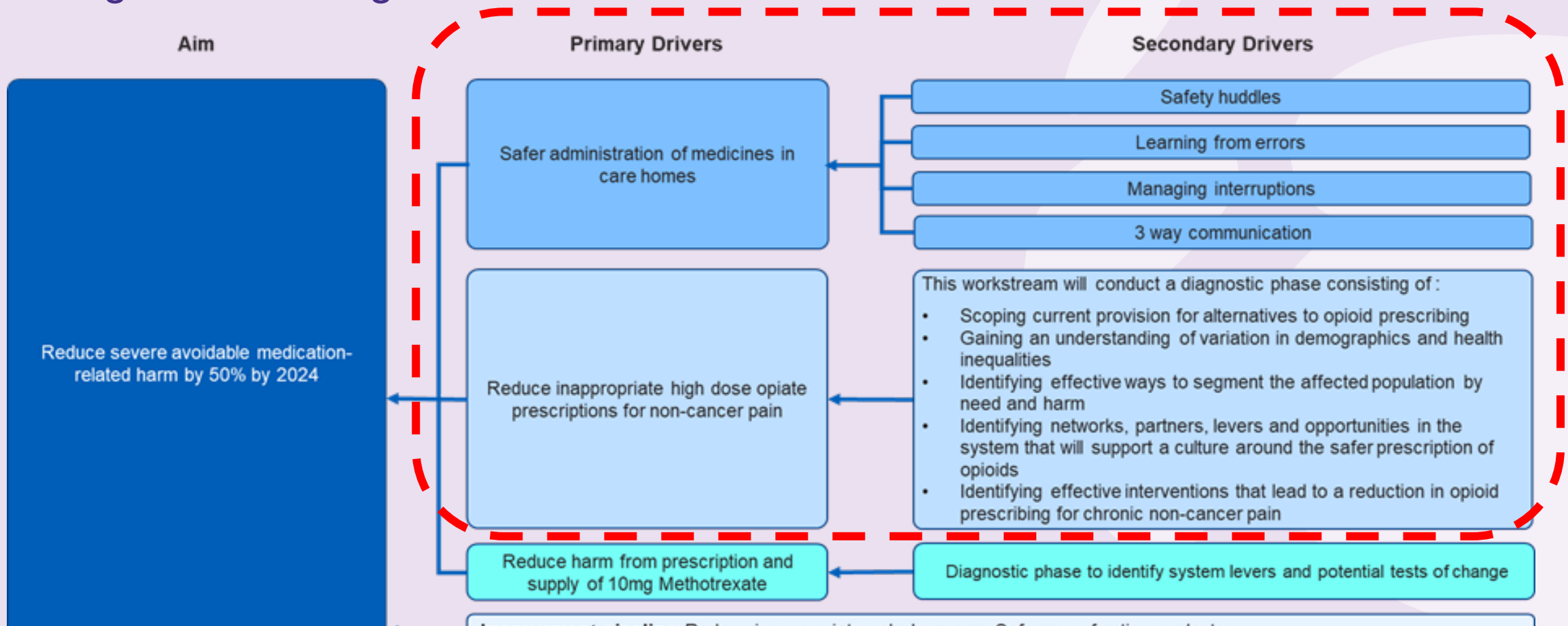
With the **resources available** and **our support**, you could **provide a safer, more efficient service to patients.**

Contact us for more information.



Medicines Safety Improvement Programme (MedSIP)

2019 – 2024 AHSN National Commission – aligns to WHO ‘Medicines without Harm’ global challenge



Opioids

Reducing inappropriate high dose Opiate prescriptions in non-cancer pain



PREVENT
INITIATION

Moderate
evidence
found



DE-ESCALATE

Minimal
evidence
found



FIND
CHRONIC USE

Significant
evidence
found



TREAT (TAPER
& SUPPORT)

Significant
evidence
found



SUSTAIN

Moderate
evidence
found

112 interventions found nationally in 'real world' search

ICS approach to reduce prescribing

Opioid dashboard using EPACT2 data with NHS Business Service Authority (BSA) to support

PINCER

*Programme ended in 2020.

Analysis of follow-up data from all 1,060 practices

At-risk patients identified in at least one prescribing safety indicator

92,762

79,375

13,387
patients
(-14.4%)

baseline
data

follow up
data

At-risk patients identified in indicators associated with GI bleed

40,720

30,161

10,559
patients
(-25.9%)

baseline
data

follow up
data

Greatest
reduction

Pharmacy led evidence-based quality improvement intervention

In West of England, since 2018 pharmacy colleagues have helped create

- **1800** patients no longer at risk of medication error
- A population percentage reduction in 'at risk' patients between **0.93 – 1.34%**.

Working with Pharmacists in the WoE, Action learning sets were provided to understand the intervention and quality improvement approaches.

Transfer of Care around Medicines (TCAM) - Now Discharge Medicines Service (DMS)

DMS regional progress

February 2021 - January 2022



£8,073,697
total costs avoided

£3,726,444
Total Trust
costs avoided



£4,396,853
Total CCG
costs avoided

2018 / 2020 – TCAM was AHSN National commission aiming to support implementation of PharmOutcomes in to acute trusts.

2021 – DMS service launched

2021 – All 5 regional trusts live with own licence – can refer to any pharmacy in England

Currently supporting AWP to implement same system – reducing inequality of service for mental health patients.

Medicines Compliance Aids (MCAs)

'limited evidence to suggest they improve compliance, safety, satisfaction, or convenience taking medication'
(BMJ, 2018).

Often seen/recommended by others as a 'go-to' reasonable adjustment before a Pharmacist has carried out an Equality Act Assessment.

Promotion of a culture change around MCA's and raise awareness of other reasonable adjustments is central to project.

What we're doing:

- Standardised Medicines Equality Act assessment
- Education campaign to support Equality Act Assessments & structured medication reviews for reasonable adjustments



Rapid Uptake Products (RUPs)

- **NICE-approved** products (not just medications)
- With **lower-than-expected uptake** to date
- Supporting NHS Long Term Plan's key clinical priorities
- Reducing health inequalities by consistent, national approach
- Part of Accelerated Access Collaborative (AAC) - umbrella organisation for UK health innovation

Current RUPs:

- **Lipid Management** (High Intensity Statin, Ezetimibe, Inclisiran, PCSK9 inhibitors)
- **FeNO testing in asthma**
- **Biologics for severe asthma**

Lipid Management educational webinars:

Cholesterol and Lipid Disorders – Key

Messages in Diagnosis and Management

19th January 2022

13:00-14:30

Inclisiran in Primary Care

26th January 2022

12:30-13:30

9th February 2022

13:00-14:00

10th March 2022

13:00-14:00



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Science Network

Which of the Medicines Safety Incentive Schemes (contractual frameworks) are you aware of?

