Agenda – Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:

Ystafell Bwyllgora 3 – Senedd

Dyddiad: Dydd Llun, 19 Mehefin 2017

Amser: 13.00

I gael rhagor o wybodaeth cysylltwch a:

Fay Bowen

Clerc y Pwyllgor

0300 200 6565

SeneddArchwilio@cynulliad.cymru

(Rhag-gyfarfod preifat 13.15 – 14.00)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(14.00)

2 Papur(au) i'w nodi

(14.00 – 14.10) (Tudalennau 1 – 3)

Sesiwn gychwynnol: Gwybodaeth ychwanegol gan Ysgrifennydd Parhaol, Llywodraeth Cymru, ar Ddigeiddio (1 Mehefin 2017)

(Tudalennau 4 – 37)

3 Rheoli Meddyginiaethau: Sesiwn Dystiolaeth 2

(14.10 – 15.15) (Tudalennau 38 – 56)

Papur briffio gan y Gwasanaeth Ymchwil

Judy Henley – Cyfarwyddwr Gwasanaethau Contractwyr, Fferylliaeth Gymunedol Cymru
Mark Griffiths – Cadeirydd, Fferylliaeth Gymunedol Cymru
Mair Davies – Cyfarwyddwr Cymru, y Gymdeithas Fferyllol Frenhinol
Cheryl Way – Aelod o Fwrdd y Gymdeithas Fferyllol Frenhinol (Prif Fferyllydd, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro a Swyddog Arweiniol Cenedlaethol Rheoli Fferylliaeth a Meddyginiaethau, Gwasanaeth Gwybodeg GIG Cymru)

(15.15 – 15.30 Egwyl)

4 Rheoli Meddyginiaethau: Sesiwn Dystiolaeth 3

(15.30 - 16.45) (Tudalennau 57 - 263)

Papur briffio gan y Gwasanaeth Ymchwil
PAC(5)-17-17 Papur 1 - Papur gan Fwrdd Iechyd Prifysgol Cwm Taf
PAC(5)-17-17 Papur 2 - Papur gan Fwrdd Iechyd Addysgu Powys
PAC(5)-17-17 Papur 3 - Papur gan Fwrdd Iechyd Prifysgol Abertawe Bro Morgannwg

Allison Williams - Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf
Suzanne Scott-Thomas, Prif Fferyllydd, Bwrdd Iechyd Prifysgol Cwm Taf
Yr Athro Rory Farrelly - Prif Swyddog Gweithredu Dros Dro / Dirprwy Brif Weithredwr a Chyfarwyddwr Nyrsio a Phrofiad y Claf, Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg
Judith Vincent - Cyfarwyddwr Clinigol Rheoli Fferylliaeth a Meddyginiaethau, Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg
Carol Shillabeer - Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Karen Gully – Cyfarwyddwr Meddygol, Bwrdd Iechyd Addysgu Powys

5 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes a ganlyn:

(16.45)

Eitem 6

6 Rheoli Meddyginiaethau: Trafod y dystiolaeth a ddaeth i law

(16.45 - 17.00)

Cofnodion cryno – Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:

Ystafell Bwyllgora 3 – Senedd

Dyddiad: Dydd Llun, 5 Mehefin 2017

Amser: 14.00 – 15.45

Gellir gwylio'r cyfarfod ar Senedd TV yn:

http://senedd.tv/cy/4110

Yn bresennol

Categori	Enwau
Aelodau'r Cynulliad:	Nick Ramsay AC (Cadeirydd) Mohammad Asghar (Oscar) AC Neil Hamilton AC Mike Hedges AC Neil McEvoy AC Rhianon Passmore AC Joyce Watson AC (yn lle Lee Waters AC)
Swyddfa Archwilio Cymru:	Huw Vaughan Thomas – Archwilydd Cyffredinol Cymru Claire Flood-Page Mark Jeffs Matthew Mortlock Dave Rees
Staff y Pwyllgor:	Fay Bowen (Clerc) Claire Griffiths (Dirprwy Glerc) Katie Wyatt (Cynghorydd Cyfreithiol)

Trawsgrifiad

Gweld trawsgrifiad o'r cyfarfod (PDF 999KB) Gweld fel HTML (999KB)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

1.1 Croesawodd y Cadeirydd yr Aelodau i'r cyfarfod.
1.2 Cafwyd ymddiheuriadau gan Lee Waters AC. Roedd Joyce Watson AC yn dirprwyo ar ei ran.

2 Papur(au) i'w nodi

2.1 Cafodd y papurau eu nodi.

2.1 Adroddiad Archwilydd Cyffredinol Cymru: Cyfrifon Llywodraeth Ganolog 2015-16

2.2 Cyfoeth Naturiol Cymru: Adroddiad Blynyddol a Chyfrifon 2015-16 - Gwybodaeth ychwanegol gan Cymdeithas Cynnyrch Coedwigoedd y Deyrnas Unedig (24 Mai 2017)

2.3 Cyfoeth Naturiol Cymru: Gwybodaeth ychwanegol gan Cyfoeth Naturiol Cymru (26 Mai 2017)

3 Arlwyo a Maeth Cleifion mewn Ysbytai: Ymateb Llywodraeth Cymru i adroddiad y Pwyllgor

3.1 Trafododd y Pwyllgor yr ymateb gan Lywodraeth Cymru a chytunodd i ofyn am adroddiad cynnydd yn ystod tymor yr hydref 2017.
3.2 Cytunodd y Pwyllgor hefyd y dylid ceisio cael cadarnhad gan Lywodraeth Cymru ynghylch yr amser o ran bwriad Llywodraeth Cymru i weithio gyda byrddau iechyd i ymchwilio i hyfforddiant gorfodol ar gyfer maeth.

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes canlynol:

4.1 Derbyniwyd y cynnig.

5 Cyfoeth Naturiol Cymru: trafod yr adroddiad drafft

5.1 Trafodwyd yr adroddiad drafft. Gofynnodd Aelodau i rywfaint o newidiadau drafftio gael eu gwneud, a fydd yn cael eu trafod y tu allan i'r Pwyllgor.

6 Blaenraglen waith: Rhaglen Waith Gwerth am Arian Archwilydd Cyffredinol Cymru

6.1 Cyflwynodd Archwilydd Cyffredinol Cymru ei bapur ar waith sy'n mynd rhagddo ar raglen waith gwerth am arian, a gafodd ei nodi gan yr Aelodau.

7 Adroddiad Archwilydd Cyffredinol Cymru: Y Rhaglen Addysg ac Ysgolion ar gyfer yr 21ain Ganrif

7.1 Cafodd Aelodau eu briffio gan Archwilydd Cyffredinol Cymru ar ei adroddiad a gyhoeddwyd yn ddiweddar a chytunodd i gynnal ymchwiliad yn hwyrach yn nhymor yr hydref 2017 unwaith y bydd gan Lywodraeth Cymru gynlluniau mwy datblygedig ar gael ar gyfer Band B y rhaglen.

8 Plant sy'n derbyn gofal: Trafod yr ymatebion i'r ymgynghoriad ar gylch gorchwyl yr ymchwiliad

8.1 Nododd yr Aelodau y papur a chroesawodd gynnig Archwilydd Cyffredinol Cymru i lunio Memorandwm ar ddarlun eang y mater. Roedd yr Aelodau hefyd yn ymwybodol o'r angen i gysylltu â'r Pwyllgor Plant, Pobl Ifanc ac Addysg yn ystod y gwaith hwn.

Shan Morgan
Ysgrifennydd Parhaol
Yr Ysgrifennydd Parhaol

Llywodraeth Cymru
Welsh Government

Nick Ramsay
Cadeirydd y Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
CF99 1NA

Annwyl Nick,

01 Mehefin 2017

Yn ystod fy sesiwn ragarweiniol gyda'r Pwyllgor ar 13 Mawrth 2017 gofynnodd Mr Lee Waters AC imi am yr heriau y bydd digideiddio yn dod â hwy i Lywodraeth Cymru a pharodrwydd y sefydliad i ymateb iddynt. Addewais ysgrifennu yn ôl ar ôl rhoi ystyriaeth ddwys i'r mater pwysig hwn.

Cefndir

Yn 2014 cymeradwyodd Bwrdd Llywodraeth Cymru Gynllun Gweithredu Digidol cyntaf y sefydliad (2014-2017). Aeth y cynllun ati i wella gwybodaeth a gwasanaethau digidol Llywodraeth Cymru, ac fe'i cyhoeddir ar ein gwefan, gweler dolen er cyfleuster i'r Pwyllgor; http://gov.wales/topics/science-and-technology/digital/public-services/digital-first/?lang=cy

Yn 014, asesodd Llywodraeth Cymru ei hun fel Lefel 2 ar y Fframwaith Galluogrwydd Digidol [1] - "senior management in place with a remit to set targets, develop over-arching vision and plan, and develop necessary capability and culture. Digital is seen as a key transformation tool and advocacy is strong at key parts of the organisation."

Ers hynny gwnaed camau breision. Rydym wedi penodi Prif Swyddog Digidol a chreu tîm strategaeth, sefydlu Grŵp Digidol a Data o dan gadeiryddiaeth y Gweinidog Sgiliau a Gwyddoniaeth i ddarparu arweinyddiaeth a chyfeiriad, gweithredu rhaglen dysgu digidol i staff a chyflwyno ystod o wasanaethau digidol newydd a gwell.

[1] Addaswyd o'r Fframwaith a gyhoeddwyd yn UK Government Digital Strategy a'r Digital Capability Framework a gyflwynwyd gan Kieran O'Hea (Digitigm) i gyfnod ymgynghori'r Agenda Ddigidol ar gyfer Ewrop.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding

Yn ein barn ni rydym bellach wedi cyrraedd Lefel 4 o'r Fframwaith Galluogrwydd Digidol - "senior management making significant progress in delivering the vision and plan. Processes across the organisation have been converted to digital, providing tangible benefits and efficiencies. Advocacy is increasing." Ers 2010 rydym yn anelu at fod ar lefel 5 - "digital is at the heart of policy and strategy, contributing to all business processes and objectives. Digital culture is strong: agile, user-centred, innovative, and responsive."

Mae'r camau gweithredu yn y Cynllun Gweithredu Digidol (2014-2017) bron wedi'u cwblhau a chydnabuwyd bod angen cynllun ar ei newydd wedd. Yn Ebrill 2017, ystyriodd Bwrdd Llywodraeth Cymru y Cynllun Gweithredu Digidol (2017-2020) sydd bellach yn cael ei baratoi'n derfynol.

Bydd y Cynllun Gweithredu Digidol (2017-2020) yn ddisgrifiad cynhwysfawr o'n hamcanion a'r camau yr ydym wedi'u cynllunio, felly nid wyf am achub y blaen arno yn ormodol yma. Er hynny, hoffwn ehangu ar bedair thema a godwyd yn benodol yn ystod fy sesiwn ragarweiniol gyda'r Pwyllgor: meddylfryd digidol; sgiliau arbenigol; galluogi busnes da yn y Llywodraeth; a data mawr. O gofio'r ymosodiadau seiber eang yn ddiweddar, hoffwn gyflwyno sylwadau ar gadernid.

Meithrin meddylfryd digidol

Ers llawer o flynyddoedd bu gan dechnolegau digidol effaith fawr ar y ffordd y mae pobl yng Nghymru'n byw, gan gynnwys sut y maent yn cael gafael ar wybodaeth a gwasanaethau cyhoeddus, a bydd yr effaith hon yn parhau wrth gwrs. Mae Symud Cymru Ymlaen yn datgan: 'Mae angen inni fynd yn ddigidol o ran ein darpariaeth o wasanaethau llywodraethol.' Mae deall y cyfleoedd a ddaw yn sgil y technolegau hyn i'r Llywodraeth yn rhan hanfodol o'r sgiliau y mae ar weision sifil modern eu hangen.

Yn ystod y drafodaeth â'r Pwyllgor, soniwyd am y gwaith rhagorol sy'n cael ei gyflawni gan rai o swyddfeydd trafodiadol mawr Llywodraeth y DU yng Nghymru. Mae Llywodraeth Cymru hefyd yn darparu nifer bach o wasanaethau trafodiadol uniongyrchol i'r cyhoedd. Mae gan Lywodraeth Cymru 22 o wasanaethau digidol byw ar hyn o bryd, ac rydym yn cynnal dros 100 o wefannau. Rydym wedi gwneud cynnydd da o ran digideiddio gwasanaethau, er enghraifft *Taliadau Gwledig Cymru Ar-lein* sy'n caniatáu i 18,000 o ffermwyr ymgeisio am daliadau a'u rheoli ar-lein. Mae *Hwb* (hwb.cymru.gov.uk), sy'n cynnal casgliad cenedlaethol o offer ac adnoddau digidol i gefnogi rhieni, athrawon a phlant yng Nghymru'n enghraifft eithriadol o ddatblygu a darparu gwasanaethau ar-lein; mae Cymru ar y blaen i weddill y DU yn hyn o beth. Mae technolegau digidol hefyd yn herio'r ffordd yr ydym yn ymgysylltu â dinasyddion. Mae ein *Digwyddiadau'r Sgwrs Go Iawn,* a ddefnyddir i ddatblygu Rhaglen Entrepreneuriaeth Ieuenctid Llywodraeth Cymru, 2016-2020, yn enghraifft dda, ac mae sianeli ymgysylltu

digidol ar gyfer Tasglu'r Cymoedd yn fyw yn awr - gweler Twitter, #TrafodyCymoedd #TalkValleys.

Er bod enghreifftiau cryf o waith a arweinir yn ddigidol, mae gwella sgiliau a galluogrwydd yn y maes hwn yn flaenoriaeth barhaus. Fel rhan o Gynllun Gweithredu Digidol Llywodraeth Cymru (2014-2017), sefydlwyd rhaglen dysgu digidol ar gyfer y staff. Mae'r rhaglen yn cynnwys cyrsiau dechreuol a chanolradd ym maes ymwybyddiaeth ddigidol; cyrsiau sy'n canolbwyntio ar ffyrdd '*Agile*' o weithio; a dosbarth meistr arweinyddiaeth ddigidol ar gyfer yr Uwch Wasanaeth Sifil a bandiau gweithredol Mae mwy na 500 aelodau o staff wedi mynychu dros y flwyddyn ddiwethaf ac mae rhagor o gyrsiau ar y gweill. Mae dysgu yn y dosbarth yn cael ei gefnogi gan fodiwlau hyfforddi ar-lein, cyfleoedd cyfnewid, a sesiynau 'dysgu dros ginio' mwy anffurfiol.

Un o'm blaenoriaethau cynnar fel Ysgrifennydd Parhaol yw sicrhau bod gan Wasanaeth Sifil Llywodraeth Cymru'r sgiliau a'r galluogrwydd y mae arni eu hangen at y dyfodol. Cyn hir byddaf yn lansio ymarfer ymgysylltu ar draws y sefydliad i nodi ein bylchau sgiliau. Er hynny cyn i'r data hwnnw ddod i'r amlwg, rwyf eisoes wedi cytuno â'r Uwch Dîm y bydd sgiliau polisi, arweinyddiaeth, a sgiliau digidol yn elfen graidd ar raglen dysgu corfforaethol newydd i staff.

