

EAHSN Call for Collaboration

Challenge 2 - Transmission, Transcription & Supply

This call for collaboration seeks proposals from Pharmaceutical Industry organisations to deliver a joint working project for and between the NHS and the wider Pharmaceutical Industry, with a specific focus on delivering tangible improvements around improving medicines adherence and reducing waste.¹

Introduction

In recent national guidance, much emphasis has been placed on the role that the pharmaceutical industry can play to support the NHS to improve patient care. At a time when both health and wealth are key priorities, there are a number of opportunities to deliver real outcomes through partnership between the NHS and pharmaceutical industry.

This portfolio of projects is an Eastern Academic Health Science Network (EAHSN) initiative, as part of its commitment to deliver a health and wealth dividend in its area. As part of this commitment, the EAHSN is seeking to kick start a major campaign of joint working projects to improve medicines adherence and waste. This project has received active support and input from the ABPI and representatives from industry.

As part of phase one (planning) Rachel Webb, from Pfizer UK, has been seconded to develop a framework of key themes related to medicines adherence and waste. This work has resulted in the presentation of six specific challenges to take forward. It is hoped that these challenges will provide a platform to enable the generation of a number of collaborative projects in response.

Transmission, Transcription & Supply of Medicines: the vision

In line with the national Medicines Optimisation agenda outlined by the Royal Pharmaceutical Society, the key aim is to enable, and work with, patients and carers to get the best from prescribed medicines, by ensuring they gain an informed understanding of both their condition and their treatment. This challenge specifically relates to improvements around the transmission, transcription or supply of medicines either in response to technological changes (e.g. e-prescribing) or vulnerable / higher-need patients (e.g. within a care or nursing home setting).

Challenge outcomes

This challenge relates to improving the process of medicines' supply which is rapidly changing due to technology innovations (e.g. e-prescribing) and patients' increasing needs (e.g. receiving carer support and less mobile). The challenge 2 projects are to be patient-centred and will focus on one or more of the following areas:

Focused support on high risk patients receiving carer support:

- ▶ **Pharmaceutical support to care homes which may include improving:**
 - » **Stock control/ordering;**
 - » **Consideration of the use of bulk prescribing;**
 - » **Exploring the use of medicines taking with and without monitored dosage systems;**

- » **Centralising pharmaceutical care and supply (i.e. one pharmacy for acute and repeats);**
- » **Ensuring all medicines requests are checked before ordering at pharmacy;**
- » **Regular pharmaceutical visits for supply and medicines review;**
- » **Further engagement with social care (pharmaceutical time part of contract);**
- » **Managing transfer of care – home to hospital and home;**
- » **In accordance with NICE guidance on managing medicines in care homes.**
- ▶ **Pharmaceutical Care to Extra Care Housing and / or 'Housing with Care':**
- » **Agree package of care for ordering, storage, destruction of medicines;**
- » **Accurate and appropriate use of MAR charts;**
- » **Regular and targeted new medicines reviews and medicines use reviews;**
- » **Managing transfer of care – home to hospital and home and also to respite care;**
- » **Exploring the use of medicines taking with and without monitored dosage systems.**

Call for collaboration timescales

- ▶ Responses to this call for collaboration should be made by the end of August 2014.
- ▶ Based on responses we will hold an ideas generation event in mid- September, to bring industry leads together with NHS leads and further scope potential projects.
- ▶ We then anticipate a project set-up and initiation period of around 8 – 12 weeks, in line with the Seven Steps.
- ▶ Project delivery would take place throughout 2015.

The EAHSN's role will be to monitor during delivery, and then collate and disseminate throughout delivery and beyond.

Advantages for the Pharmaceutical Industry

Within the Pharmaceutical Industry achieving better outcomes with the use of medicines by patients prescribed by clinicians and appropriately commissioned is a high priority. By delivering projects that improve medicines adherence, reduce waste, and therefore improve patient outcomes companies are able to further demonstrate the benefits of their products.

Each resulting project will differ in outcomes and individual benefits achieved, however the reduction of waste and indirect outcomes (e.g. reduced secondary care admissions) could create efficiencies within the system to invest in new innovative treatments.

Furthermore, the improved perception that could result from a more multifaceted approach to improving patient outcomes, through association, would offer benefits (i.e. communication, understanding, trust) for the individual companies, and also the wider industry in general.

A major advantage of the approach, supported by the EAHSN, is that it provides a transparent and robust framework for companies to engage with, and commit to, providing better assurance that specific outcomes will result from companies committing resources.

Key Relationships

The work is being overseen and facilitated by EAHSN and the PrescQIPP NHS Programme, as well as the ABPI, to support joined up working and to increase the probability of success. Within the EAHSN team, the Strategic Leadership of this work will be held by Carol Roberts, Director for Strategic Prescribing, to ensure that the work remains in line with the wider EAHSN strategic objectives. Carol Roberts' and the EAHSN's role is to support the generation and development of collaborative projects. This will be actively supported by the PrescQIPP NHS Programme who will work closely with key stakeholders to ensure that wherever possible,

and viable, ideas can progress to the delivery stage. The EAHSN will be heavily involved in facilitation, coordination and mentoring.

The EAHSN is working closely with key representatives from across its area, and will bring together stakeholders from CCGs, trusts, LPCs, LPNs and the EAHSN's clinical study groups (CSGs) to help establish inclusive projects. These groups will be the local leads for the projects and key relationships for individuals from these organisations will be mapped as early ideas become joint working projects.

Expectations for pharmaceutical industry partners

This call for collaboration is one of six outlined as part of the Medicines Adherence and Waste initiative. Although we have separated these projects out into thematic challenges, there may be crossovers, and possible links, with other projects. As the call's objective is to create a positive and collaborative environment to kick start joint working projects, we welcome suggestions and ideas relating to current / existing proposals, however we strongly recommend that the projects adhere to the following:

- ▶ the requirement to work within project timescales and provide regular status reports, escalating any risks or issues appropriately.
- ▶ an understanding that the project is focused on delivery against the medicines adherence and waste challenges.
- ▶ idea generation will be an open platform for collaborative development so project leads should be comfortable with a degree of respectful challenge and peer review.
- ▶ idea generation will involve representatives from multiple companies and NHS organisations and open discussion will be expected
- ▶ some form of senior internal support is requested to enable expedient progress as the joint working projects are then developed.
- ▶ all project stakeholders understand their responsibilities within the project framework relating to joint agreements and timescales.

Next steps

If you would like to submit an expression of interest, please submit this to info@prescqipp.info by 29 August 2014. The response should be completed in conjunction with reference to the Medicines Waste and Adherence overview project report (available in early July at www.prescqipp.info/info/maw) to reference further opportunities to explore in each Challenge. Please contact info@prescqipp.info if you have any questions about formulating an expression of interest.

Notes

1 - Joint Working describes situations where, for the benefit of patients, NHS and industry organisations pool skills, experience and/or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery. Many such projects have been successfully implemented, benefiting patients across the UK. For more information see 'Joint Working: A Quick Start Reference Guide for NHS and Pharmaceutical Industry Partners' ABPI, available from www.abpi.org and the PrescQIPP Preparing for Joint Working Toolkit, available from www.prescqipp.info

2 - Whilst the main focus of this campaign is to generate joint working projects relating to medicines adherence and waste, it is recognised that there are other collaborative projects that may result from this work, which will be welcomed by the EAHSN and PrescQIPP.