ZOOM POLL carried out on-screen

Contractual opportunities to reward achievement in the safety of care:

Contractual Frameworks:

- Produced by NHSE&I
- Link financial reward to quality and safety of care
- Provide opportunity to coordinate patient **safety improvement across systems**
- Expected to align with Medicines Safety Improvement Programme (part of the National Patient Safety Strategy) in 2022/23

Potential high priority areas:

- Opioids in Chronic Pain
 - Anticoagulation safety
- "Gastrotoxic" polypharmacy
 - Transfer of Care

General Practice Quality and Outcomes Framework (QOF)	Quality improvement (QI) modules and framework metrics
Primary Care Networks Directed Enhanced Service (PCN DES)	Investment and Impact Fund (IIF)
Community Pharmacy Contract	Pharmacy Quality Scheme (PQS)
NHS Standard Contract	Commissioning for Quality & Innovation (CQUIN)



What is your initial first thought when someone mentions QI? Slido poll



Quality Improvement:

Setting the Scene:

Paul Gimson



West of England Regional Pharmacy Showcase

Paul Gimson

Assistant Director Improvement Culture, Capability and Delivery

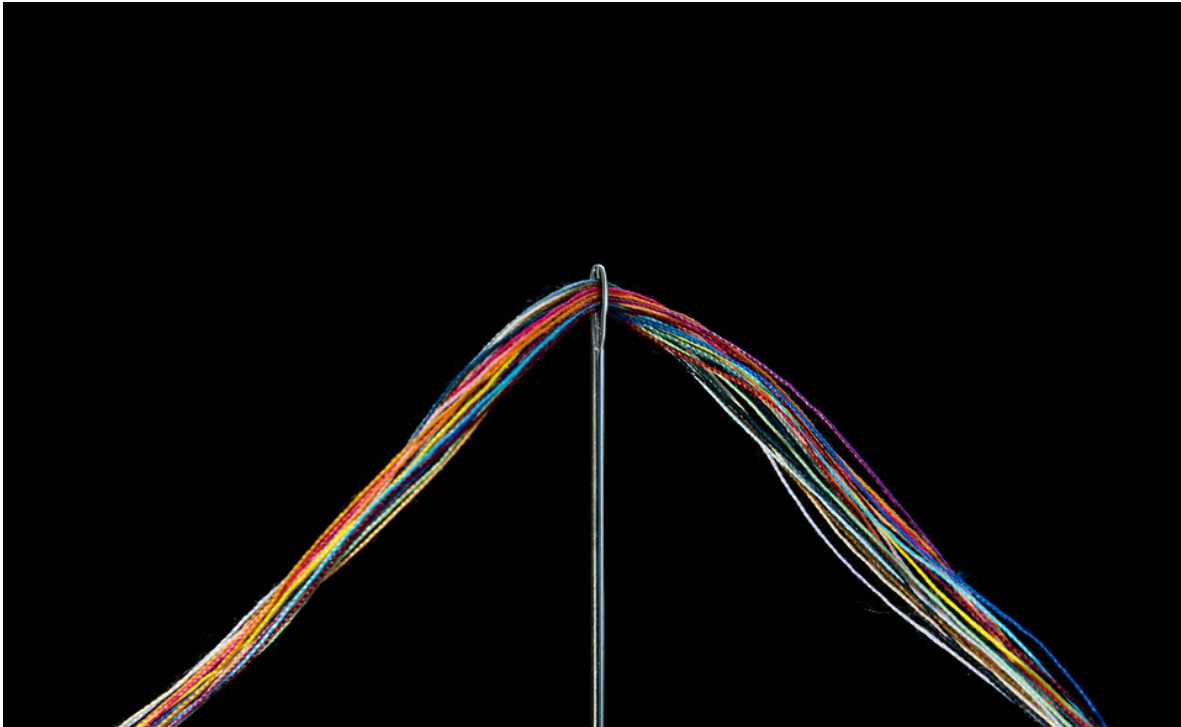
iCTM – Cwm Taf Morgannwg University Health Board

Biog

- Community Pharmacist
- Primary Care Pharmacist
- Head of Medicines Management
- Community Pharmacy Wales
- Royal Pharmaceutical Society
- 1000 Lives / Improvement Cymru
- Welsh Government
- Cwm Taf Morgannwg LHB



The Common Thread...



- Compliance and concordance
- Medicines Safety
- Evidence Based Practice
- Shared Decision Making

The untapped potential of the
pharmacy profession...

So why Quality Improvement?







Lemon Juice

In 1601, James Lancaster successfully conducted an experiment to illustrate the effectiveness of lemon juice to prevent scurvy. When did the British Navy adopt this treatment?