Sgiliau digidol arbenigol

Yn ogystal â'r hyn y gellid ei ddisgrifio'n Weision Sifil 'cyffredinol' sy'n gweithio ar lunio a darparu polisi, mae gan dros 100 o aelodau o staff Llywodraeth Cymru rolau digidol a TGCh sy'n gofyn am sgiliau a chymwysterau arbenigol, megis rhaglenwyr, arbenigwyr cymorth TG, a dylunwyr y we. Mae'n glir bod manteision posibl trwy leihau dibyniaeth ar gontractwyr allanol am y math hwn o waith, o safbwynt cost, diogelwch a chynaliadwyedd. Mae dod â sgiliau arbenigol i mewn i'r sefydliad yn aml yn gofyn am recriwtio'n allanol yn hytrach nag ailhyfforddi, ac ar adeg o gyfyngiadau tyn o ran adnoddau mae'n glir bod hon yn her anodd. Er hynny, mae'r Prif Weinidog yn cydnabod y bydd angen defnyddio'r dull gweithredu hwn yn achos rhai sgiliau allweddol.

Yn Ebrill 2017, cytunodd panel recriwtio allanol y sefydliad i benodi deg o bobl â sgiliau digidol arbenigol i'w lleoli ar draws adrannau. Bydd cynllun prentisiaethau nesaf Llywodraeth Cymru yn cynnwys carfan ddigidol. Rydym hefyd yn dod â phrentisiaid i mewn i'r sefydliad mewn partneriaeth â'r ONS. Yn y tymor hwy, bydd angen i gynllunio'r gweithlu ar gyfer rolau digidol gael ei gynnwys yng ngwaith ehangach Llywodraeth Cymru ar gynllunio'r gweithlu. Mae grŵp gweithlu digidol ar draws y sefydliad wedi cael ei sefydlu i gefnogi hyn.

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Galluogi busnes da yn y Llywodraeth

Yn ystod fy sesiwn ragarweiniol siaradais am y cyfleoedd y mae technolegau digidol yn eu cynnig i gefnogi ffyrdd gwell o gyflawni hanfodion busnes y llywodraeth - roedd gennyf mewn golwg gweithio'n effeithiol fel tîm, cynnal cyfarfodydd ffrwythlon, a chyfathrebu â chydweithwyr ar draws ffiniau daearyddol. Gwn i'm rhagflaenydd arwain darn sylweddol o waith i wella defnydd Llywodraeth Cymru o e-byst a chadw cofnodion yn electronig. Mae gwaith ar y gweill i uwchraddio darpariaeth ffonau Llywodraeth Cymru ac i gefnogi staff i gysylltu'n fwy effeithiol â'u cydweithwyr gan ddefnyddio negeseua gwib ac argaeledd ar-lein amser real. Pwysleisiodd adborth gan staff a gymerodd ran yn ein peilot gweithio'n hyblyg ym Merthyr yn arbennig bwysigrwydd ofer TG dibynadwy a hygyrch i gefnogi gweithio o gartref ac wrth symud o gwmpas. Bu Bwrdd Llywodraeth Cymru yn profi meddalwedd a chaledwedd sy'n caniatáu i'w gyfarfodydd gael eu cynnal yn 'ddi-bapur'. Rwyf newydd gymeradwyo blwyddyn bellach o'r treial i sicrhau ein bod yn dysgu cymaint â phosibl am y manteision a'r newidiadau o ran sgiliau ac ymddygiad y mae'r math hwn o weithio'n gofyn amdanynt.

Cadernid

Er fy mod yn cytuno â'r pwynt a wnaeth Mr Waters yn ystod fy sesiwn ragarweiniol yn ddiweddar nad cyfarpar yw'r peth pwysicaf oll, mae meddu ar yr offer iawn sy'n gweithio'n effeithiol yn hanfodol wrth gwrs ar gyfer gweithio digidol - sy'n f'arwain i at gadernid. Mae'r ymosodiadau seiber digynsail ar sefydliadau ledled y byd wedi pwysleisio unwaith eto'r heriau enfawr sydd ynghlwm wrth sicrhau bod systemau ac offer TG yn gweithio'n iawn, ac yn bennaf oll, sicrhau eu bod yn ddiogel Wrth i Lywodraeth Cymru ddatblygu mwy o wasanaethau digidol a ffyrdd o weithio mae ein dibyniaeth ar y dechnoleg sy'n eu cefnogi wedi cynyddu. Mae effaith methiant technoleg ac yn gynyddol seiberdroseddu yn peri risg llawer uwch i gyflawni ein gwaith nag o'r blaen. Er mwyn mynd i'r afael â'r risg hwn mae Llywodraeth Cymru wedi buddsoddi yn ei systemau craidd ac yn mynnu bod safonau sicrwydd ar gyfer ei chyflenwyr yn cael eu diwallu. Rydym hefyd wedi datblygu'r gweithdrefnau y mae eu hangen i ymateb yn gyflym os bydd digwyddiad. Mae cadernid TG ar Gofrestr Risg Corfforaethol Llywodraeth Cymru a bydd yn parhau'n faes allweddol i'r Bwrdd. Mae datganiad Prif Weinidog ar 16 Mai 2017 hefyd yn rhoi clod dyledus i gadernid TG a'r gwaith ymateb i argyfwng sy'n cael ei wneud gan GIG Cymru a chyrff cyhoeddus eraill yng Nghymru.

Manteisio ar Ddata Mawr

Mae trawsnewid digidol nid yn unig yn arwain at gynhyrchu mwy o ddata, a hynny mewn ffordd fwy amserol, ond mae hefyd yn cynnig ffyrdd newydd o gasglu, rheoli a dadansoddi data. Fel sefydliad mae Llywodraeth Cymru'n parhau i edrych ar ffyrdd o fanteisio'n well ar ddata gan ddefnyddio technegau traddodiadol ac arloesol. Er enghraifft, mae cydweithwyr yn yr Adran Drafnidiaeth yn gwneud defnydd arloesol o

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setiau data dienw mawr ar ddata GPS a data ffonau symudol ar gyfer dadansoddi trafnidiaeth.

Yn y blynyddoedd diwethaf mae Llywodraeth Cymru hefyd wedi gwella ei deunydd ystadegol a gofodol ei hun, ar ffurf y gall peiriant ei darllen, ac fel yr amlinellir yng Nghynllun Data Agored Llywodraeth Cymru, mae wedi ymrwymo i fwrw ymlaen â'r agenda data agored.

Gyda'r cynnydd yn nifer y sefydliadau sy'n cael eu creu ac sy'n cael eu gyrru gan ddata - fel y nodwyd gan Mr Waters - mae potensial i Gymru fod yn ganolbwynt data sydd ymhlith y goreuon yn y byd. Mae cydweithwyr eisoes yn gweithio ar brosiectau gyda Champws Gwyddor Data ONS a Chanolfan Ymchwil Data Gweinyddol Cymru, a thros y blynyddoedd rydym wedi rhoi arian sylweddol i ddatblygu banc data SAIL ym Mhrifysgol Abertawe. Mae ein gwaith gyda Chanolfan Ymchwil Data Gweinyddol Cymru wedi arwain at gyhoeddiadau sy'n edrych ar ganlyniadau ymyriadau polisi megis cefnogi pobl a thlodi tanwydd trwy gysylltu data - yn ddiogel ac yn foesegol - o wahanol ffynonellau. Mae Llywodraeth Cymru yn cael ei hystyried yn un o bartneriaid arweiniol Rhwydwaith Ymchwil Data Gweinyddol y DU.

Rwyf yn gobeithio bod y diweddariad hwn wedi rhoi sicrwydd i'r Pwyllgor bod y technolegau digidol a'r heriau a'r cyfleoedd sydd gysylltiedig â hwy'n uchel ar agenda Llywodraeth Cymru a bod cynnydd yn cael ei wneud. Rwyf yn edrych ymlaen at rannu'r Cynllun Gweithredu Digidol (2017 - 20120) â'r Pwyllgor maes o law.

Yn gywir,

Shan Morgan

Shan Morgan
Yr Ysgrifennydd Parhaol
Llywodraeth Cymru

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Welsh Government

DIGITAL ACTION PLAN

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1. Our vision

Making it easier and more convenient for customers to deal with us, wherever they are and whenever they choose

By this we mean that our digital services are so straightforward and convenient that those who want to use them will, whilst those who cannot or do not want to are not excluded.

Achieving this vision means that we will:

- have strong digital leadership
- have the right skills to understand and realise the benefits of digital
- have a reputation for high-quality, efficient, user centric, secure digital services
- use digital to deliver better policy outcomes and value for money
- manage the digital continuity of our information to ensure that it is usable, accessible, understandable and trustworthy
- use data and customer feedback to continually improve our services

A blueprint for how we will achieve this vision is in Section 5 of this Plan.

2. What this Plan is about

This is a three-year plan to improve the Welsh Government's digital information and services and save money. 'Digital' means different things to different people. For the purposes of this Plan it covers:

i. publishing user-focused content
ii. our use of social media to engage with the public, customers and stakeholders on our legislation and policy-making
iii. the complete transformation of transactional services
iv. our approach to assisted digital (supporting those who cannot use digital services independently)

All the above are underpinned by our ability to use the information we collect, store and retrieve about our customers much better than we do today.

We already use many digital tools and technologies to provide services to the people of Wales. Our services are both informational, e.g. wales.gov.uk, and transactional, e.g. WEFO Online. Annex 1 is a pictorial representation of the current state of our transactional services. It shows that while we already provide a small number of digital transactional services, there are opportunities around a range of other services we provide in a semi-digital way. Annex 2 shows the current status of our information provision. It shows that we have a small number of 'core' information platforms but that we also have a large number of other individual and sometimes

isolated websites where we provide subject and customer specific information. Taken together these annexes show that over time our digital estate has grown organically in a way that does not represent value for money or provide a consistently good customer experience.

This Plan contains 20 actions that we will take which will lead us towards providing more cost-effective services whilst meeting customer needs. The actions are intended to move us up to Level 3 in the Digital Capability Framework (see Section 3.3). Digital transformation cannot be delivered overnight and will require sustained effort and commitment over a number of years.

2.1 What this Plan does not include

This Plan does not cover digital services provided by Welsh public sector bodies such as the NHS or local authorities. Nor is this Plan about ICT (infrastructure, hardware or software etc) although our ability to use ICT (including skills such as an ability to use email, word processors, spreadsheets and the internet) is important to truly understand the opportunities provided by digital. The Welsh Government ICT Strategy (2012-2016) sets out our approach to ICT.

This Plan is also not designed to be an information management strategy although our approach to treating information as a valued asset, managing it properly, making sure it is fit for purpose, making it standardised and linkable, reusing it and publishing it is fundamental to us providing good digital services.

This Plan does not address digital inclusion, which is about making sure that people have the ability to use the internet to do things that benefit them every day. The Welsh Government Digital Inclusion Framework and Delivery Plan sets out our actions on this matter.[1]

It is also not about improving broadband availability across Wales. This is being addressed through our Superfast Wales project and a range of other related broadband improvement activities.

3. Why we need to act

3.1 Because we've said that we will

One of our Programme for Government commitments is to implement *Delivering a Digital Wales*[2] - using digital technologies to provide better, more cost-effective and accessible services for citizens, businesses and communities. Moreover, the Welsh Government ICT Strategy (2012-2016) re-states our vision as an "ICT organisation that has the customer's interests at heart and identifies innovative solutions to meet

[1] http://gov.wales/topics/science-and-technology/digital/digital-inclusion/?lang=en
[2] http://gov.wales/topics/science-and-technology/digital/?lang=en

business needs." The Welsh Government has been working towards this goal but this Plan involves a step change in how we exploit digital to deliver our business.

In addition, Welsh Ministers have endorsed a Digital First[3] approach for the whole Welsh public sector following a recommendation made by the Digital Wales Advisory Network (DWAN) in its *Digital First: Delivering Welsh Public Services Online* report.[4]

"Digital First is about delivering public services that are focused on the needs of the citizen. We want to make it much easier for people to find and use public services – at any time and on any device."

Minister for Economy, Science and Transport (March 2013).

3.2 Because our customers expect us to

According to Ofcom research, 100% of premises in Wales are able to receive fixed broadband (ADSL), with 41% having access to fibre broadband, and 98% having outdoor 3G mobile coverage from at least one operator. In 2013 broadband take-up in Wales was 66% and smartphone take-up was 49%.[5] Approximately four in five adults in Wales have access to the internet at home[6] and Welsh citizens claim to spend an average of 14 hours per week online.[7]

Our customers' expectations are being shaped by their experiences of transacting with the likes of Amazon and eBay – organisations that put the user at the heart of their business. As Figure 1 shows, our customers are conducting personal transactions online: around six in ten internet users buy goods or services online and a similar number perform personal banking, financial and investment activities.[8]

84%	Email
63%	Buying or ordering tickets, goods or services
58%	Personal banking, financial and investment activities
45%	Listening to the radio or watching TV programmes
26%	Selling goods or services

Figure 1: Selected activities carried out by internet users[9]

In Wales, almost two thirds of adults have accessed public service websites in the past 12 months. This figure remains significant even among those groups that are less likely to use the internet: almost half of adults living in social housing and over a third of people between 65 and 74 years of age have done so.[10] As Figure 2 shows, Welsh citizens are already heavy consumers of non-devolved digital public services.

[3] http://gov.wales/topics/science-and-technology/digital/public-services/digital-first/?lang=en
[4] http://gov.wales/docs/det/publications/130304digitalfirsten.pdf
[5] https://www.ofcom.org.uk/__data/assets/pdf_file/0024/24576/2013-cmr-wales.pdf (Ofcom 2013), p.8
[6] National Survey for Wales (April 2012-March 2013)
[7] Communications Market Report: Wales (Ofcom 2013), p.64
[8] National Survey for Wales (January-March 2012)
[9] National Survey for Wales (January-March 2012)
[10] National Survey for Wales (March 2012-April 2013)

UK Government service	Estimated number of online transactions by Welsh users per year
Tax a vehicle	1.4 million
Corporation tax	270,000
Practical driving test bookings	80,000
Theory driving test bookings	80,000
Passport applications	30,000

Figure 2: Estimated numbers of online transactions by Welsh citizens and businesses using selected UK Government services online, October 2012-September 2013[11]

The UK Government has embarked on a radical programme of digital transformation that aims to make digital services "so straightforward and convenient that all those who can use them prefer to do so."[12] It has committed to redesigning and rebuilding 25 'exemplar' services by July 2015.[13] Figure 3 shows the forecast number of Welsh citizens using some of the forthcoming 'exemplar' services every year. Through the consumption of non-devolved services, the UK Government is increasingly providing Welsh customers with an experience that compares favourably with the best on the internet.

