

REPORT ON WEBEX SERIES: REDUCING MEDICINES HARM ACROSS TRANSITIONS (Nov 2015 - Feb 2017)

Purpose of series

The key priority for the WebEx series was to seek representation from all four key SPSP programmes (acute care, primary care, mental health and maternity & children) that are testing and implementing medicines reconciliation. The aim of each WebEx was to support learning and sharing between NHS boards regarding medicines reconciliation as a whole system.

Pilot phase

Before the series of monthly WebEx was launched, two test WebEx were completed – in November 2015, with presentations from NHS Dumfries and Galloway and NHS Highland and in December 2015, with presentations from NHS Lothian and NHS Tayside. Lessons learned from both WebEx were applied to the structure of future WebEx and the briefings provided to presenting boards at least a month before their WebEx were also updated. WebEx going forward were structured for one NHS board to present at each one.

WebEx series

The series ran monthly WebEx from March 2016 to February 2017. By including the two test series, all NHS boards presented except NHS Western Isles. It should be noted, however, that attendees from NHS Western Isles were extremely supportive of the series.

The WebEx were open to all NHS boards in Scotland, for the purpose of learning and sharing between boards regarding medicines reconciliation as a whole system. Each month participants heard from different teams, who shared successes, challenges and plans for the future. Participants also had the opportunity to reflect on their local experiences and contribute to the general discussion and question time after the presentations.

The SPSP Medicines team promoted each WebEx via twitter, the SPSP website and emails to key contacts. The following groups were invited to attend by emails issued to SPSP programme managers each month.

- Front line staff working across community and acute care (e.g. staff from general practice, community pharmacy, community nursing, mental health, maternity and children, acute care and SAS).
- Improvement Advisors and Fellows.
- SPSP Programme Managers.
- Representatives from Area Drug and Therapeutics Committees.
- Medical, nursing and pharmacy leads.
- Patients and Public partners.

The number of attendees varied from month to month but over the series representatives from all NHS boards attended and the four key SPSP programmes were represented. Details of each WebEx in the series are shown in the following table.

WebEx Schedule for 2016/2017				
Date	Time	NHS Board Presenting	Number of attendees*	Accessed recordings
15 th March 2016	3pm – 4pm	NHS Greater Glasgow & Clyde	N/A	N/A
19 th April 2016	10am – 11am	NHS Ayrshire and Arran	34	N/A
19 th May 2016	3pm – 4pm	NHS Fife	39	N/A
16 th June 2016	3pm – 4pm	NHS Grampian	20	19
21 st July 2016	3pm – 4pm	NHS Forth Valley	24	4
18 th August 2016	3pm – 4pm	NHS Borders	15	9
15 th September 2016	3pm – 4pm	NHS Lanarkshire	19	13
20 th October 2016	3pm – 4pm	NHS Island Boards	19	5
17 th November 2016	3pm – 4pm	NHS Highland	17	3
15 th December 2016	3pm – 4pm	NHS Lothian	23	9
19 th January 2017	3pm – 4pm	NHS Dumfries and Galloway	10	11
16 th February 2017	3pm – 4pm	NHS Tayside	21	10

**the number of attendees is a count of the number of 'connections' for each WebEx. Each 'connection' may have more than one participant. For example, some boards recruited teams to participate, and used one connection for the team to join the WebEx. Therefore the total number of participants on each WebEx is higher than the number of connections.*

In addition, each presenting NHS board was asked to provide three key learning points from their presentation and three areas of medicines reconciliation improvement work where they would welcome advice and support from other boards. The key learning points were collated into a rolling summary, published on the SPSP Medicines webpages and updated each month. WebEx were recorded from June 2016 onwards and links to the recordings and the presentations were uploaded to the webpages within 2 to 3 days of each WebEx. A list of the key learning points and requests for support for the series are noted as appendices 1 and 2 respectively. It can be seen from the appendices the breadth of topics and examples covered by the series.

Due to the popularity of the monthly WebEx series in May, they were changed to hosted events in June 2016 to enable an unlimited number of participants to join the WebEx and provide reliable good quality recordings.

Next steps

Although attendees have provided positive feedback on the WebEx series and there has been a request from NHS boards to continue with a monthly series, it is recognised the next series should provide a greater variety of topics and will be extended to include omitted medicines, high risk medicines and examples from outside Scotland.

Janet J G Heritage,
4 April 2017.

Appendix 1: Key points boards happy to share

Topics	Board	WebEx
<ul style="list-style-type: none"> • The Safer Clinical Systems initiative focusing on medicines reconciliation and medication reviews on an orthopaedic ward and testing of an e-medication reconciliation computer application. • Process mapping and process flow visualisation in acute care. • Medicines reconciliation in Primary care and practice feedback on quality of Initial Discharge Letters from secondary care sources. 	NHS Dumfries & Galloway	November 2015
<ul style="list-style-type: none"> • Processing mapping and flow charts in primary care. • Standardising common admission documents in acute care. • Developing the role of community pharmacists and dispensing GP practices in medicines reconciliation. 	NHS Highland	November 2015
<ul style="list-style-type: none"> • Taking a human factors approach to medicines reconciliation. • Processing mapping in primary care. • Using a failure modes and effects analysis and cause and effects diagrams to support improvements. 	NHS Lothian	December 2015
<ul style="list-style-type: none"> • Applying the Vincent framework, measuring and monitoring safety, to medicines reconciliation in mental health services. • Testing and improving medicines reconciliation at discharge from surgical wards. • The role of the Scottish Ambulance Service as part of the whole system supporting medicines reconciliation. 	NHS Tayside	December 2015
<ul style="list-style-type: none"> • The value and importance of an oversight group and links to Area Drug and Therapeutics Committee to support improvement activity to reduce medicines harm across transitions. • Use of electronic applications to support medicines reconciliation and reduce transcription. • Exploring access to medicines information via clinical portal for community pharmacy services. 	NHS GG&C	March 2016
<ul style="list-style-type: none"> • The impact of HEPMA on medicines reconciliation at discharge. • Considering service change to focus on medicines reconciliation. • Learning from significant/adverse events to reduce medicines harm across transitions. 	NHS Ayrshire & Arran	April 2016