1. 1602
2. 1689
3. 1757
4. 1796

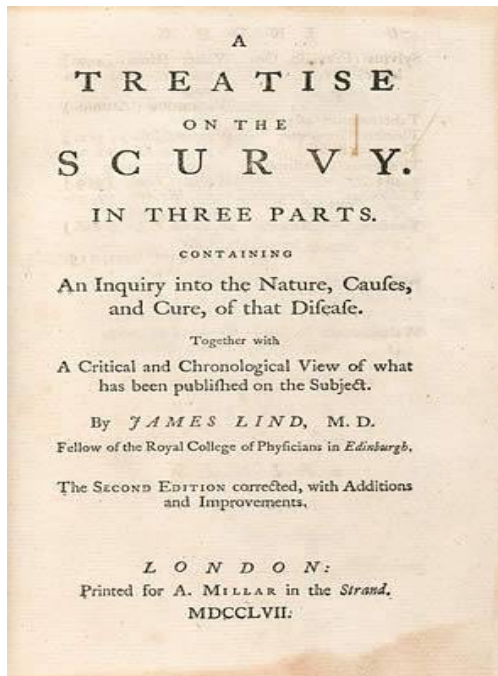


Lemon Juice

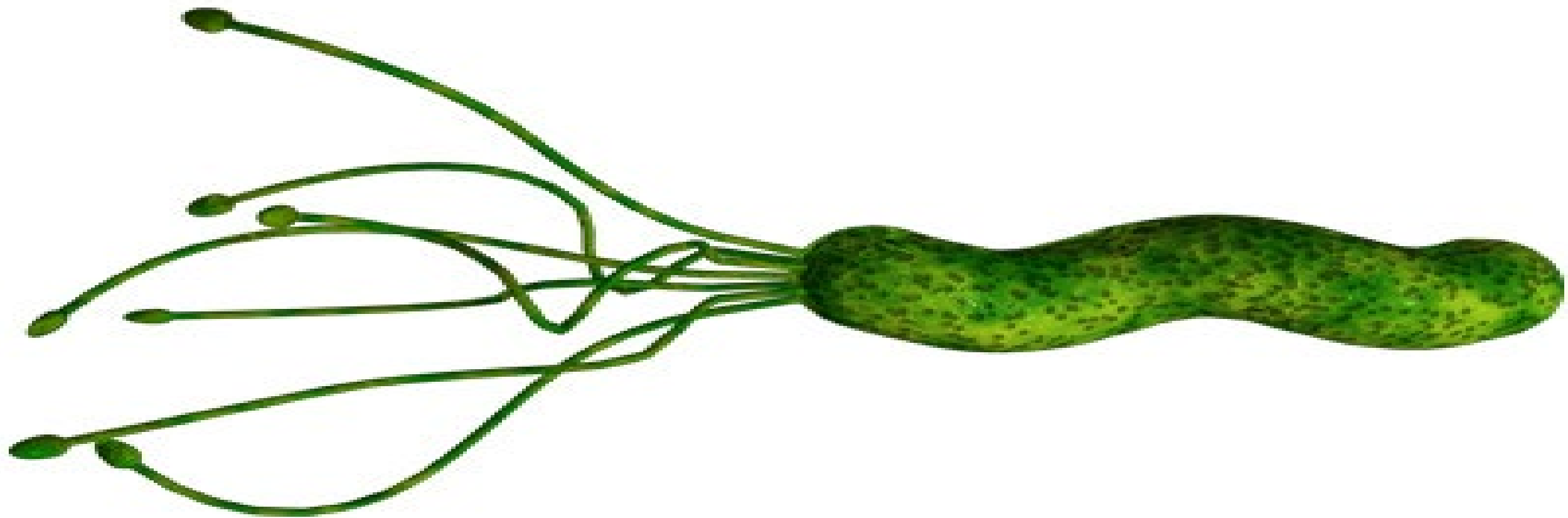
In 1601, James Lancaster successfully conducted an experiment to illustrate the effectiveness of lemon juice to prevent scurvy. When did the British Navy adopt this treatment?

1. 1602
2. 1689
3. 1757
4. 1796 (195 years later)

Treatment of Scurvy



- Stephen J. Bown - Scurvy: How a Surgeon, a Mariner, and a Gentleman Solved the Greatest Medical Mystery of the Age of Sail; St. Martin's Press, 2004
- In 1601 lemon juice, as a protective against scurvy, is recorded by James Lancaster.
- In 1612, Woodall recommended citrus fruit for protection against scurvy on sea voyages.
- In 1753 James Lind published A Treatise on the Scurvy which portrays his experiment on-board the ship Salisbury in 1747.
- From 1772 to 1775 sailors on historic voyages with Captain James Cook remained free from scurvy.
- In 1796 lemon juice was officially introduced in the British Navy as a prophylactic against scurvy.
- In 1865 British Board of Trade adopted the policy for the merchant marine.





Bacteria

How long did the NIH take to recommend the treatment of ulcer as suggested by Marshall in his 1984 Lancet Article?

1. 2 years
2. 5 years
3. 10 years
4. 20 years



Bacteria

How long did the NIH take to recommend the treatment of ulcer as suggested by Marshall in his 1984 Lancet Article?

1. 2 years
2. 5 years
- 3. 10 years**
4. 20 years

Treatment of Ulcer – Marshall

The Lancet · Saturday 16 June 1984

**UNIDENTIFIED CURVED BACILLI IN THE
STOMACH OF PATIENTS WITH GASTRITIS
AND PEPTIC ULCERATION***

BARRY J. MARSHALL

J. ROBIN WARREN

*Departments of Gastroenterology and Pathology,
Royal Perth Hospital, Perth, Western Australia*

Summary Biopsy specimens were taken from intact areas of antral mucosa in 100 consecutive consenting patients presenting for gastroscopy. Spiral or curved bacilli were demonstrated in specimens from 58 patients. Bacilli cultured from 11 of these biopsies were gram-negative, flagellate, and microaerophilic and appeared to be a new species related to the genus *Campylobacter*. The bacteria were present in almost all patients with active chronic gastritis, duodenal ulcer, or gastric ulcer and thus may be an important factor in the aetiology of these diseases.

- **1979:** Dr. Robin Warren, pathologist at Royal Perth Hospital, Australia found bacteria in stomach of patients
- **1981:** Dr. Barry Marshall starts residency
- **1982:** Marshall cultivates bacteria: *Helicobacter pylori*, 100% in Duodenal Ulcer and 77% in Gastric Ulcer
- **1984:** first publication in Lancet; presents treatment of ulcer with common antibiotic
- **1994:** National Institute of Health recommends treatment of ulcer as suggested by Dr. Marshall



QI

In an article in the Journal of Quality Improvement, 92 QI projects were compared. What was the timeframe from problem Identification to completion of first pilot?

- 23 days
- 60 days
- 397 days
- 504 days



QI

In an article in the Journal of Quality Improvement, 92 QI projects were compared. What was the timeframe from problem Identification to completion of first pilot?

1. 23 days
2. 60 days
3. 397 days
- 4. 504 days**

Journal of Quality Improvement



- Alemi F, Safaie F, Neuhauser D. “A Survey of 92 Quality Improvement Projects.” *Journal of Quality Improvement* 2001, 27(11): 619-632
- 504 days from problem identification to completion of first pilot
- 397 days from first team meeting to the end of first cycle
- 75 days to describe current situation in flowchart
- 62 days for data collection if change was improvement

Begs the question....

How can we accelerate change
& improvements in healthcare
– and how do we use the
evidence to inform us?

Improvement Science...

“Improvement science is about finding out how to improve and make changes in the most effective way. It is about systematically examining the methods and factors that best work to facilitate quality improvement.”

(The Health Foundation, 2011)