UK Government 'exemplar' service	Forecast number of Welsh users
Universal Credit	500,000
View driving record	300,000
Electoral registration (applications)	250,000

Figure 3: Forecast of Welsh citizens using selected UK Government 'exemplar' services online every year[14]

Prior to embarking on the transformation of its transactional services, the UK Government radically simplified, consolidated and improved its online publishing approach. GOV.UK was developed as a single, consistent publishing platform to house the digital content for 24 Whitehall departments and over 150 agencies and other public bodies – many of whom deliver information to Welsh customers. Thousands of people from across the UK, including Wales, visit GOV.UK every week to find information on pensions, foreign travel advice, maternity and paternity leave, bank holidays and many other topics. People who have visited GOV.UK have found it simpler, clearer and much easier to find information than the websites it replaced;[15] it has raised the bar for public service information provision and the model used is being copied by a number of countries across the world.[16]

[11] Multiplying Transactions Explorer data for the UK by 0.05 (the Welsh share of the UK population), rounded to the nearest 10,000.
[12] UK Government Digital Strategy: http://www.publications.cabinetoffice.gov.uk/digital/
[13] https://www.gov.uk/transformation
[14] Multiplying UK forecasts by 0.05.
[15] http://digital.cabinetoffice.gov.uk/2012/01/13/quantitative-testing-betagov/
[16] Minister for the Cabinet Office: "Foreign delegations from as far afield as South Korea, Kazakhstan, and the Netherlands have visited the Government Digital Service in Holborn, keen to learn from their experience. The New Zealand government is using our open code to build its own version of GOV.UK." https://www.gov.uk/government/speeches/sprint-14-speech-by-francis-maude

Because we have not had an organisation-wide approach to digital, we have not taken advantage of the opportunity to exploit the standards, design, code and other assets that the UK Government has developed.

As an organisation Welsh Government publishes a huge amount of information including policy consultations, statutory guidance, ministerial letters, newsletters and research. Indeed, we have 34,000 bilingual published pages on wales.gov.uk alone.

By contrast, we deliver a far smaller number of transactional services than the UK Government. For example, there are around 60,000 customers who have received payments from us while the Department for Work and Pensions alone serves over 20 million customers.[17] To date, our digital services, both informational and transactional, have not been subjected to such a systematic review and transformation process as those provided by the UK Government. If we do not act to improve our offering then Welsh citizens will get an increasingly inconsistent experience of government online and we will risk being seen as outdated.

3.2.1 Commission on Public Sector Governance and Delivery

The Commission on Public Sector Governance and Delivery identified that the use of information and technology in public services is not good enough to meet either expectations of the public or the needs of the organisations concerned. It said that securing benefits such as integrated, effective information management can only be achieved through a strategy and programme, which prioritises, plans and delivers improvements in digital and information services across the public sector in Wales. It recommended action to provide "joined up, digitally transformed services which deliver better outcomes and more efficient services for citizens."[18]

[17] https://www.gov.uk/government/organisations/department-for-work-pensions/about
[18] Commission on Public Service Reform and Delivery, Final Report (2013), p. 152

3.3 Because we need to improve what we're already doing

We already provide many digital information and transactional services but we have significant potential to improve. We have assessed ourselves at Level 2 in the Digital Capability Framework set out in Figure 3.

MATURITY	**5**	Digital is at the heart of policy and strategy, contributing to all business processes and objectives. Digital culture is strong: agile, user-centred, innovative, and responsive.
	4	Senior management have made significant progress in delivering the vision and plan. Processes across the organisation have been converted to digital, providing tangible benefits and efficiencies. Advocacy is increasing.
	3	Senior management in place with a remit to set targets, develop over-arching vision and plan, and develop necessary capability and culture. Digital is seen as a key transformation tool and advocacy is strong at key parts of the organisation.
	2	Some digital services, but often of limited quality. Digital teams in place but tend to be silos in business units or programme teams and have limited budget and remit. Senior digital management not in place.
	1	No awareness of digital capability, no resources allocated, no digital strategy, plan or metrics, no understanding of best practice, no digital services.

Figure 3: Digital Capability Framework[19]

"Going digital" is not just a case of delivering our services better. It involves a change of mindset in all aspects of our business and in particular affects those staff involved in communications and marketing, IT, knowledge management, operational delivery, policy delivery, procurement and contract management, project and programme management, research and statistics. This equates to at least 75% of our staff.[20]

Figure 4 below shows the key essential inter-related building blocks which need to be in place to move us up the Capability Framework. These blocks (digital, technology, communications and policy) are supported by us using the information and data we have on our customer better, underpinned by the right skills and training to allow us to do so.

[19] Adapted from the Framework published in the UK Government Digital Strategy and the Digital Capability Framework submitted by Kieran O'Hea (Digitigm) to the consultation phase of the Digital Agenda for Europe.

[20] http://wales.gov.uk/about/civilservice/how-we-work/facts-figures/our-role-as-an-employer/welshgovernmentemployerequality/welsh-government-employers-equality-report-12-13/?skip=1&lang=en

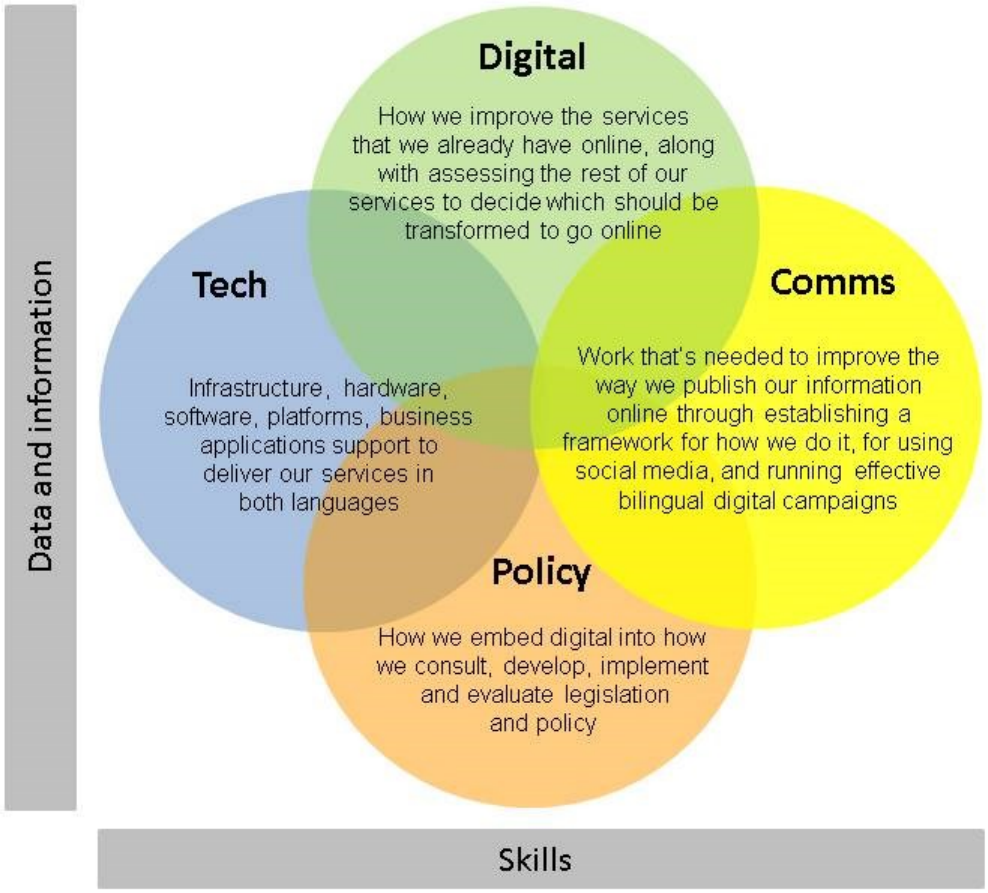

Figure 4: Essential elements to the digital transformation of Welsh Government

We currently have all of these operating within and sometimes across Welsh Government. However, they are pocketed, exist in silos, and we do not maximise them to best effect in the way we deliver our digital business and online presence. In turn, this creates confusion, duplication, frustration, wastes money and hampers our ability to get on with delivering our business.

3.4 Because there are benefits to be had

3.4.1 Customer benefits

UK Government research has found that saving time is the primary customer benefit of using a digital service.[21] With digital, there is no waiting in a queue in an office or on hold on the phone. Saving customers time also saves them money: it has been estimated that an hour spent interacting with government costs the average citizen

[21] Digital Landscape Research, http://www.publications.cabinetoffice.gov.uk/digital/research/#fig-4

£14.20.[22] Other aspects of digital services that are appreciated by customers include accessibility outside office hours and ease of use compared to other channels. In addition, because accessing services in Welsh either face-to-face or over the phone is often not straightforward, the provision of multilingual digital services that are 'always on' makes it easier for customers to access services in the language of their choice.

3.4.2 Financial benefits

Improving how we use digital will also bring us financial benefits. Service redesign can also deliver savings: for some government services the average cost of a digital transaction is almost 20 times lower than the cost of a telephone transaction, about 30 times lower than the cost of postal transaction and about 50 times lower than a face-to-face transaction.[23] We can expect to make savings by re-using digital service components that we already own. Too often we procure multiple solutions to fix the same problem faced by different parts of the organisation – sometimes knowingly, but done to meet a specific, urgent business need. The continued pressure on our budget means that addressing this situation is both increasingly unavoidable and ever more urgent. We simply cannot make the financial savings we need without major changes in the way we operate.

There are also financial benefits associated with how we collect, store and re use information. Adopting the Open Standards Principles[24] will help realise financial benefits as well as putting users at the heart of our standards choices.

3.4.3 Reputational benefits

As a modernised government providing improved digital services, it is likely that our customers' perception of us will improve. One of the UK Government's 25 'exemplar' services is the Lasting Power of Attorney application run by the Office of the Public Guardian (OPG). After the public beta service was launched in July 2013, the OPG had to update its systems to allow staff to record positive feedback – prior to redesign it had only ever received negative feedback.[25]

We will also change the way we are perceived by our own staff and by those who are interested in working for us. UK Government departments such as the Ministry of Justice have found that creating the right conditions for digital transformation has given them a reputation as inspirational places to work, and they have attracted and retained high-calibre people as a result.[26]

[22] http://www.hmrc.gov.uk/research/cost-of-time.pdf
[23] Driving Standards Agency data quoted in UK Government Digital Efficiency Report, http://www.publications.cabinetoffice.gov.uk/digital/efficiency/#introduction
[24] https://www.gov.uk/government/publications/open-standards-principles
[25] https://www.gov.uk/transformation/lasting-power-of-attorney
[26] 'Building digital capability' slides from Sprint 14, https://gds.blog.gov.uk/2014/02/12/sharing-sprint-14/

3.4.4 Welsh Language

Welsh Ministers have stated their ambition and expectation that Welsh speakers "should be able to conduct their lives electronically through the medium of Welsh, should they so desire, including for…informational [and] transactional purposes."[27] Our Welsh Language Strategy recognises that we have an important leadership role to play in achieving this ambition, including ensuring that we – and the rest of the public sector – are developing best practice in this field.[28]

Whilst we currently provide the majority of our digital services bilingually, our approach is not consistent and this has a negative impact on the user experience. The forthcoming Welsh Language Standards will place duties on us to deliver services with front- and back-end systems that can work in both Welsh and English, and to promote our Welsh services and Welsh more generally. The way in which we design new services and deploy new technologies must improve the Welsh language user experience and empower people to use Welsh more often when dealing with us.

3.4.5 Compliance, Continuity and Preservation

The amended European Directive on the Re-use of Public Sector Information 2013/37/EU requires the Welsh Government to make the digital information we produce available for re-use and recommends that data/information is available to people in digital format. This involves:

- the ready identification of documents that are available for re-use
- the availability of public sector documents for re-use at marginal cost
- clarity of any charges to be made for re-use
- processing of applications for re-use in a timely, open and transparent manner
- application of fair, consistent and non-discriminatory processes
- transparency of terms, conditions and licences
- establishment of a quick and easily accessible complaints process

Digital continuity and continued access to our digital information is vital for us as Government. As a Public Records body we have a legal obligation to ensure we have continued access to our digital information in the future. There are a range of activities we should be doing to achieve this including using agreed file formats, having a consistent way of transferring digital information into storage and maintaining its continued accessibility.

3.4.6 Economic benefits

- Direct benefits through smarter procurement

[27] Iaith fyw: iaith byw, p.46
[28] Iaith fyw: iaith byw, p.47

Digital technologies offer opportunities for innovative, smarter approaches to procurement and make it easier for smaller firms to access procurement opportunities.

The use of digital procurement tools across the Welsh public sector has helped generate significant process efficiencies, cash savings and sustainability benefits. Simplified, standardised processes have made procurement more straightforward for both the public sector and the suppliers with whom they trade, leading to faster processes, reduced payment times and administrative savings. Over the last five years the measured benefits of our eProcurement programme were efficiency savings of £84million and savings of 187 tonnes of CO2; 3,120 trees and 57,627 reams of paper by moving to 'paperless' processes.

The Welsh Government's own online Supplier Qualification Information Database (SQuID) simplifies part of the procurement process saving suppliers time and cost in bidding for public sector work. It has given smaller, more local businesses better access to contract opportunities and Welsh contractors are now winning 75% of all major contracts and framework awards placed via www.Sell2Wales.gov.uk -up from around 30% prior to its introduction.

All major public bodies in Wales use the online sell2wales portal to advertise contract opportunities, meaning that suppliers have one source of information to search in order to bid for public contracts. Visibility of lower value contracts is of paramount importance to smaller, more local suppliers and the number of sub-OJEU contract opportunities advertised via sell2wales stands at 81% of all contracts advertised during 2013-14.

Building social clauses into public sector contracts as part of our Community Benefits policy is also having a positive impact on the Welsh economy. Community Benefits (across 80 projects) are valued in excess of £4.2billion – much of which has been re-invested in Wales through salaries and spend with Wales-based businesses.

- Indirect benefits through making public sector data more accessible

We can also help boost the Welsh economy by working to increase the economic impact of our published information and by releasing new information to expand the market. Research commissioned by the UK Government as part of the Shakespeare Review would suggest that there are benefits for Wales from open data.[29]

"Knowledge is a source of competitive advantage in the 'information economy', and for this reason alone it is economically important that public information is widely diffused."[30]

[29] https://www.gov.uk/government/publications/shakespeare-review-of-public-sector-information
[30] Review of Recent Studies on Public Sector Information Re-Use and Related Market Developments, G. Vickery, 2011, p.3

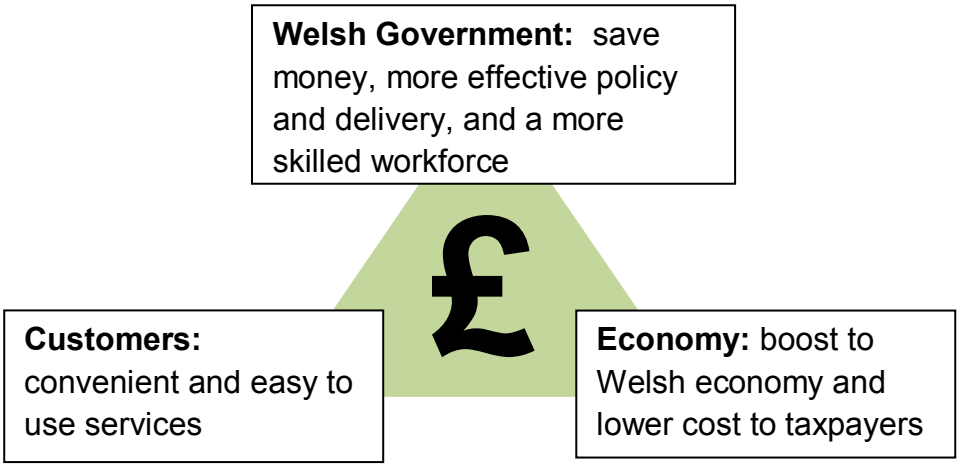

Figure 5: The main beneficiaries of this Plan

4. Where we are now

As explained earlier, Annexes 1 and 2 are a pictorial representation of the current status of the Welsh Government's digital services. Annex 1 categorises our transactional services according to the nine types of customer interaction with government. The inner ring contains those services that we already provide digitally, while the outer ring includes non-digital services which have the potential to use digital to improve their delivery.

