Improving medicines safety for vulnerable people at transfers of care - a breakthrough series collaborative

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Background

The GM AHSN Footprint

GM -AHSN

- *3.6 million people*
- *14 CCGs*
- *16 NHS Trusts*
- *4 Universities*

Our goal is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services.

Why transfers of care?

There are at least 26 million transfers of care in England each year[1].

Medicines errors[2]:

- 70% of transfers generate an error or unintentional change to medicines.
- 90% of older people admitted under medical care experience a change to their medicines.
- 60% of people have more than 3 medicines changed.
- 45% of medicines being taken at discharge are new.
- Each medicines change increases the risk of a post discharge ADR by 4.4%.

Cost implications[3]:

- Medicines errors cost the NHS £2.5 billion per annum.
- Wasted medicines cost the NHS £300 million each year.

People do not take their medicines properly[4]:

At 10 days post hospital discharge:

- 30% of people were already non-adherent with medicines (55% unintentionally).
- 66% had a problem with a least one of their medicines.
- 61% wanted more information about their medicines.
- Just 16% of people prescribed a new medicine are taking it as prescribed, are experiencing no problems and are receiving as much information as they need.

1. Gray, et al. Hospital Pharmacy Europe 2013: 17 Nov/Dec. 2. Royal Pharmaceutical Society. 2012 London. 3. McDowell, Barnett. HSJ; 9th February 2012. 4. Barber, et al. *Qual Saf Health Care* 2004; 13: 172-175.
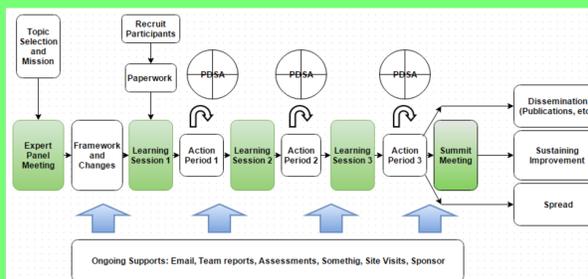
What we are doing:

Our driver diagram & measures

The vision: Greater Manchester will be the safest place in the world to take medicines. This means that everyone taking medicines will be free from harm caused by preventable medication errors.

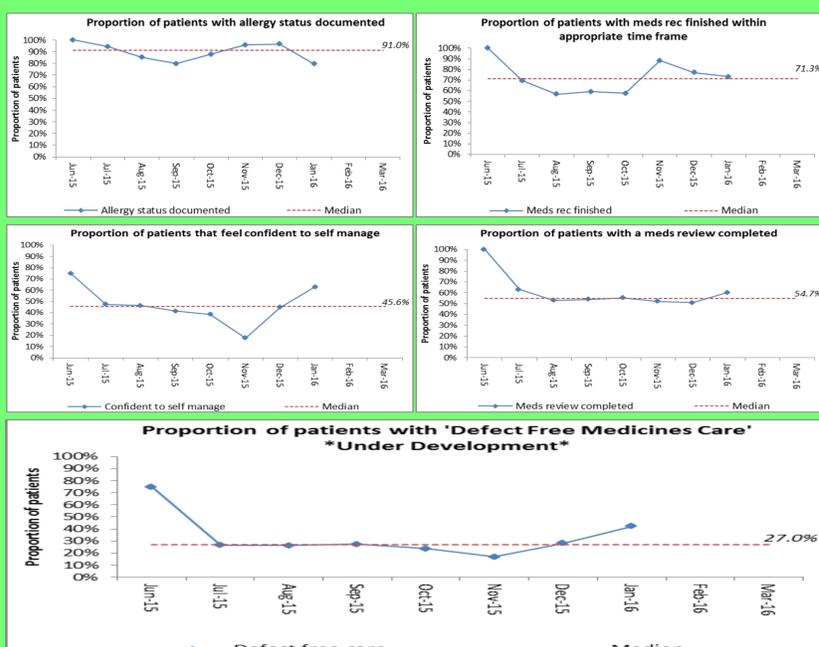## The BTS model (Institute for Healthcare Improvement)

A 10 month improvement programme focused upon transfers of care involving the frail elderly, people with COPD and Offenders.

The participants

8 Health Economy teams
Multidisciplinary membership
Patient and public engagement

What does the data show:

Proportion of patients with allergy status documented — 91.0%

Proportion of patients with meds rec finished within appropriate time frame — 71.3%

Proportion of patients that feel confident to self manage — 45.6%

Proportion of patients with a meds review completed — 54.7%

Proportion of patients with 'Defect Free Medicines Care' *Under Development* — 27.0%

Learning & Challenges:

Introduction of technician services and electronic prescribing to intermediate care.
Reliable communication between hospital and community pharmacists
Hospital pharmacists using web access to update primary care medicines records directly.

Data collection has been a major challenge to the programme. External inspections and information governance issues had a significant impact on this.
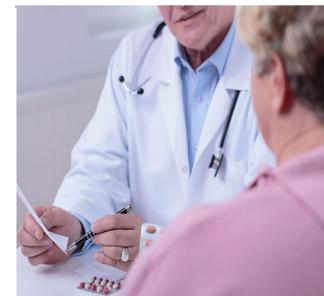
Despite the time commitment the teams particularly valued the learning sessions and site visits. Shared learning opportunities were well received.

If you would like to find out more about this work please contact: **steve.gillibrand@nhs.net**