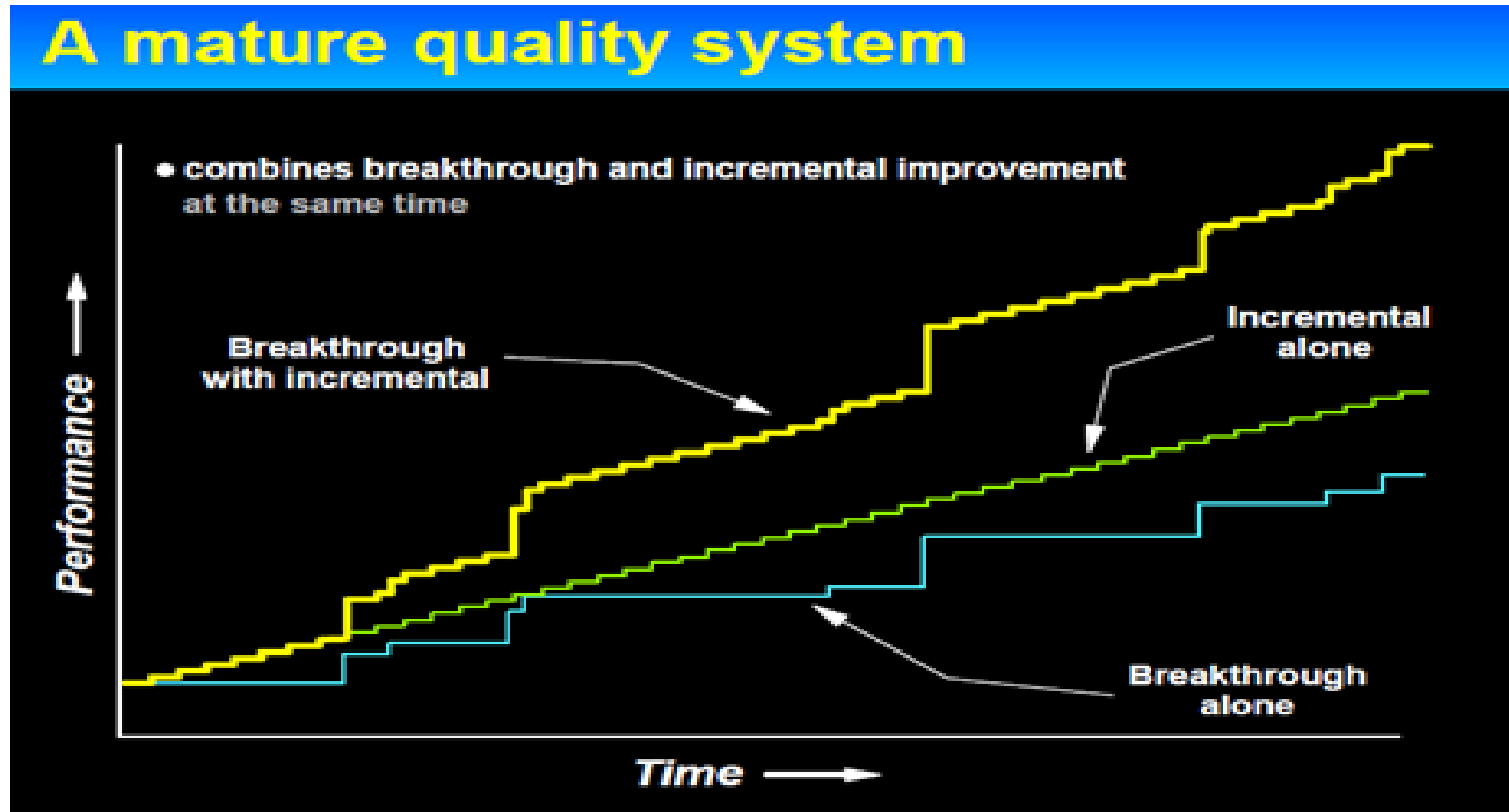
What can you improve...?