Annex 2 shows the breadth of websites currently being used to deliver Welsh Government information. It indicates that we have a number of websites, platforms, infrastructures, content management systems, contracts and people supporting a disjointed plethora of information provision. All of these have involved procurements, delivery projects, and support contracts. A major programme of work is starting to better understand the real whole life costs associated with the way we deliver our information digitally with a view to rationalising and streamlining our approach to achieve savings and to improve the journey for our customers.

The annexes have informed our self-assessment against the European Digital Capability Framework, which puts us at Level 2 (see Section 3.3). This Section explains in more detail the reasons for this result and the actions described in Section 6 are designed to move us to Level 3.

4.1 Capability

4.1.1 Leadership

There is currently no individual with responsibility for keeping Welsh Government Board members up to speed with global digital developments, or for translating how these can help us improve the way we deliver our services. The Prime Minister has publicly stated that such advice to UK Government Ministers has "helped establish a digital culture at the heart of government. That culture is, in turn, transforming how government works and stimulating a new digital economy, improving millions of lives every day."[31]

There is also no recognised and empowered leader to drive digital across WG. Instead we have a federated and dispersed approach to how we deliver digital services, and the IT systems which support them. DGs decide on a case-by-case basis according to their individual priorities – rather than on the overall priorities of the Welsh Government.

We need an empowered, recognised and strong Digital Leader (DL) to fill this gap and be a strong advocate for digital transformation, across and within DG areas. The DL would set our strategic digital goals and use digital to deliver business and culture improvements across WG. They would also act as Head of Profession for digital to develop and embed digital skills across all the Professions in WG. The DL needs to be supported by a similarly empowered network of Leaders to lead digital transformation in their respective DG areas.

The UK Government recognises the DL function as being central to successful digital transformation[32] and many UK Government departments have recruited Digital Leaders to lead their digital transformation programmes.[33] The job description for DLs[34] designates their main responsibilities as leadership on digital, deliver excellent digital services, and implement significant business and cultural changes across organisations. Culture change is fundamental: improving how we produce digital services is more about cultural and behavioural change than IT.

Actions to improve Leadership:

1. Nominate/appoint an independent senior industry advisor to provide inspiration, experience, scrutiny and challenge on digital transformation to Board members

2. Nominate/appoint a Welsh Government Digital Leader (DL) who is empowered to lead and champion digital transformation, implement this Plan and act as Head of Profession

3. Establish a small Centre of Excellence (CoE) to support 2) above

[illegible] chief-digital-and-information-officer

[34] Digital Leader Job Description (UK Government): https://www.gov.uk/service-manual/the-team/recruitment/CDO-applicant-pack-SM.odt

4. Assign a Digital Leader in each DG area to be responsible for the effective delivery and championing of digital in their department

5. Align individual existing work in each DG area to this Plan (eg Business Plans, ICT Investment Plans and existing 'in flight' digital delivery projects)

4.1.2 Legislation and policy-making

Policy making is a major part of Welsh Government business. However, we do not consistently think digitally when we develop or deliver policy. We make policies and legislation and then try to retrofit digital into them. In doing so we create our own barriers to digital transformation, for example by requiring hard-copy signatures on documents in cases where legally admissible electronic signatures would suffice, or not thinking through what information we already hold on our customers and how we might use that better to deliver a policy objective. The opportunities created by digital are not systematically considered as part of business planning and, again, tend to be added as a bolt-on.

Our use of digital in policy-making is often limited to publishing PDFs on wales.gov.uk and, in some cases, accepting responses via an online form. We do not exploit the potential of digital to capture and engage with the issues that people are discussing, which may not be the same issues that we are addressing in our policy work.

There is significant potential to do better. Digitally proficient policymakers will identify potential digital-enabled service transformations that would have a major impact across the Welsh public sector. As well as doing our own business better, Welsh Government can lead digital service reform throughout all our policy areas.

Actions to improve Legislation and policy-making:

6. As part of capability improvement, understand our existing digital skills and capability, and identify resources to meet learning and development needs, and integrate this within a refreshed policy learning and development curriculum

7. As major policy initiatives emerge, ensure that digital service options are effectively considered, e.g. taking forward Welsh Government's response to the Commission on Public Service governance and delivery review

4.1.3 Sourcing

We currently spend around £90million per annum on ICT, including around £40million through our Merlin contract. £12million of the total spend relates to core ICT services such as desktop and telephony, with the remaining £78million being spent on non-core ICT projects, including digital transformation projects.

Historically we have adopted a strategy of out-sourcing our digital delivery, relying on a couple of large companies for the majority of our work. This has had mixed success, with some good examples of value for money being achieved but many more where our ability to act as a challenging and informed client has been have not been as good as we could be. From a Welsh language perspective, outsourcing can result in us working with companies that have limited experience of working bilingually.

Furthermore, our category management has been more focused on ICT rather than digital and also we do not have a designated source of expertise to help us navigate around the various commercial or framework contracts, the products or services available to us to deliver digital projects. This in turn leads to confusion about the best value route to delivery and also minimises our ability to aggregate requirements together to generate better deals. We need a designated Category Management function for digital to understand the frameworks, contracts, and services that are available to us and help digital delivery teams navigate their way through these in the most effective way.

The best practice model emerging from the Government Digital Service suggests a lot more in-sourcing digital delivery alongside increasing the level of digital skills within government to improve our ability to better use the commercial marketplace. Delivering more in-house, rather than always relying on the market, has allowed the UK Government to be more agile, innovative and cost-effective. This in-sourcing approach also creates a virtuous circle for the skills and overall capabilities of the organisation.

Actions to improve Sourcing:

8. Identify/appoint a Category Manager for digital to provide contractual advice and procurement support in delivery of digital projects

4.1.4 Skills

We have some digital skills available within the Welsh Government but they are dispersed, not readily visible, not generally accessible or across the full range of specialisms we need. By digital skills we mean both technical skills such as developers, architects, designers, web operations, business analysts, language technologists, business IT skills, service and delivery managers, product managers as well as the digital leadership skills associated with Digital Leaders, Chief Digital Officers and digital policy and customer insight/performance skills.

We have some expertise in digital communications, publishing, marketing, engagement, campaigns, project delivery including strategy alignment, business analysis and project and process management. However we do not have a reliable view of our digital skills base, either in terms of number and type of roles or how mature we are as an organisation. Nor do we exploit the skills that we do have to the

benefit of the whole organisation: skills are seen to belong to DG areas rather than to Welsh Government as a whole.

Our Capability Plan (October 2013) identified digital as one of nine high-value skills that are crucial to the future success of our organisation. That Plan committed us to better understanding our current digital capability and gaps, and to developing learning that addresses our digital training needs. It is not anticipated that a huge programme of learning be developed on digital, but that is instead that all staff to develop a basic awareness of digital and the opportunities it offers. A smaller number will need more specialist and practical/operational knowledge of digital, while it is envisaged that an even smaller proportion will need expert skills such as developer and architect skills.

Work is already underway to develop learning on a range of core professions and digital needs to be embedded across these.

Figure 6: The different skills levels required to deliver this Plan

Actions to improve Skills:

9. Embed digital into our skills and capability planning and delivery

4.2 Delivery

4.2.1 Information services

Information services cover the publishing of information to help our customers engage with us. Wales.gov.uk / Cymru.gov.uk is our primary information service with 3.8 million visits in 2013. It is a hugely important asset since most people would use the internet to find out about us and around one in five people in Wales has used the

site.[35] [36] It sits on our corporate publishing platform along with around 30 other sites, such as Wales The True Taste and Change4Life Wales.

We also provide a business support service via business.wales.gov.uk that contains information about starting and running a successful business, including general business advice, how to tender for government contracts and international trade support. Business.wales.gov.uk attracted 350,000 visits in 2013 and was re-launched in April 2014 with much improved functionality, navigation and content. Visitwales.com provides the world with information about holidays and things to do in Wales and it was accessed by 2.4million people in 2013. The Welsh Government's Stats Wales site provides a range of statistical information about Wales and this attracts thousands of customers each month.

There are around a further 100 websites that we maintain or fund that are managed on different platforms and content management systems, according to different contract terms and conditions. We also have at least 50 social media accounts but most of them are not being used to engage with the public; they are primarily used as another broadcast channel.

Digital channel choices are made locally by DG areas or even by teams within them. This has had an impact on operational efficiency as sub-channels have multiplied and new channels have been deployed without reusing existing infrastructure, code or people. In practice this means that our customers can only access a small percentage of our information and services from one place and often need to move between websites, potentially using different log-in mechanisms, when they engage with us. This is confusing and frustrating and not acceptable in a world where people expect to move easily from one place to another online. With so many access channels provided across all services and DG areas, we need to focus our efforts on those channels that have strategic importance for engaging customers and reduce the number of those that don't.

Customers expect a personalised service and for the companies and organisations they deal with to know who they are, what they've signed up for and what they don't want. We have not adopted a Welsh Government-wide approach to the way our customers register for our services (or for how we authenticate them), nor for how we store their details in a way we can usefully retrieve them. We are not able to provide this level of service.

There is no one central place that can deliver digital components which are common to all digital projects which results in the creation of multiple, differing components delivering similar (but not identical) services to our customers.

Actions to improve Information services:

10. Continue with the work to improve, standardise and rationalise our information services

[35] Perceptions of wales.gov.uk (Beaufort Research 2011), p.8. 54% would use the internet, compared to 10% phone and 6% visit a Welsh Government office.
[36] Perceptions of wales.gov.uk (Beaufort Research 2011), p.18

4.2.2 Transactional services

Transactional services involve an exchange of information, money, licences, goods or services and result in a change in the records held by government. We provide a relatively small number of them. One of the most high profile, WEFO Online, significantly enhanced Wales's reputation in Europe as we were the first to develop a fully functional online funds processing system. Another high profile digital service is in development that will enable farmers to submit, manage and receive payment for EU farming subsidy applications.

There are also transactional information services in operation between the public services in Wales. Exchanges of data at an aggregate and individual level are a necessary part of the delivery and the effective performance management of many public services. Examples include the National Statistics produced on topics such as road accidents, social services and school performance. All of these use online services for the exchange of the detailed information.

However, over a number of years, DG areas, and sometimes even teams within them, have each taken responsibility for scoping and developing their own digital services. This means that our services have different user interfaces, infrastructure, language choices and technology solutions. We also lack a consistent approach to assisted digital, which is about supporting those who can't use our digital services independently. Each time a service is developed without giving consideration to reusing the assets we already own, we miss an opportunity to maximise the return on investments that we have already made. This approach has also helped to create a confusing user experience of Welsh Government online and has restricted the value that we are able to extract from the data we capture.

The Online Information and Services Programme (OISP) was created in 2011 to improve this situation through better co-ordination of our digital services. For two years the Programme worked with departments to understand their business requirements and provided digital infrastructure to help them deliver their services. The OISP established itself as the focal point of activity in the delivery of Welsh Government online services which helped ensure successful delivery of a range of online service projects and programmes, including Rural Payments Wales Online, Jobs Growth Wales and WEFO Online. However, the ultimate success of the Programme was limited by the absence of a mandate to lead truly digital transformational improvements across the organisation.

Actions to improve our Transactional services:

11. Develop criteria for determining which services should be prioritised for digital transformation, including ensuring that appropriate assisted digital provision is built into delivery

12. Baseline and then maintain a register of our transactional services (cost per transaction, user satisfaction, completion rate and digital take-up)

Actions common to Information and Transactional Services:

13. Implement a Digital Service Standard and Guidance Manual, based on the UK GDS Manual, to support all staff involved in policy development and delivery of digital projects

14. Formally adopt the new UK Government approach to identity assurance and develop an implementation plan for existing and planned Welsh Government digital services

15. Determine the core common digital components required across WG and establish a 'pay as you use'' delivery capability for these

16. Seek to develop an information architecture for our online digital services

4.2.3 Data and transparency services

People have a right to know how we are managing and spending public money, and we have a specific policy commitment to deliver greater transparency and accountability for our public services. Digital has a significant role to play in providing a clear explanation of public service performance measures and giving access to open and reusable data for others to scrutinise in detail.

In the last year, new digital transparency services have been made available for education, health and Programme for Government outcomes. Together with the long-standing StatsWales website, over 20,000 people each month are finding out about the performance of their local schools, hospitals and other services. We also see the open data resources behind these services being harnessed by the wider mainstream media to deliver 'added value' information resources.

Transparency services are critical to the future of Welsh public services and will benefit from the improvements in digital leadership and capability.

In addition to these public-facing transparency services, we see significant potential for digital ways of working in improving the transparency and connectivity between public sector organisations and in harnessing our digital resources for research into service improvements. We have committed to working in partnership with the research community to take forward Wales' participation in the Administrative Data Research Network.[37]

[37] Through the careful analysis and linking of secure, anonymised records from across our public services we will support the Administrative Data Research Centre for Wales (a collaboration between researchers in Swansea and Cardiff universities) to generate fresh insights into the performance and effectiveness of our public services.

Actions to improve Data and transparency services:

17. Develop and implement a co-ordinated approach for making available our key information assets to help drive economic growth

4.2.4 Performance and insight

We do not have a consistent approach to collecting service performance data. The key performance indicators for digital services are cost per transaction, user satisfaction, completion rate and digital take-up.[38] Without this data we cannot act confidently to improve our services: any changes will be based on intuition rather than data.

We need to collect, use and publish this data regularly and consistently in order to improve our digital services and transparency, and to demonstrate value for money to our customers. The UK Government publishes the performance dashboards of a growing number of its services, along with activity on GOV.UK.[39] Its Transactions Explorer allows everyone to see the transactional services provided by each department, along with the number of transactions per year, the digital take-up and the cost of each service.[40]

Furthermore, we can improve how we understand the long term impact of digital in how we make and deliver policy if we embed it in our research and evaluation programmes from the outset.

