The first SPSP Medicines national learning event attracted over 250 delegates. Reducing medicines harm across transitions and high risk medicines were key topics of discussion on the day, giving delegates an opportunity to think about the impact of a whole system approach, engaging all members of the multidisciplinary team and working with patients.

Chair Pedro Delgado (left) started the day by asking “What are the benefits of collaborating with others in the system?”

Leadership and culture – Collaboration:
SPSP and Area Drug and Therapeutic Committee leads discussed opportunities for further collaboration at board level to support the safer use of medicines. Key points identified were:
- Clear leadership and joined up working is crucial
- A need to align the collection and sharing of data for improvement
- Further opportunities for regional and national collaboration and integration
- To be ‘boundaryless’ through local leadership and integrated working across the whole system.

Leadership and culture – Systems thinking:
Delegates were challenged to think of the whole system from the perspective of those who use their services.

Leaders’ behaviour and leadership style impact on the delivery of services within the system.

Using a systems thinking approach can support the safer use of medicines in Scotland.

Reducing medicines harm across transitions:
Key messages included the importance of multidisciplinary team working and linking across transitions.

During the plenary and breakout sessions perspectives from members of the multidisciplinary team were shared in efforts to ensure medicines are reliably reconciled at transitions in the system.

Tests of change and data were shared from the ambulance service, acute care (medical and surgical) and primary care.
High risk medicines:

A number of local high risk medicines prescribing improvement projects were shared, including warfarin and anxiolytics, as well as high risk prescribing in primary care.

There was a lot of interest in warfarin resources being developed.

Novel approaches used within these projects include:

- Peer review to change prescribing behaviour
- Qualitative feedback from patients and staff
- Prescribing data to measure change
- An improvement framework which actively engages patients and staff
- Exploring the ‘why’, and
- Tailoring of care bundles based on care settings.

Engaging Patients:

Fran Benison (above) reminded delegates of the importance of making decisions with patients regarding their medicines.

Working with patients in improvement can range from informing, engaging, involving and collaborating to empowering.

Next steps:

Reducing medicines harm across transitions and high risk medicines remain national priorities.

Delegates were challenged to continue collaborating and sharing data across the whole system.

We need to ensure that patients / service users are involved in improvement activity.

Presentations are now available on the SPSP Medicines website (link below).

Contact us - E: spsp-medicines.hcis@nhs.net  W: www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/medicines

Twitter on the day:

355,080 Impressions
720 Tweets
107 Participants
1 Avg Tweets/Hour
7 Avg Tweets/Participant

#SPSPMeds2016