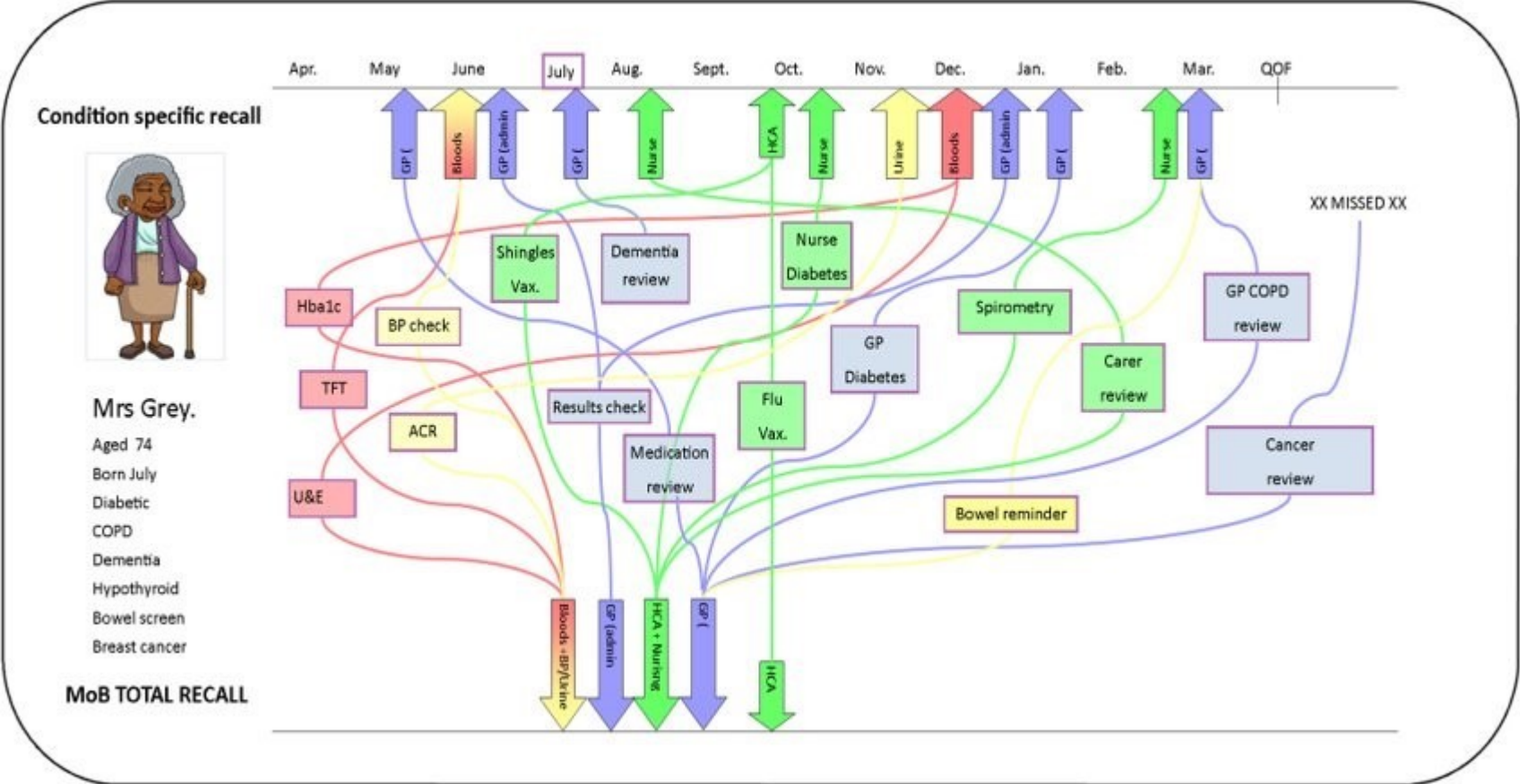


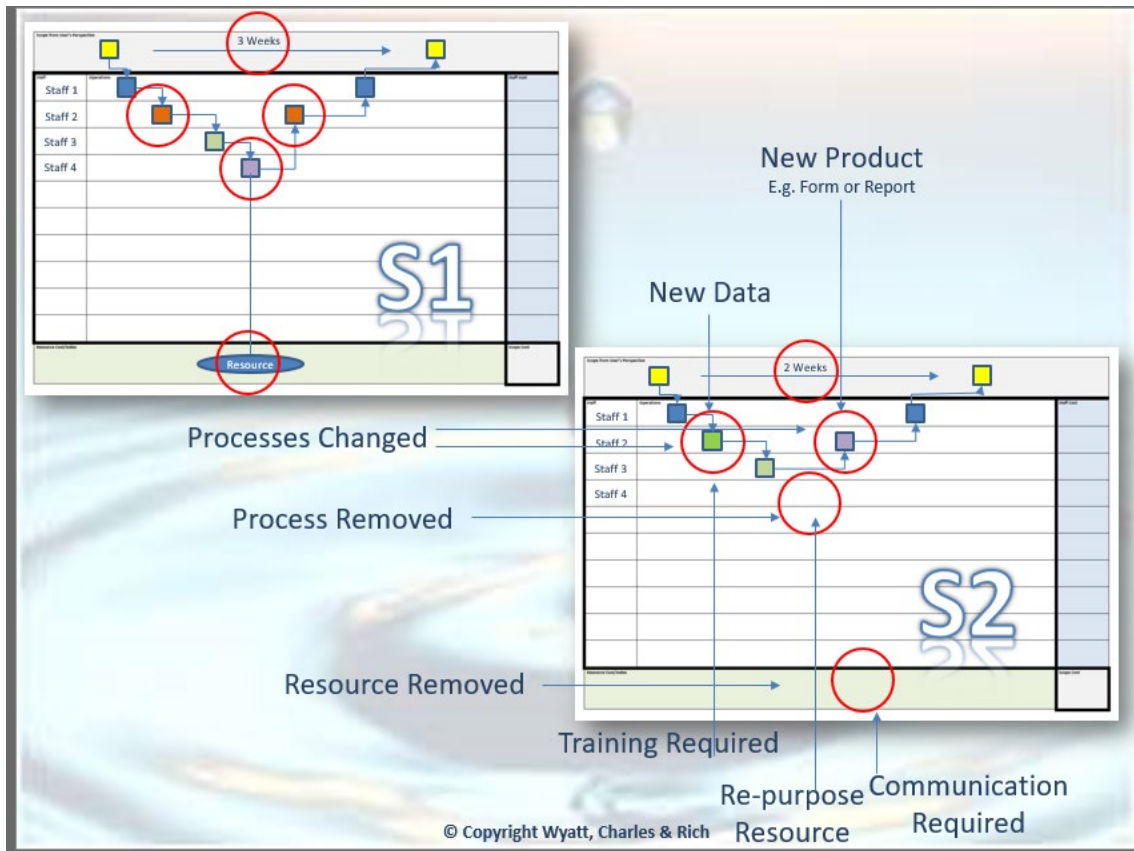
<https://youtu.be/ysa5OBhXz-Q>

What could YOU improve?



Mapping the Flow





1. Title & Team	
2. Scope	
3. Current Swim Lane	6. Future Swim Lane
4. Analysis	Planning
5. Goals	8. Measures

The A3

© Copyright Wyatt, Charles & Rich

- Bespoke workshop designed, organised and promoted through primary care across Wales
- 6 workshops held across Wales (include a bespoke workshop for 'managed GP practices') with over 100 attendees
- 6 bespoke workshops at individual practices
- Approximately 35 practices supported
- Average workshop evaluation score – 4.2 (out of 5)
- Our journey described in a number of blogs for the Q Network and through the twitter hashtags #opportunitycosting & #repeatprescribing #qexchange

<https://q.health.org.uk/blog-post/repeat-prescribing-through-co-design-a-q-exchange-project-update/>

<https://q.health.org.uk/blog-post/repeat-prescribing-through-co-design-update-2/>





Delegates were asked 'What is the first change you plan to make?'

“Redevelop the role of the pharmacy technician”

“Promote the use of ‘My Health Online’ (online prescription ordering)”

“Alter timings of prescription deliveries from the pharmacy”

“Train administration staff and develop a protocol to allow decisions regarding patients that need medicines review and bloods”

“Train administration staff to deal with simple prescription queries in order to release pharmacist's time for medication reviews”

“Give prescribing clerk more responsibility to free up receptionist and phone lines”

“Discuss plan for potential savings with other GP partners”

“Start the process of medication review at 11 out of 12 issues rather than 12/12”

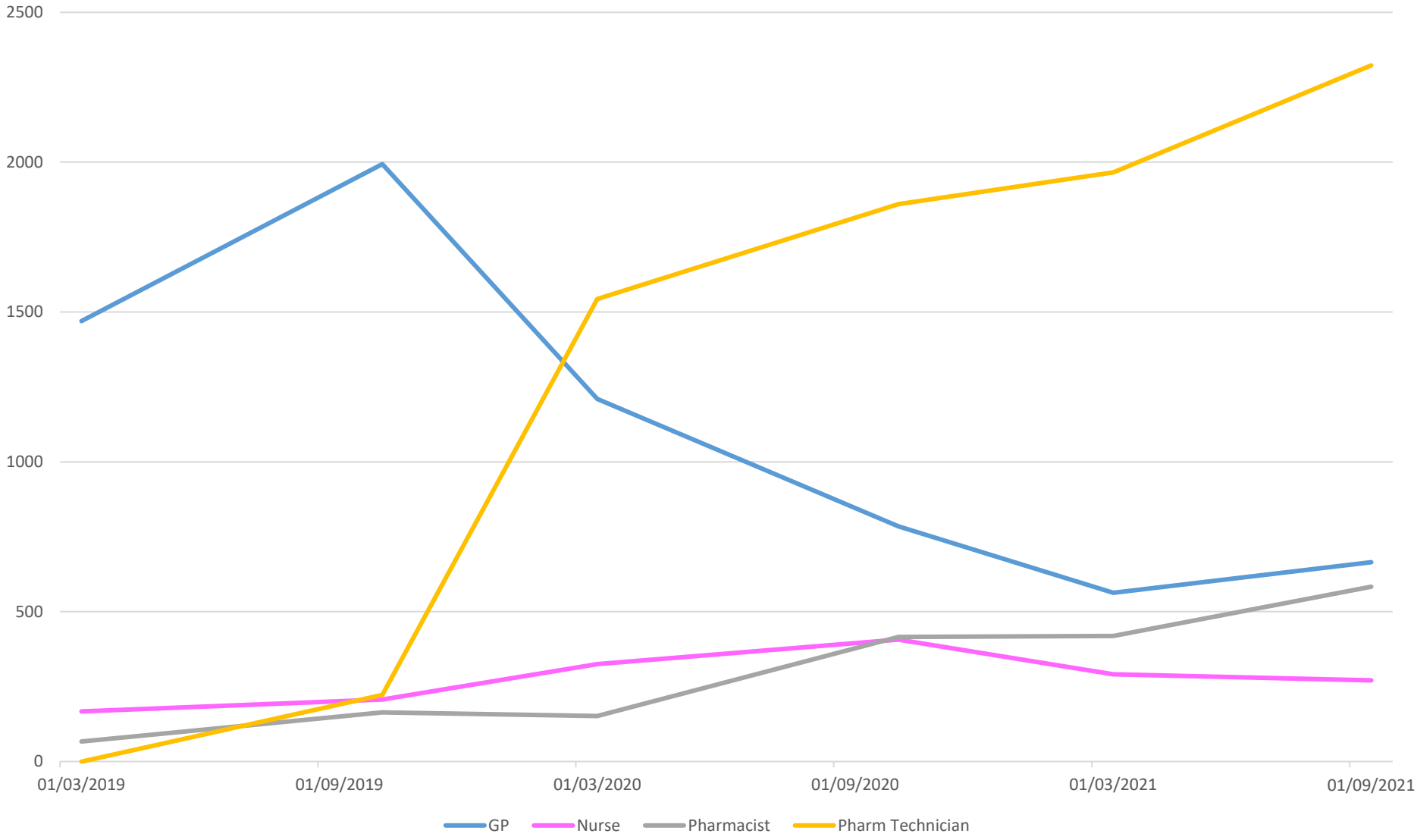
“Set up clinical recalls for birth months and recalls for 10 months”