Actions to improve Performance and insight:

18. Develop and agree a common set of digital service metrics for publication, based on the UK Government approach

19. Evidence and evaluate digital as part of DG Evidence Plans

20. Regularly publish progress on the delivery of this Plan including lessons from across departments and wider afield in the effective use of digital to improve policy design and impact

[38] Defined in the UK Government Digital Service Manual: https://www.gov.uk/service-manual/measurement
[39] UK Government Performance Platform: https://www.gov.uk/performance
[40] UK Government Transactions Explorer: https://www.gov.uk/performance/transactions-explorer

5. Blueprint for achieving our vision

	From	To	Leadership challenge
Senior leadership	Digital having little visibility at senior levels in the organisation	A Board and SCS that understands digital and inspires and encourages staff to exploit it	Making a commitment to increase personal digital understanding and to promote awareness within DG
Good services	Maintaining around 150 sites and 50 social media accounts, giving little thought to the customer's overall experience of Welsh Government online	A smaller, coherent digital estate that has the customer at its heart and delivers value for money for us as a business	Taking tough decisions on rationalising Welsh Government's presence – exiting from older brands and sites
	Delivering digital projects in an ad hoc way, creating an inconsistent customer experience – including in Welsh	A standardised approach to digital projects that enhances the customer experience of Welsh Government	Mandating compliance with an agreed best practice approach to digital delivery
	Relying on a couple of large companies and letting expensive, inflexible contracts	A framework that makes it easier to work with Welsh SMEs in a more agile way	Including digital and ICT sourcing and spend as part of performance management
Policy	Having a patchy record in using digital tools and techniques to aid our legislation and policy-making processes	Processes that are more engaging to more people, producing more robust legislation and policies	Accepting the risks that come with opening up the policy-making process
Continuous improvement	Lacking a comprehensive approach to collecting service performance data and acting upon it (cost per transaction, user satisfaction, completion rate and digital take-up)	An organisation that values data and information, and uses it wisely to improve its performance	Understanding the value of data and how to exploit it
Skills	Identifying digital as a high-value skill	A workforce that understands and embraces the potential of digital as part of its business delivery	Emphasising the importance of the digital skills for every member of staff

6. Actions

The actions described below are designed to address the key issues identified above, namely:

- A digital leadership model that does not consistently promote corporate behaviour
- A blind spot with regard to what digital skills we have and will need – and how we'll develop them
- An organisational culture that does not consistently recognise how digital might be used to improve performance
- A disjointed model of digital service delivery that leads to poor value for money and a confusing and unsatisfactory user experience of Welsh Government online

The actions fall into two categories:

1. **Capability**: intended to improve our overall digital skills and digital leadership, embedding digital into the way we think and act, in particular in our policy-making and improving our procurement approach when we buy or make digital services.

2. **Delivery**: intended to put the customer, and not our internal structures, at the heart of our service delivery, to make our services more efficient and to make us look and feel like a modern government who communicates and engages with people in ways that suit them.

#	Action	Category	Who	Year 1	Year 2	Year 3	New or existing resource
1	Nominate/appoint an independent senior industry advisor to provide inspiration, experience, scrutiny and challenge on digital transformation to Board members	Capability	The Board	X			New but part-time function
2	Nominate/appoint a Welsh Government Digital Leader (DL) who is empowered to lead and champion digital transformation, implement this Plan and act as Head of Profession		The Board	X			Could be achieved through realignment of existing resources
3	Establish a small Centre of Excellence (CoE) to support 2) above.		Digital Leader	X			Could be achieved through realignment of existing resources
4	Assign a Digital Leader in each DG to be responsible for the effective delivery and championing of digital in their DG		Digital Leader	X			Existing. This is a function not a post.
5	Align individual existing work in each DG to this Plan (e.g. Business Plans, ICT Investment Plans and existing 'in flight' digital delivery projects)		DG Digital Leaders	X			Existing. See above.
6	As part of capability improvement, understand our existing digital skills and capability, and identify resources to meet learning and development needs, and integrate this within a refreshed policy learning and development curriculum		Heads of Profession for Policy and Legislation and Digital CoE	X			New

7	As major policy initiatives emerge, ensure that digital service options are effectively considered, e.g. taking forward Welsh Government's response to the Commission on Public Service Governance and Delivery review	**Capability**	Digital CoE	X			New
8	Identify/appoint a Category Manager for Digital to provide contractual advice and procurement support in delivery of digital projects		Corporate Procurement Service	X			Could be achieved through realignment of existing resources
9	Embed digital into our skills and capability planning and delivery		Corporate Learning and Development and Digital CoE				New
10	Continue with the work to improve, standardise and rationalise the presentation of our information services	**Delivery**	Director of Strategic Communications and Digital CoE	X	X		Existing
11	Develop criteria for determining which services should be prioritised for digital transformation, including ensuring that appropriate assisted digital provision is built into delivery		Digital Leader		X		New
12	Baseline and then maintain a register of our transactional services (cost per transaction, user satisfaction, completion rate and digital take-up)		CoE	X			New
13	Implement a Digital Service Standard and Guidance Manual, based on the UK GDS Manual, to support all staff involved in policy development and delivery of digital projects		Digital CoE	X			New
14	Formally adopt the new UK Government approach to identity assurance and develop an implementation plan for existing and planned Welsh Government digital services		Digital CoE	X			New

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15	Determine the core common digital components required across WG and establish a 'pay as you use' delivery capability for these	**Delivery**	Digital CoE and DG DLs		X		New
16	Seek to develop an information architecture for our online digital services		CoE and Head of Profession for Knowledge and Information Management		X		New
17	Develop and implement a co-ordinated approach for making available our key information assets to help drive economic growth		Knowledge and Analytical Services		X		New
18	Develop and agree a common set of digital service metrics for publication, based on the UK Government approach.		Digital CoE in conjunction with Social Research		X		New
19	Evidence and evaluate digital as part of DG Evidence Plans		Digital CoE/ Knowledge and Analytical Services and DG Digital Leaders		X		New
20	Regularly publish progress on the delivery of this Plan, including lessons from across departments and wider afield in the effective use of digital to improve policy design and impact		Digital CoE	X	X	X	New

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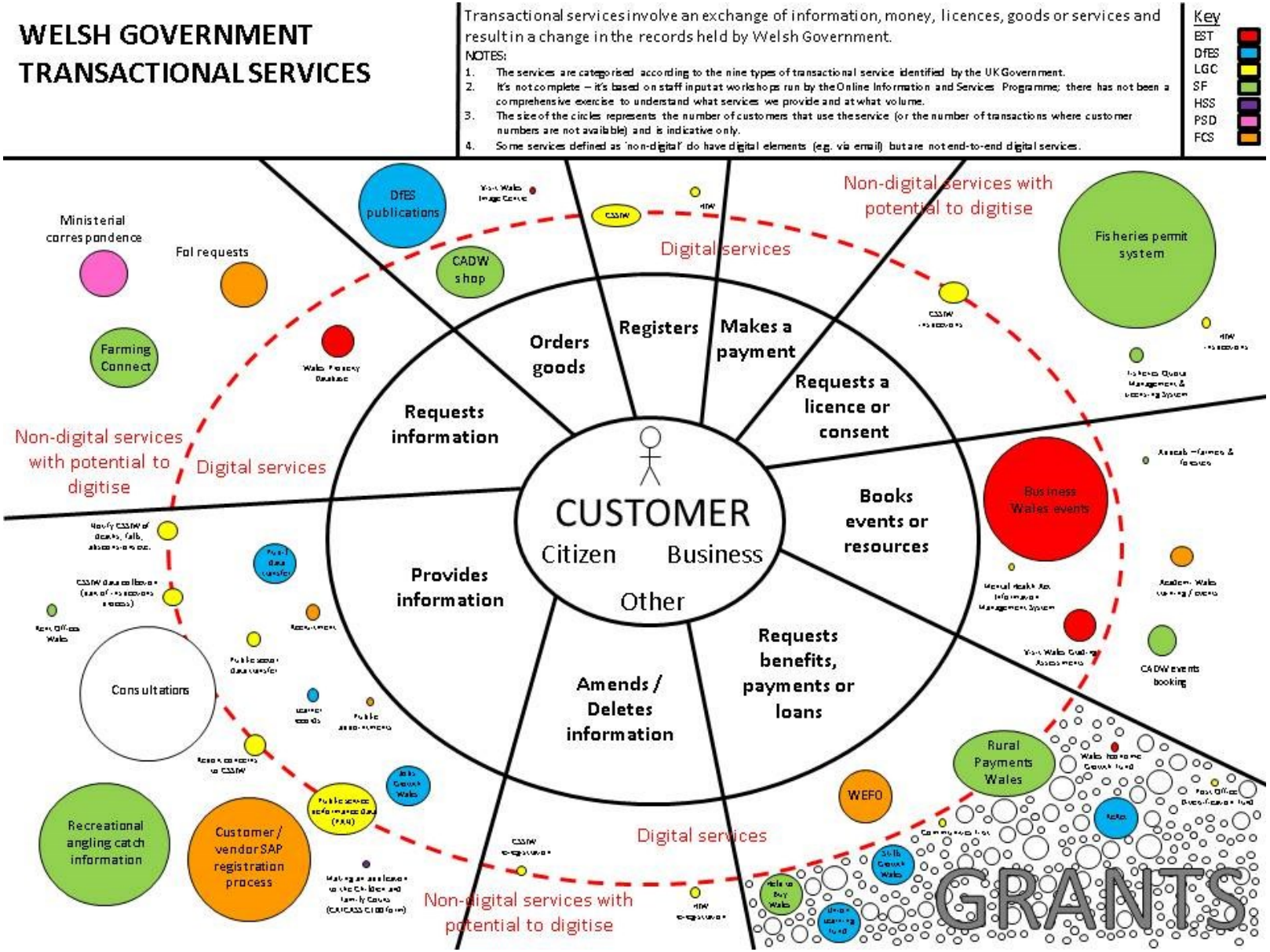
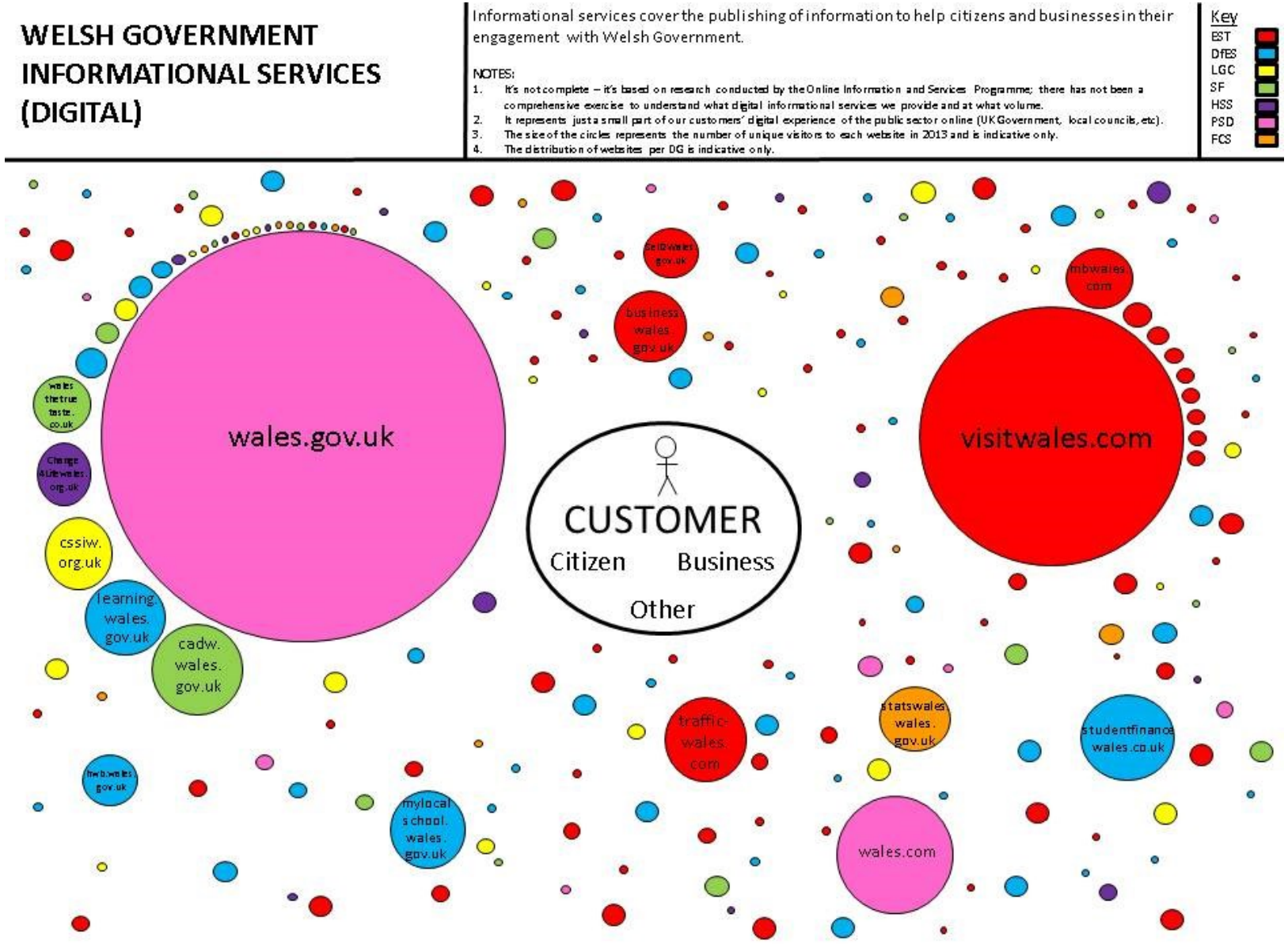
Annex 1: Welsh Government Transactional Services



Annex 2: Welsh Government Information Services



Mae cyfyngiadau ar y ddogfen hon

Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
PAC(5)-17-17 P1

Cwm Taf UHB Response To The Auditor General For Wales Report - Managing Medicines In Primary And Secondary Care, December 2016.

Written Evidence for Public Accounts Committee June 2017

The Welsh Audit office (WAO) Report into Medicines Management in Acute Hospitals in 2014-15 concluded that for medicines management in Cwm Taf: "Overall corporate arrangements are strong and working relationships are good but opportunities exist to strengthen some medicines management processes, increase the use of technology, address some facilities issues and broaden performance monitoring".

1. What action is your Health Board taking in minimising medicines wastage?

Some medicines waste is inevitable as medicines may have to be stopped due to adverse effects or patients conditions change and require different or no medicines. Medicines legislation and regulation does not support the reuse of medicines once dispensed to a patient.
In 2007, the National Audit Office in England estimated the value of waste medicines to potentially be as high as 10% of the overall NHS drugs bill in the community. In 2010, this gave rise to an estimate for NHS Wales of £50m per annum or £5M for CTUHB. Other studies have estimated a 4% value of waste medicines and of that less than 50% is economically recoverable/cost effectively preventable.

Cwm Taf UHB recognised that medicines waste is an indicator of:

- patients not taking their medicines as intended (non-adherence) and
- Efficiency of medicines prescribing & supply systems in both primary and secondary care.

Actions being taken to address each of these issues are:

Patients not taking their medicines as intended

CTUHB has established a medicines campaign: Your Medicines Your Health (YMYH).

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YOUR MEDICINES YOUR HEALTH
TAKE THEM IF YOU CAN, TELL US IF YOU CAN'T

YMYH uses behavioural science to inform a structured range of interventions. The purpose of these is to increase the responsible use of medicines by patients and the public. In doing this YMYH promotes self-care, self-reliance and independence.