<ul style="list-style-type: none"> • Patient questionnaires and Medicines Reconciliation forms for GP Practices. • Applying for Caldicott approval for access to the Clinical Portal. • Development of post take ward rounds to improve reliability of Medicines Reconciliation. 	NHS Fife	May 2016
<ul style="list-style-type: none"> • Development of structured ward rounds and admission booklets are increasing compliance. • NHS Grampian is at various stages of medicines reconciliation improvement across the whole system. 	NHS Grampian	June 2016
<ul style="list-style-type: none"> • Understanding the value of involving community pharmacy in medicines reconciliation. • Gaining the engagement and support of leads (whether medical or nursing) is key. • Experience of implementing HEPMA. 	NHS Forth Valley	July 2016
<ul style="list-style-type: none"> • Nurse led medicines reconciliation. • Senior clinical engagement. • Our medicines reconciliation project in primary care. 	NHS Borders	August 2016
<ul style="list-style-type: none"> • Using pharmacy view to improve medicines reconciliation at transitions of care. • Engaging patients in the medicines reconciliation process. • Prototyping – reducing harm from insulin as a high risk medicine. 	NHS Lanarkshire	September 2016
<ul style="list-style-type: none"> • Difficulties of engaging locum doctors in medicines reconciliation process. • Communication between secondary and primary care. • Integrated team working. 	NHS Orkney and Shetland	October 2016
<ul style="list-style-type: none"> • Medicines reconciliation process in community pharmacy. • My Medicines wallets. 	NHS Highland	November 2016
<ul style="list-style-type: none"> • Working with TRAK IDL templates. • Developing Medicines Management Plans to improve the documentation and communication of medicine related issues across transitions. • Analysing and understanding your systems, and asking the question 'How can we make it safe?' 	NHS Lothian	December 2016
<ul style="list-style-type: none"> • Meds rec on discharge: FY1 and ward pharmacist process with electronic discharge letter. • Clinical ward pharmacy team on AMU 7/7 since Dec 2016. • Electronic Medicines Reconciliation. 	NHS Dumfries & Galloway	January 2017

<ul style="list-style-type: none"> • Testing, spread and implementation of the Insulin Prescription and Administration Record (IPAR) and Paediatric IPAR (PIPAR) across Tayside. • Medicines Reconciliation – testing and spread of the green sticker to support discharge. • The benefits of working across the system in particular the joint work between the SAS and Acute admissions unit – information shared at handover. 	NHS Tayside	February 2017
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Appendix 2: Key points boards would like support with

Topics	Board	WebEx
<ul style="list-style-type: none"> Actively engaging patients/representatives in the process of medicines reconciliation. Medicines Reconciliation process in pre-admission clinics. How changes to the GP contract are impacting on Boards plans to implement SPSP work in GP Practices. Integrating electronic MR applications into clinical workflow. 	NHS GG&C	March 2016
<ul style="list-style-type: none"> Maternity units undertaking MR. Community teams involvement in MR. Data collection improvement. 	NHS Ayrshire & Arran	April 2016
<ul style="list-style-type: none"> Increasing compliance in Mental Health. Should we include patients seen by pharmacy team in acute bundle recognising 24/7 service provision? Alternative successful Meds Rec journeys, processes ... Have you approached things differently and successfully? 	NHS Fife	May 2016
<ul style="list-style-type: none"> If anyone using electronic records – improving compliance? Anyone who has a process for sharing information across whole system? Would be keen to hear about Boards who are using electronic records. 	NHS Grampian	June 2016
<ul style="list-style-type: none"> Gaining the engagement and support of the whole multidisciplinary team. How Boards are sharing discharge information with their Community Pharmacy contractors e.g. Community Pharmacist access to Clinical Portal. Getting contemporaneous information from various specialist services (e.g. addictions) out of hours and available to front line staff. 	NHS Forth Valley	July 2016
<ul style="list-style-type: none"> Does electronic prescribing aid the process of medicines reconciliation? Who “owns” medicines reconciliation in your board? If patients are acutely unwell and unable to discuss their medicines, does this affect your results? 	NHS Borders	August 2016
<ul style="list-style-type: none"> When should we be measuring medicines rec post admission? Engaging with Primary care colleagues in the absence of financial driver and established learning system. Clinical engagement – multi disciplinary team working – med rec is not the sole domain of the pharmacist. 	NHS Lanarkshire	September 2016

<ul style="list-style-type: none"> • Nurse / HCP engagement in the medicines reconciliation process. • Any ideas to manage this with no dedicated staff. 	NHS Orkney and Shetland	October 2016
<ul style="list-style-type: none"> • Systems for notification of hospital admissions and discharges to community pharmacy. 	NHS Highland	November 2016
<ul style="list-style-type: none"> • Have other Health Boards a policy on Med Rec.? • How do others see the management of Med Rec in the future? • How can we influence other supporting systems i.e. KIS, ECS. 	NHS Lothian	December 2016
<ul style="list-style-type: none"> • eMR/ECS med rec report linking to HEPMA (JAC) • Engaging medical staff to drive the process forward/improve. • Communicating an indication/plan/review date for every new medicine prescribed? functionality on EMIS/GPASS in primary care & viewing this info 	NHS Dumfries & Galloway	January 2017