“Use the swim lane map in team meetings to map current processes”

“Identify patients who are on repeat prescribing systems but not on chronic disease registers”



Number of Medication Reviews in Previous 6 months, by professional



What can you improve...?



Where to start...



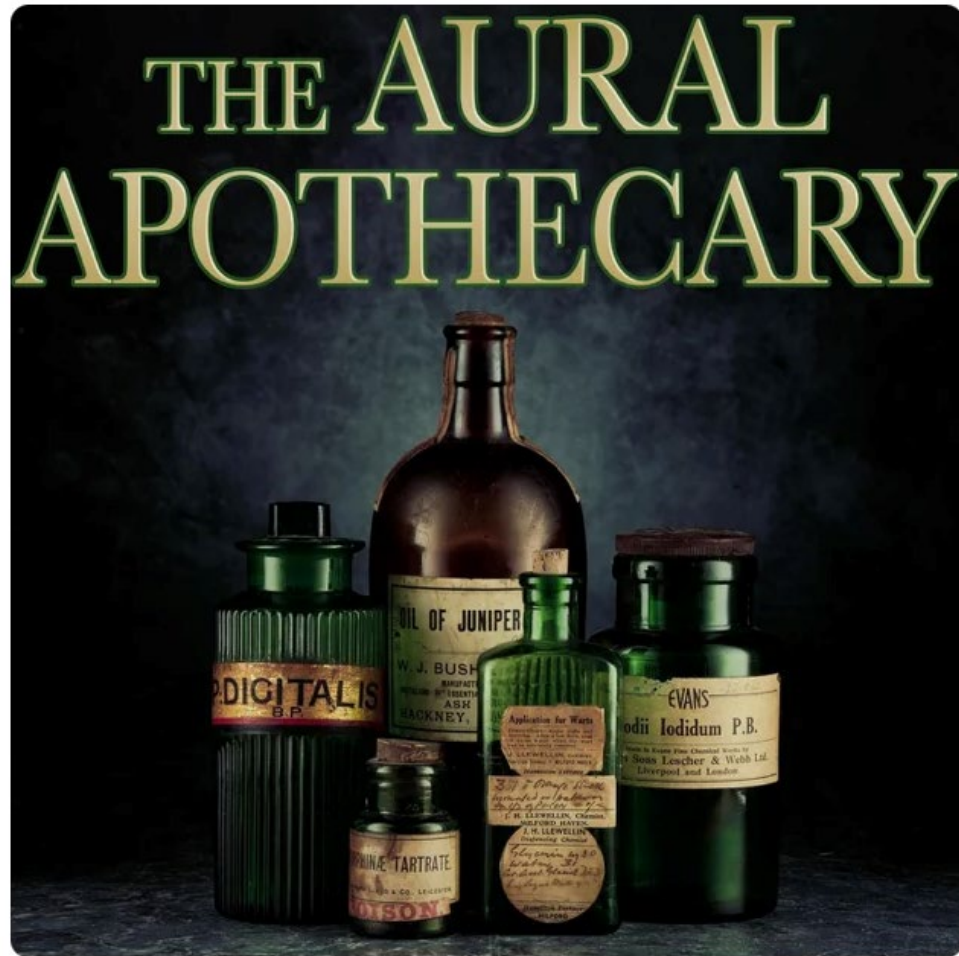
Department
of Health &
Social Care

Good for you, good for us, good for everybody

A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions

Published 22 September 2021

And finally - A podcast for you...



The Aural Apothecary Podcast. A lighthearted take on the world of medicines, pharmacy and healthcare in the UK from Jamie, Gimmo and Steve the Chemist.

19 MAR 2021

Episode 6 - Prof Mark Taubert, end of life care and a letter to David Bo... ▶

Mark is an NHS palliative care consultant and honorary professor at Cardiff University School of Medicine. He founded TalkCPR.wales and has a national lead role to improve public understanding on topics relevant to care in the last years of life and at the extreme ends of medicine. He has given

▶ **PLAY** 40 min

QI for Pharmacists, Pharmacy Technicians and their teams



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Are you too busy to improve?

No thanks!