Key objectives:

- Improve medicines compliance/ adherence
- Improve communication and encourage co-production
- Reduce medicines waste
- Improve patient outcomes

The WAO Report identified Cwm Taf YMYH as good practice *"A national campaign called Your Medicines, Your Health is being led by Cwm Taf University Health Board on behalf of all health bodies, with the aim of changing public attitudes to their medicines. Actions taken in Cwm Taf have included a campaign to persuade patients to return unwanted and out-of-date medicines to community pharmacies (see Exhibit 10), the inclusion of campaign messages on bags used to dispense medicines to patients and awareness raising sessions with schools. Cwm Taf is currently evaluating the campaign and discussions are ongoing between Chief Pharmacists in Wales about how to further bolster approaches to minimising wasted medicines".*

The Chief Pharmacists have recently agreed to roll out elements of the YMYH campaign across Wales.

Key deliverables are:
YMYH schools art project – this is a collaborative scheme with Artis Cymru and the artist in residence of the HB using creative practice to promote life-long learning about safe and effective use of medicines.
A teaching pack for years 5 & 6 has been developed and approved by education leads in RCT and Merthyr Tydfil. It is currently being rolled out to all Cwm Taf primary schools by school nurses.
Positive discussions are also taking place with the WG education curriculum leads which will hopefully see it included in the Welsh national curriculum for healthy living education across Wales.
Awareness Campaign and public messaging – This is a mulitfactorial campaign approach to raising awareness of good medicines use and management. Methods such as face to face talks, promotional posters and aids, social media . YMYH brand identity underpins all work. There have been over 30,000 face to face contacts to date. Evaluation has been done via public surveys (questionnaires) to 500 people who have had contact i.e came to a promotional stand or attended YMYH face to face sessions. This has been repeated once with a 6 month interval. Results indicate a positive awareness of the YMYH brand which increased after 6 months and also demonstrated understanding of the key message take them if you can tell us if you can't.
See Appendix 1 for examples of media campaign

Spring Clean Your Medicines Campaign – A targeted, repeated, time specific campaign to increase awareness of medicines adherence and cause a measured action of returning any stockpiles of medicines waste to your community pharmacy. 3 years of measures have indicated increasing returns of waste medicines following the campaign compared to the years prior to the campaign. This campaign highlights to the public where they are accruing more medicines than they need, supports them to talk to a healthcare professional about it and prompts community pharmacy to conduct an MUR or discuss the medicines use with the person. CTUHB has a domiciliary MUR service supporting pharmacists to visit patients in their own homes/care homes.

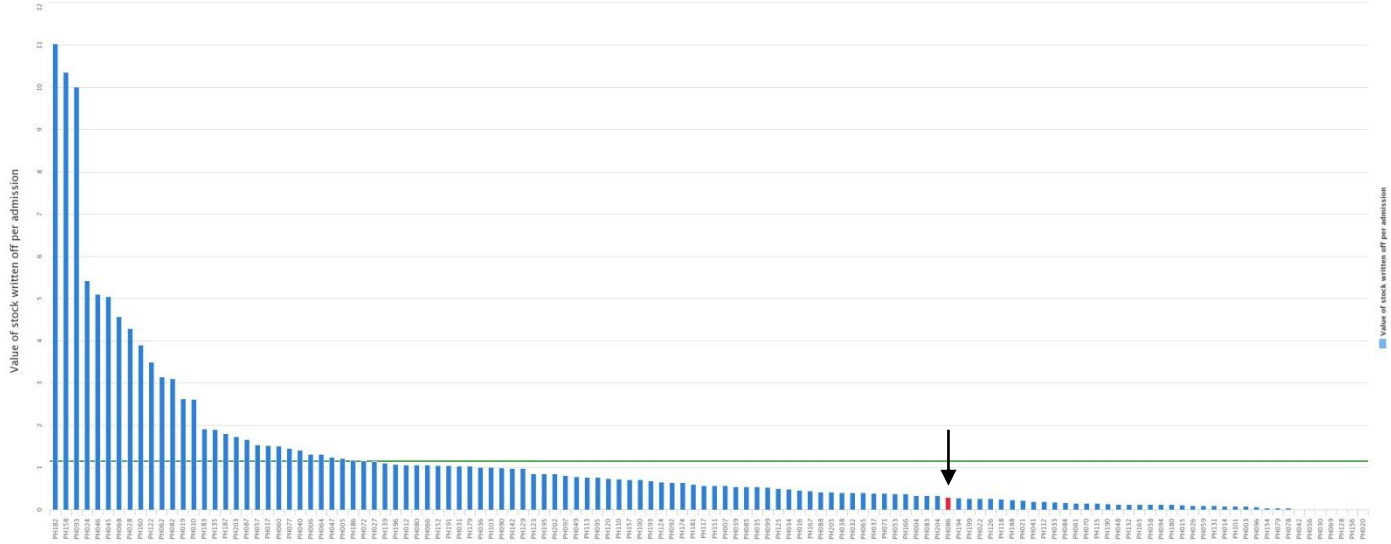
Self referral to Medicines Use Review in community pharmacy- This is a Bevan Exemplar project to encourage the public to self refer to community pharmacy for a medicines use review.

Other actions in the HB include: CTUHB has cluster based pharmacists and primary care advisor pharmacists and pharmacy technicians working in and with GP practices. They provide medicine reviews with patients in practices and in home/care homes. The review will identify medicines no longer required, reducing poly-pharmacy and will also support patients to better manage their medicines and medicines adherence.

Through research the HB is also exploring the barriers and enablers to the re-use of medicines. An initial paper has been published as part of an MSc and has stimulated ongoing research with Cardiff University: *The redistribution of medicines: could it become a reality?, IJPP, vol 26, issue 6, Dec16.*

<u>Efficiency of medicines supply systems in both primary and secondary care</u>

In Secondary care the HB has established medicines logistics systems managing the procurement, supply and storage of medicines across all the HB wards and departments. The percentage of medicines waste as a total of medicines cost is 0.085%. From NHS benchmarking, CTUHB has a very low medicines waste average per admission compared to other HBs and Trusts in Wales and England, Cwm Taf is the red line:



Medicines waste is reduced to a minimum through efficient stock management systems to ensure high stock turnover and reduced ward stock levels, monitoring through KPIs. Automated pharmacy storage systems are in place in each pharmacy department in the HB and automated ward storage systems are in place in all A/E & ITU departments with a plan to install in ward areas and tracking of medicines use, regular review of medicines prescribing and close working with prescribers by pharmacy staff.
The HB encourage the use of patients own medicines on admission to hospital, through collaborative work with Welsh Ambulance using the green bag scheme and the "message in a bottle" scheme.

Primary care prescribing advisor pharmacists and technicians support GP practices to develop and implement repeat prescribing procedures and processes. Arrangements such as repeat dispensing schemes with community pharmacies are in place, where patients are contacted prior to each repeat to check if they need that medicine or not.

The Prudent prescribing Group lead is based in CTUHB and is developing a new Batch Repeat Dispensing service in Wales. The Rhondda locality will pilot the new service.

This aims to reduce the potential for medicines waste, reduce the burden on GPs and provide a streamlined service for patients.

CTUHB has commissioned a community pharmacy medicines waste reduction scheme, where community pharmacies are incentivised to stop medicines no longer required, if appropriate. This scheme saved over £50K in 2016-17.

In acute care waste is minimised through use of dose banding for aseptically prepared medicines, which will further increase with the adoption of this model across Wales.

2. <u>What actions is your Health Board taking to implement prudent prescribing principles?</u>

CTUHB has provided the lead for the prudent prescribing implementation group in Wales (PPIG). PPIG identified actions have all been implemented in CTUHB:

Care for those with the greatest health need first, making the most effective use of all skills and resources -

<u>Primary care Cluster pharmacists:</u> Cwm Taf contributed to the development of an all Wales Job description and models of care document for the implementation of new pharmacist advanced practitioner roles working in GP practices and primary care clusters.

In Cwm Taf we initially recruited 5 WTE pharmacists to 2 primary care clusters, due to their success we now have over 12 WTE pharmacists across three clusters. Their work to date has focussed on care home residents and addressing polypharmacy, medication reviews, triaging acute requests, managing transfer of care medicines issues and engaging in innovations such as the virtual ward scheme in a practice.

Cwm Taf provided short term secondments to the Welsh Centre for professional pharmacy education (WCPPE: who develop and deliver postgraduate training to pharmacists) to enable early, consistent and now on-going development & training for these new Cluster pharmacists across Wales.

All the cluster pharmacists are either Independent prescribers or working towards this qualification.

<u>Cynon Valley community pharmacist Independent Prescribers:</u>

Cwm Taf secured funding from WG to train five community pharmacists as independent prescribers. They all successfully completed their training in 2016-17 and have continued to supplement the cluster pharmacists and support medicines management initiatives. This makes better use of the community pharmacy workforce and enables them to become more integrated with primary care colleagues and health board.

In addition CAMHS have implemented an innovative role for pharmacist prescriber in the specialist area of ADHD prescribing.

<u>Urinary Catheter supply service redesign</u>: In 2013 Cwm Taf redesigned the way in which urinary catheters are prescribed and supplied to patients. Previously catheters and associated products were prescribed by GP's with little specialist clinical review and follow up. Specialist nurse practitioners were recruited and trained and independent prescribers. The responsibility for prescribing and review was transferred from GP's to the specialist practitioners over a period of several months. Analysis of prescribing data has shown that expenditure has been reduced by approximately £200k over the two years following implementation and patient satisfaction studies have indicated that patients are happy with the new service.

Specialist Cardiology Pharmacist Primary Care Arrhythmia clinics: The Merthyr Tydfil primary care Cluster is developing community cardiology clinics. A secondary care advanced practice cardiology pharmacist and independent prescriber is currently training to provide an innovative role in the arrhythmia clinic which otherwise is undertaken by consultant cardiologists or GPs.

Smoking cessation: Cwm Taf have led the development of community pharmacy smoking cessation services across Wales. 50 pharmacies within Cwm Taf now provide this service, and from June 2015 pharmacists have been able to offer Varenicline in addition to Nicotine replacement therapy as a treatment option to patients accessing the service. There is strong evidence to support community pharmacy as a cost effective way of encouraging citizens to stop smoking. Prescribing costs of smoking cessation products have reduced in Cwm Taf by £140k over the last two years and quit rates via the pharmacy service are comparable with other NHS smoking cessation services. Cwm Taf health board are looking to further expand this service focussing on those areas with the greatest need.

Common Ailments Scheme (CAS) – Choose Pharmacy
CTUHB was an initial pathfinder site for this initiative. The Choose Pharmacy IT platform has been installed in all the HB 70 community pharmacies and the Common Ailments scheme has been commissioned in two localities in 2016-17, with the roll out to the remaining localities underway. The HB is expected to be the first in Wales to offer this scheme for all its areas by summer 2017.
The CAS will divert patients away from GP practices for appropriate common ailment conditions; community pharmacists will provide advice, treatment or referral as needed.

Do only what is needed, no more, no less; and do no harm:

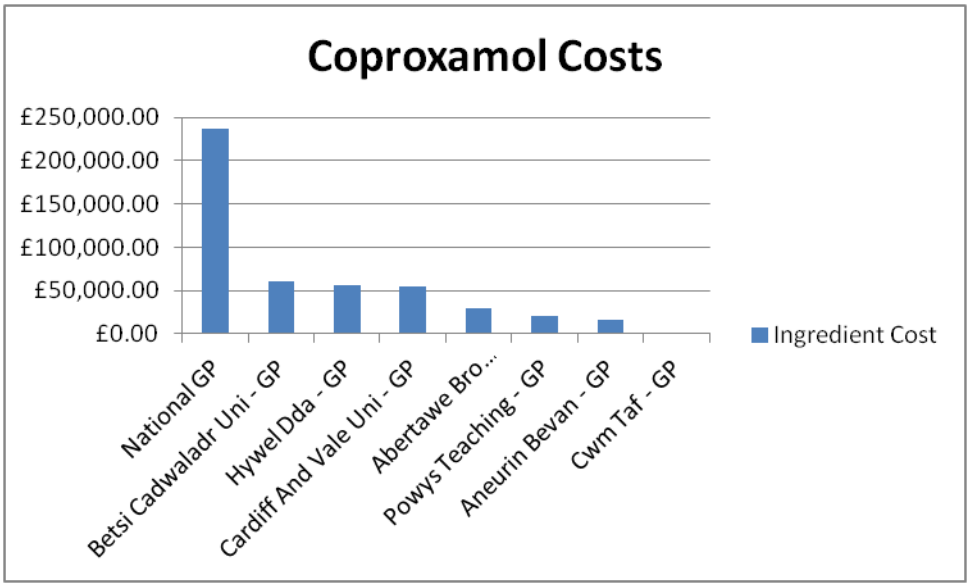
Medication Safety Indicators Dashboard
Cwm Taf has led on all Wales development of Medication Safety Indicators which are reported on the Health and Care Monitoring System (formerly fundamentals of care system).
The four indicators are: allergy documentation, VTE risk assessment documentation, medicines reconciliation within 24 hours of admission and omitted medication. The data is collected by pharmacy staff once a month by randomly sampling 10 in-patient medication charts on each ward. The data is collated electronically using the "Teleform" software and automatically uploaded into the system. Cwm Taf has the highest level of compliance with VTE risk assessment documentation in Wales (>85%)

Reduce inappropriate variation using evidence based practices:

NICE do not do's**:** As part of the work of the prudent prescribing implementation group (PPIG) Cwm Taf worked with colleagues in the all Wales toxicology and therapeutics centre (AWTTC) to develop a list of therapeutic products that are being prescribed in Wales despite the fact that there is little or no evidence base for their use. Fourteen products were identified and Cwm Taf led on the development of all Wales procedures and protocols that will allow clinicians to review patients being prescribed these medicines.

Across Wales expenditure has reduced by £576k (25%) over a 2yr period. In Cwm Taf costs have reduced by approximately £82k (31%). The costs continued to decrease in 16-17.

Another example of a drug which is not recommended due to patient safety concerns is co-proxamol. CTUHB has the lowest prescribing:



Antibiotic prescribing: Cwm Taf have employed two antimicrobial pharmacists. They have a remit to manage antibiotic prescribing in primary and secondary care. The initial focus has been to improve the choice of antibiotic prescribed to support controlling C.difficle and antimicrobial resistance. CTUHB has the lowest C.Difficle rate in Wales.
New antimicrobial guidelines for all clinical and primary care areas have been implemented and installed on a Microguide telephone APP. Secondary care KPIs have been developed and are reported to clinical directorates on a regular basis. CTUHB has an action plan in response to Public Health Wales AMR Implementation Plan and is engaged in the implementation group (AMRIG).

The AMS agreed plan identified the top ten highest prescribing GP practices and these were prioritised for specific interventions in response to their audit results. This strategy was prioritising those with the highest variation from the Cwm Taf average, with the intention to reduce variation first and then reduce the average. Prescribing patterns for the first GP practice in which the intervention was implemented demonstrated a 10% reduction in antimicrobial items prescribed and a 50% reduction in cephalosporins and quinolones (see table 1).

Table 1 – First GP practice AMS actions Headline Results

Antimicrobial Prescribing January to August 2016 vs 2015	
Total antibacterial items **DOWN**	**-9%**
Broad spectrum penicillin items DOWN by a **QUARTER**	**-23%**
Cephalosporin Items **HALVED**	**-53%**
Quinolone Items **HALVED**	**-58%**
Nitrofurantotoin items UP by a **QUARTER**	**27%**

There has been a positive change in the prescribing of targeted antimicrobials:

National Primary Care Prescribing Indicators 2016-17
Summary Of Cwm Taf Position For Primary Care Prescribing:

Indicator	Target / Prescribing aim	2016/17 quarterly trend	Cwm Taf position in Wales (1st = best performing HB)		Cwm Taf change Dec qtr 15 v 16
			Dec qtr 2015	Dec qtr 2016	
Antibacterial items per 1,000 STAR-PU	Decrease	▲	6th	7th	1.34%
Co-amoxiclav items per 1,000 patients	Decrease	▼	6th	6th	-17.5%
Co-amoxiclav items % of total antibacterial items	Decrease	▼	7th	6th	-18.7%
Cephalosporin items per 1,000 patients	Decrease	▼	7th	7th	-0.61%
Cephaloproin items % of total antibacterial items	Decrease	▼	7th	7th	-1.99%
Fluoroquinolone items per 1,000 patients	Decrease	▲	3rd	3rd	4.53%
Fluoroquinolone items % of total antibacterial items	Decrease	▲	2nd	2nd	3.08%

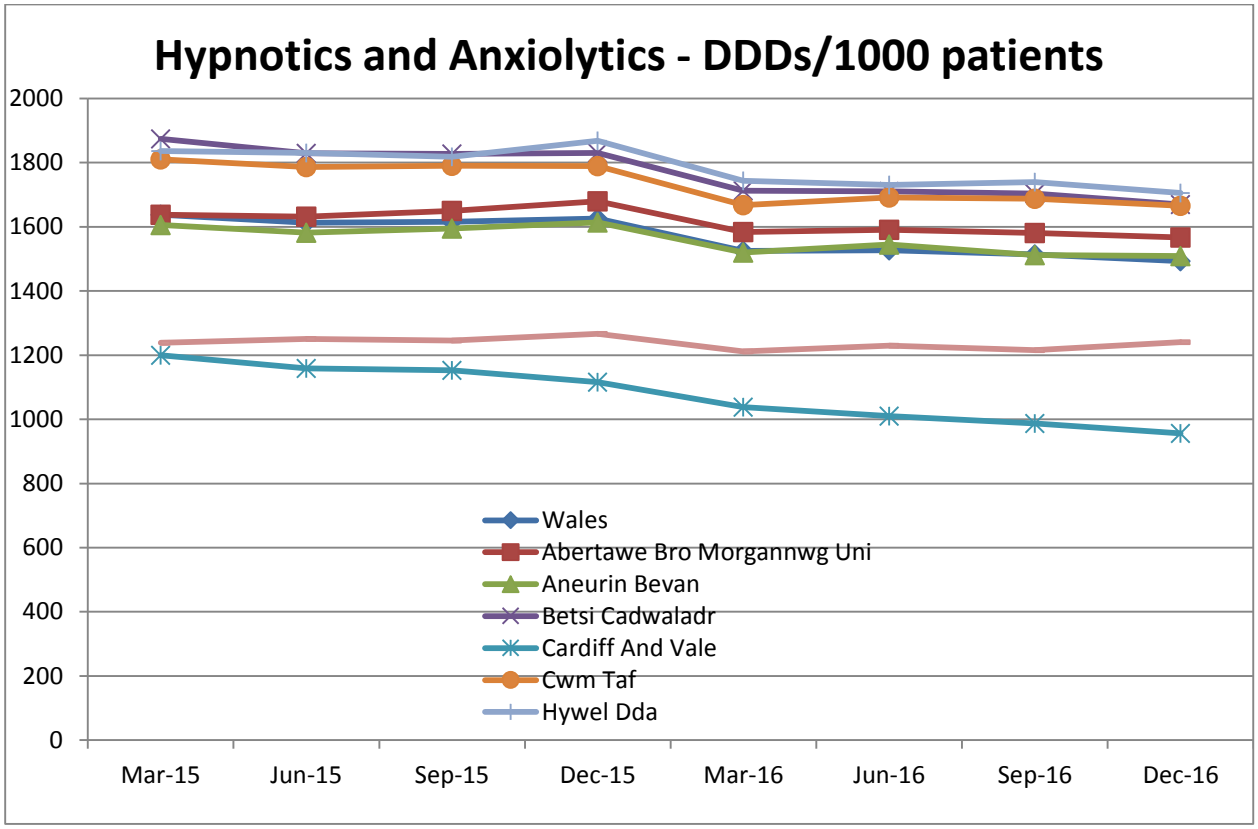
An innovative pack for nurses to understand their role in antimicrobial stewardship was recognised by the AMRIG as best practice in Wales and CTUHB achieved funding from AMRIG to implement their novel "Antimicrobial Myth Busting" education session for the public using behaviour change science.

The more significant challenge is to reduce the volume of prescribing. Work in secondary care to reduce surgical prophylaxis continues for longer than 24 hrs has begun. We are working with 1000 Lives on a behaviour change project to support the introduction of an antimicrobial sticker encouraging the clinical review of prescribing.

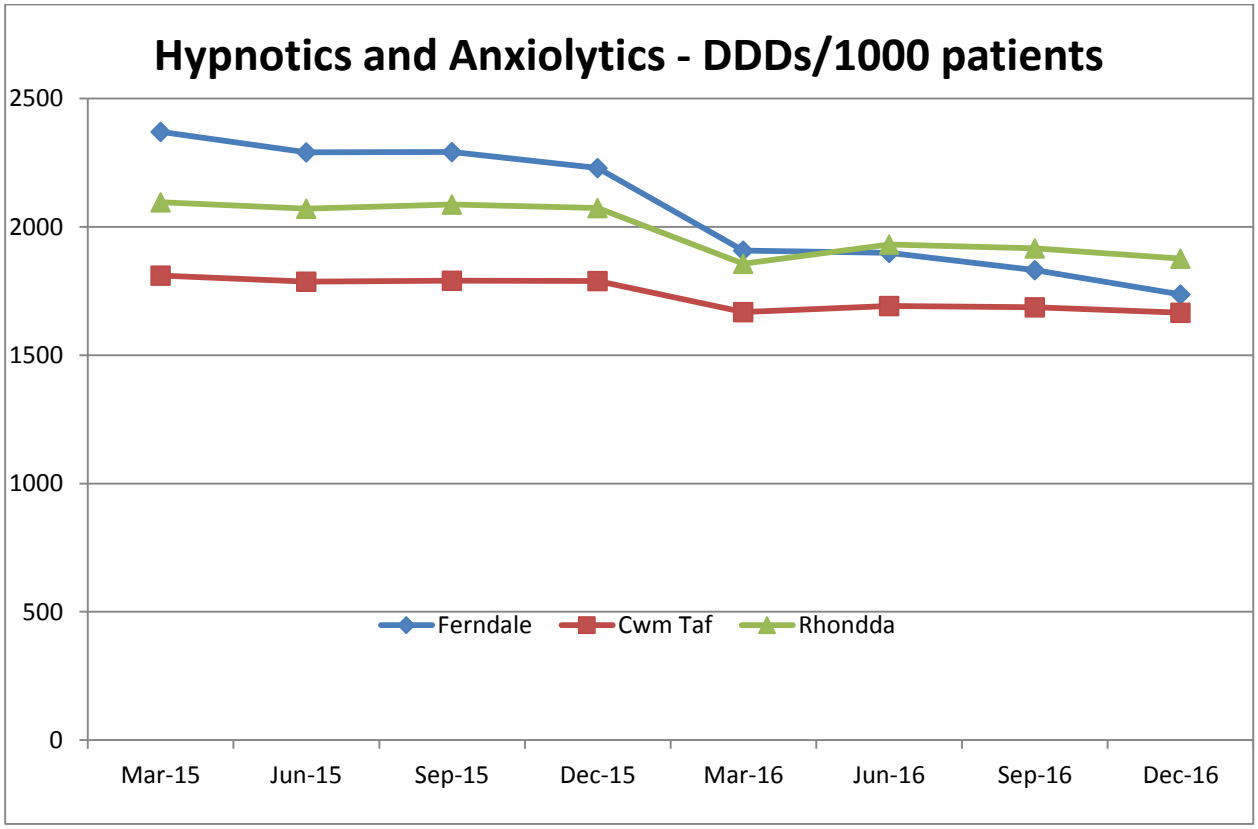
CTUHB has the highest volume of antimicrobial prescribing in Wales. Engaging both the public and prescribers is essential.

Hypnotics and Anxiolytics

CTUHB has historically been the highest prescribers of this class of medicines. Targeted interventions by pharmacists and GPs have resulted in decreasing prescribing rates. The table shows CTUHB moving from the highest to a third highest prescribing rate:



Targeted interventions in a GP practice can have significant outcomes as below:

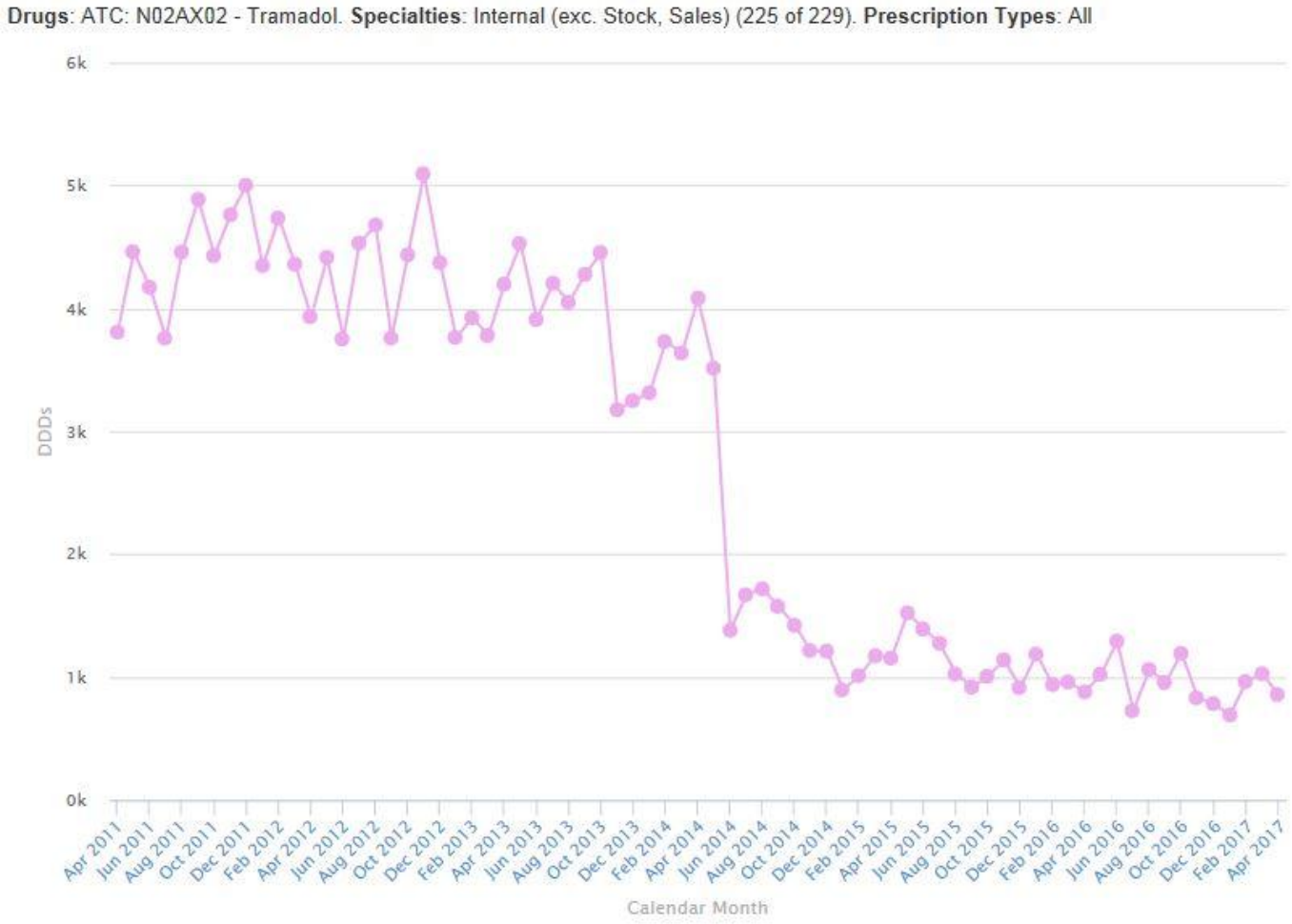


CTUHB has collaborated to implement the innovative Valley Steps Scheme. This scheme has the reduction in antidepressant prescribing volume growth as one of its objectives. The prescribing of antidepressants are closely related to anxiolytics and hypnotics and we predict a reduction in all these medicines.

Tramadol

CTUHB has high prescribing rates of this medicine which has patient safety concerns and is a prescribing indicator for decreased prescribing rates.

Interventions in both secondary and primary care are required to produce a decreased Tramadol burden across the HB. The chart details the secondary care use reduction:

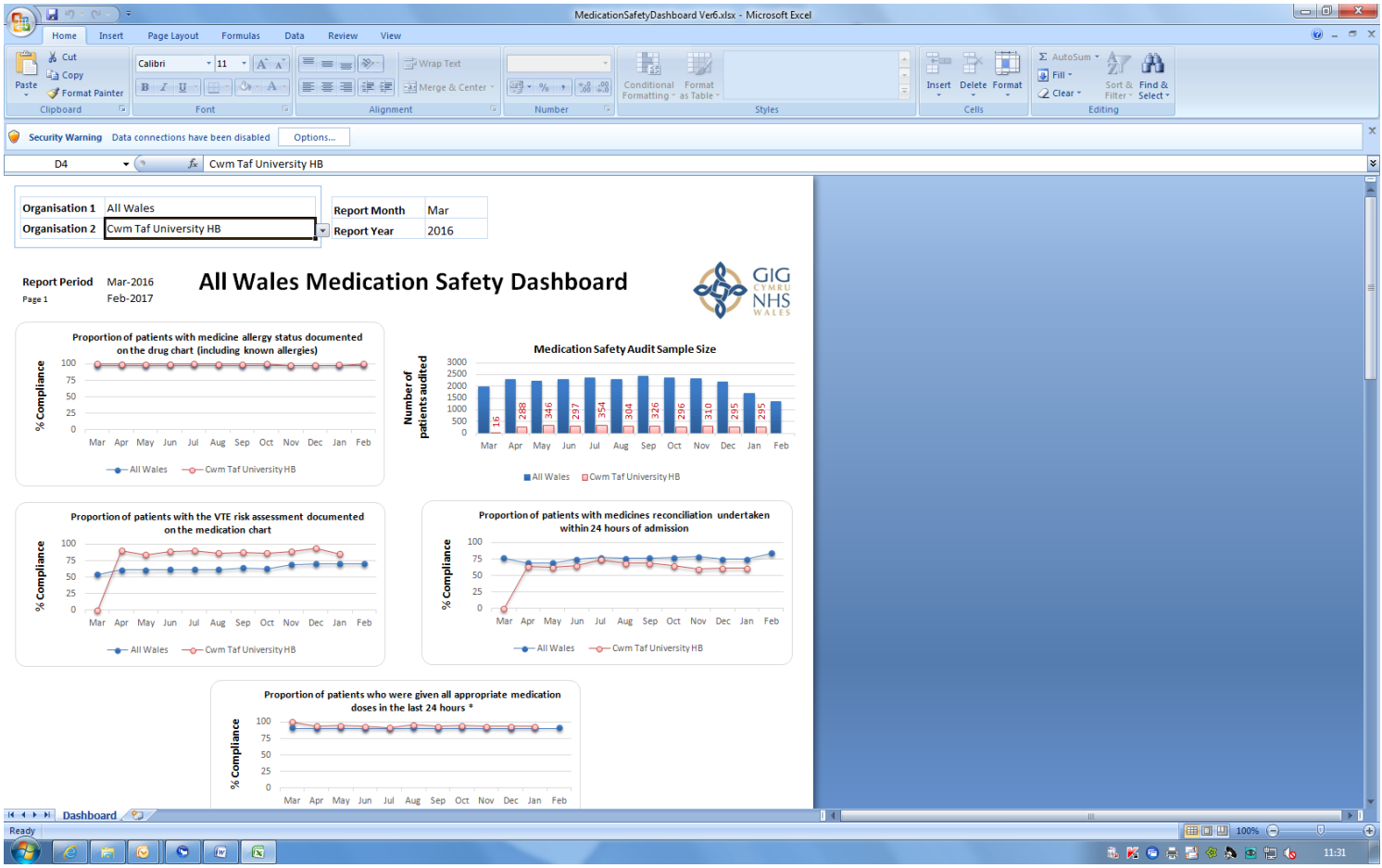


3. What actions is your Health Board taking to address issues associated with medicines administration, storage and recording that originated from the Trusted to Care Report?