We are too busy



Håkan Forss @hakanforss <http://hakanforss.wordpress.com>

This illustration is inspired by and in part derived from the work by Scott Simmerman, "The Square Wheels Guy" <http://www.performancemanagementcompany.com/>

The Quality Improvement Journey

Develop a shared purpose and work together



Discover
and understand
the problem

Get creative
Design and test

Implement and spread

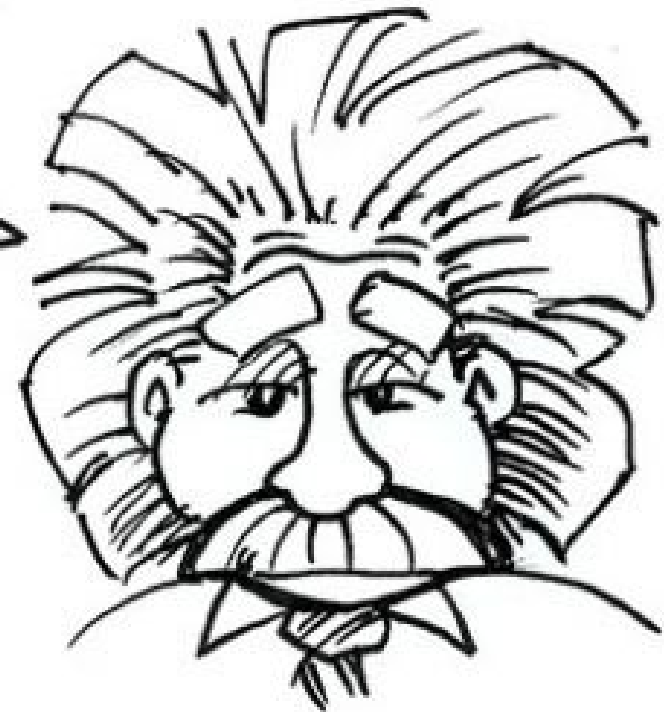
Measure,
evaluate, learn
and re-test



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GIVEN ONE HOUR TO SAVE
THE WORLD, I WOULD SPEND
55 MINUTES DEFINING THE
PROBLEM, AND **5 MINUTES**
FINDING THE SOLUTION.





Which method of waking up would make daddy the grouchiest?

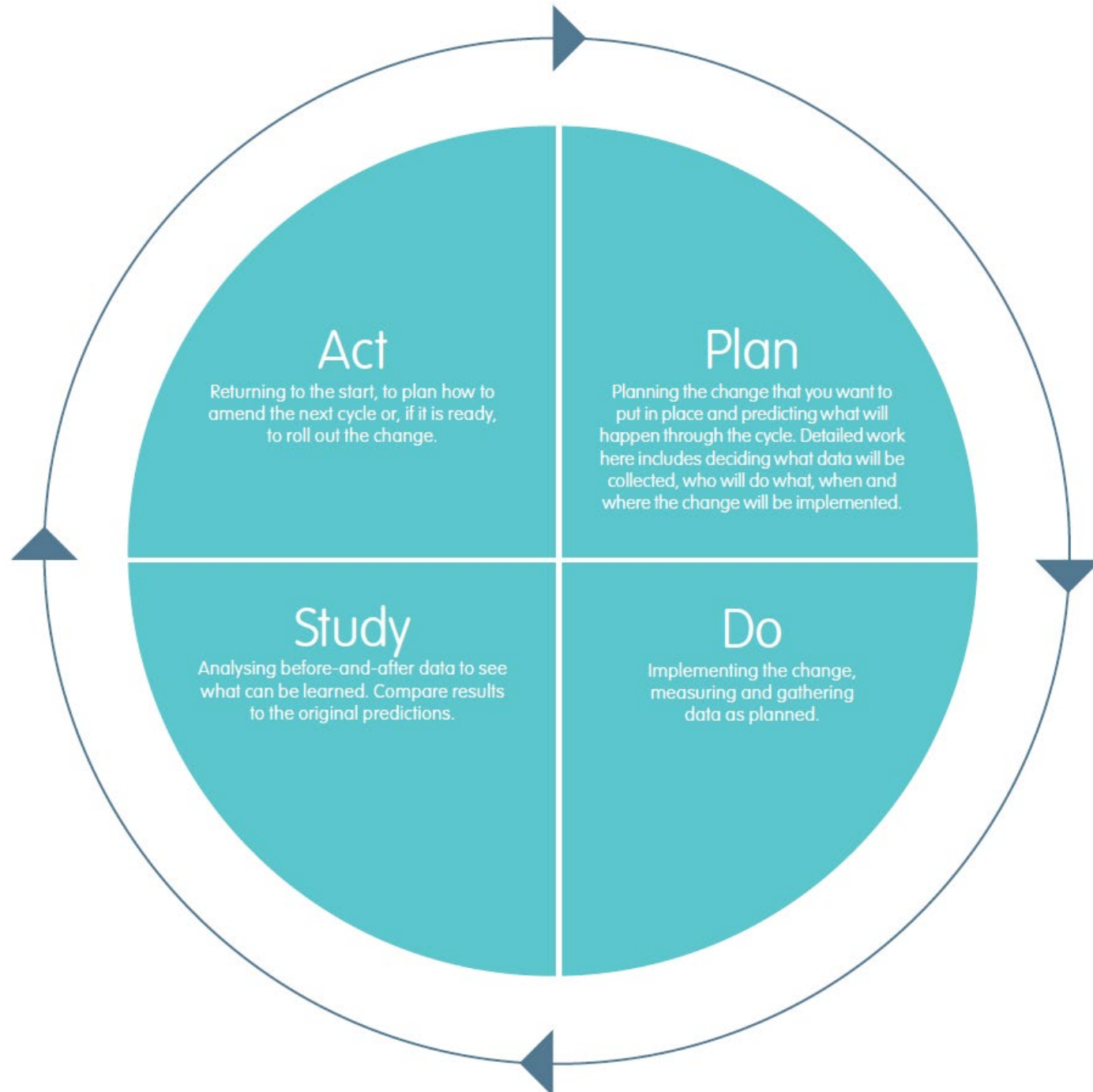
method	Date	how grouch?	Date	how grouch?	Date	how grouch?
Poke						
Pinch						
tickle						
Bring tea						
Shake						
snuggle						
sing a silly song						
ice PacK						

Grouch meter.

1 2 3 4 5



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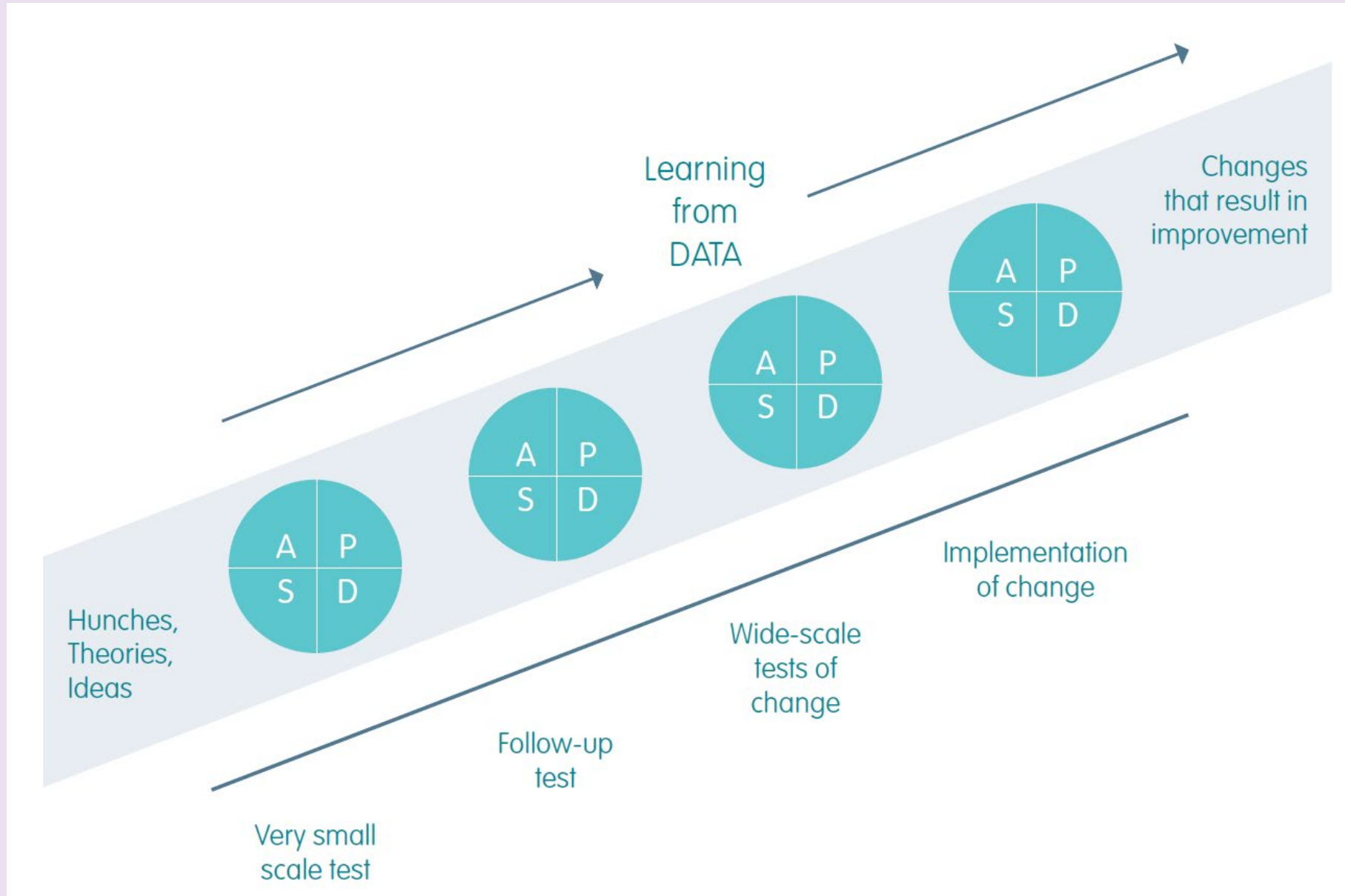




SMALL STEPS LEAD TO HUGE CHANGE.



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Science Network





How do you do it?



Join us for our **accredited interactive workshop series** dedicated to **Quality Improvement** for **pharmacists** and **pharmacy technicians**.

By attending, you will be able to:

- Extend and acquire new skills to improve work quality leading to better outcomes for your teams, patients and organisation
- Gain access to high quality teaching and resources
- Understand how to plan, implement, measure and evaluate an improvement
- Potentially contribute to a growing evidence base to promote the pharmacy profession and join a network of support
- Gain CPD points
- Learn how to share your work with others effectively



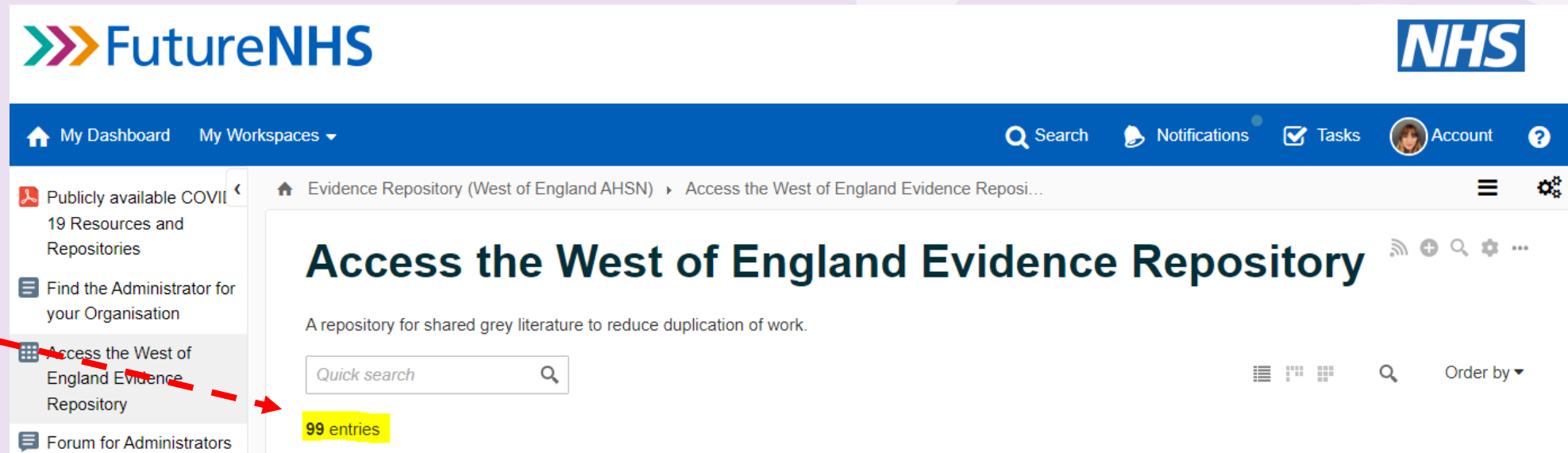
Evidence Repository

Would you like to:

- Review project reports and grey evidence
- Get inspiration for your own QI project
- Upload your own work for others to use / learn from
- Connect with people carrying out QI projects

See the [West of England AHSN – Evidence Repository](#)

Can you help increase this evidence base for Pharmacist and pharmacy colleagues?



The screenshot shows the FutureNHS Evidence Repository interface. At the top, there is a navigation bar with the FutureNHS logo on the left and the NHS logo on the right. Below the navigation bar, there are several menu items: "My Dashboard", "My Workspaces", "Search", "Notifications", "Tasks", and "Account". The main content area is titled "Access the West of England Evidence Repository" and includes a sub-header "A repository for shared grey literature to reduce duplication of work." Below this, there is a "Quick search" input field and a "99 entries" indicator. A red dashed box highlights the "Access the West of England Evidence Repository" menu item, with a red arrow pointing to the "99 entries" indicator.

Connect with us



www.weahsn.net

Twitter: @WEAHSN

LinkedIn: [West of England AHSN](#)

weahsn.transformation@nhs.net