CTUHB developed an action plan in response to the Trusted to Care Report and progress is monitored through the Quality and Patient Safety Committee.
Actions completed include:

- All pharmacy staff received an update on professionalism and patient dignity, which is included in induction of all new pharmacy staff
- Implementing medicines safety KPIs and dashboard,
- Revising and implementing the medicines management policy and administration procedure
- implementing a self administration policy for insulin,
- Implementing a covert medicines policy
- Implementing automated storage on high risk ward areas

CTUHB developed and led on the All Wales Medicines Safety Dashboard a screen shot is below:

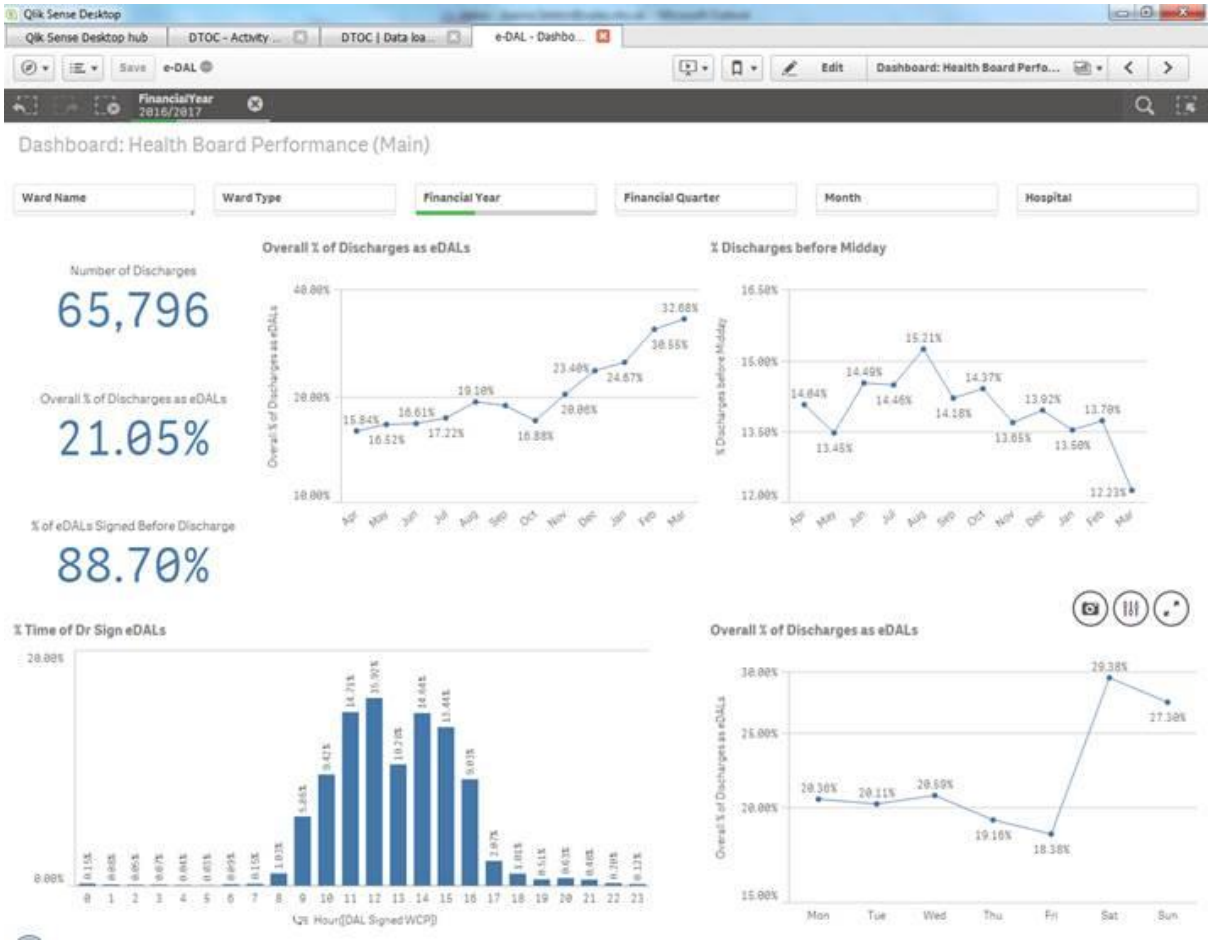


A risk assessment on medicines storage on wards has been conducted and found to be low risk, with cupboards deemed safe and secure. The Health and care standards audit demonstrated 99% compliance with medicines storage: drug trolleys and cupboards locked and secure.
Automated medicines storage cabinets have been installed in areas of higher risk such as A&E departments. Enhanced medicines stewardship (including antimicrobials,

opiates & drugs liable to misuse) will be facilitated by automated medicines storage. Bids have been made to the all Wales Pharmacy Modernisation Fund for additional cabinets for these higher risk drugs.
There is a standard operating procedure in place for recording and monitoring ward fridge temperatures. A further business case has been submitted to the Pharmacy Modernisation fund for automated monitoring systems, which will provide robust governance and timely reports.

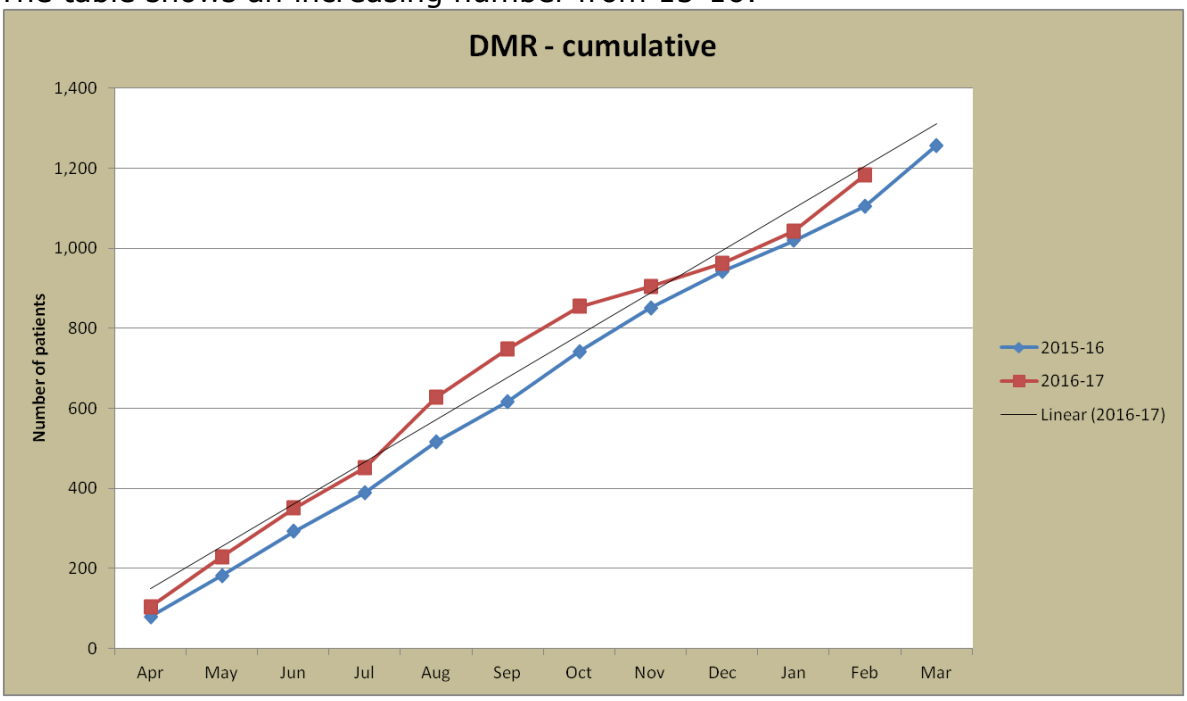
The storage of medicines within the pharmacy is robust utilising automated storage units, restricted access, temperature controlled environments and electronic monitoring of fridge temperatures with direct alerts to pharmacy staff both within and out of hours.

The electronic discharge Advice Letter system (MTeD/eDAL) has been implemented on all acute medical and surgical wards and community wards in the HB, specialist areas such as Mental health and paediatrics are in progress. The screen shot below is taken from a Qlick App where the eDAL data is loaded to allow clear information regarding use and patient flow to be easily extracted. The graphs demonstrate the increasing number of electronically produced DALs, when they are completed and the discharges before midday.



The number of discharge MURs completed by community pharmacists continue to rise in the HB area and this will be supported when the eDAL connects to the choose pharmacy system across the HB community pharmacies.

The table shows an increasing number from 15-16:

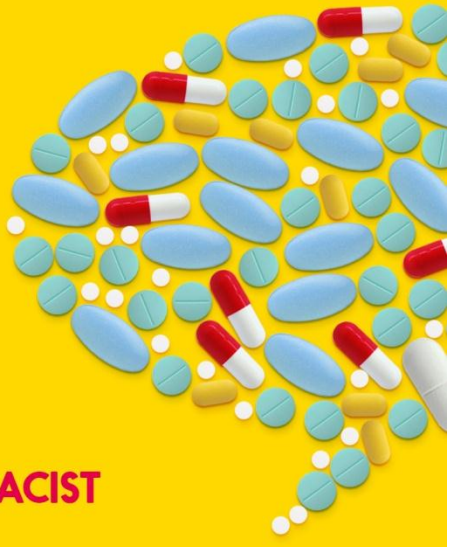


4. The progress for your Health Board for considering or implementing the Auditor Generals recommendations (recommendations below)?

The report in appendix 2 was presented to the CTUHB Audit Committee in April 17. Regular updates will be provided for identified actions.

Appendix 1: Your Medicines Your Health Cwm Taf TV slides

MANAGE YOUR MEDS MONDAY



What medicine do I need this week?

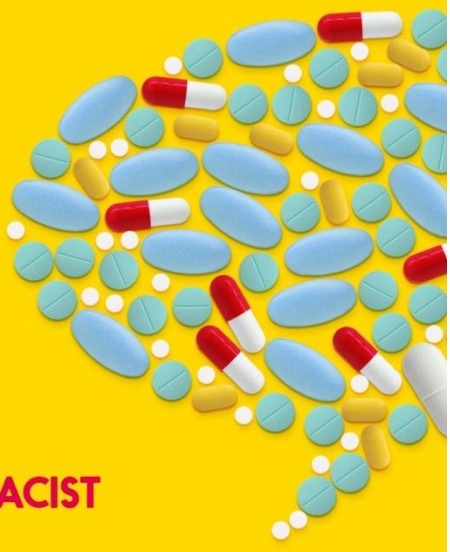
I don't want to order if I have enough already!

TALK TO YOUR DOCTOR OR PHARMACIST

EICH MEDDYGINIAETHAU EICH IECHYD
YOUR MEDICINES YOUR HEALTH

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

TALK TO US TUESDAY



Do you feel you take too many medicines?

Have you taken your medicines for a long time and unsure if you still need them?

TALK TO YOUR DOCTOR OR PHARMACIST

EICH MEDDYGINIAETHAU EICH IECHYD
YOUR MEDICINES YOUR HEALTH

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

JUST WONDERING WEDNESDAY

Just wondering, why shouldn't I order an inhaler 'just in case'?

Just wondering, why can't I order antibiotics over the phone?

TALK TO YOUR DOCTOR OR PHARMACIST

EICH MEDDYGINIAETHAU EICH IECHYD
YOUR MEDICINES YOUR HEALTH

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

Cwm Taf Response to the recommendations contained in the report of the Auditor General for Wales entitled "managing medicines in primary and secondary care" 2016

Recommendation	Welsh Government Response	Health Board Response Feb 2017
The Welsh Government, NHS Wales Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care, along with a clear process for monitoring the delivery of the plan.	**Response** – Accepted. The NHS Wales Informatics Service (NWIS) has established the Welsh Hospital Electronic Prescribing and Medicines Administration project to develop and implement the national plan for electronic prescribing in secondary care and the inaugural meeting of the project board was held on 23 November 2016. The project team is currently working with stakeholders to define the exact scope of the	The HB is engaged in the All Wales project and has included the resources required (as detailed by NWIS) in the medicines management IMTP. The HB is ideally placed to pilot the project building on the track record for implementing and developing the eDAL system. CTUHB will have completed the roll out of eDAL to all acute medical and surgical wards and community wards by July 2017. Specialist wards such as

	project and the system requirements. Once this is complete the business case for procurement of a replacement hospital pharmacy system and an electronic prescribing and medicines administration solution will be completed by NWIS and considered by Welsh Government. Subject to the completion of the business case, it is expected that the procurement of these systems will be completed during 2018-19 with implementation beginning in the early part of 2019.	mental health are being addressed individually to tailor to their needs.
The Chief Pharmaceutical Officer for Wales should lead national reviews to assess each health body's compliance with the MARRS policy, to assess the effectiveness of the new mandatory training programme on medicines management and to assess the long-term sustainability of actions taken in each health body to address all medicines-related findings from Trusted to Care; and Each health body should develop a time-bound plan for improving storage and security of medicines on hospital wards, including specific consideration of the benefits of implementing automated vending machines.	**Response** – Accepted. The Chief Pharmaceutical Officer for Wales will re-convene the Medicine Administration, Recording, Review and Storage (MARRS) working group to undertake a review of each health body's compliance with the MARRS policy. Due to unforeseen circumstances there has been a delay in implementing the e-learning programme on medicines administration. The working group will therefore give further considerations as to how the e-learning programme can be rolled out most effectively. We envisage the first meeting of the re-convened MARRS working group will be in April 2017 and that it will complete its review by March 2019. Patient Safety Notice PSN 030, issued in April 2016 set out the expected standards for safe and secure storage of medicines on hospital wards. We have identified the need to review the requirements contained in the notice in light of concerns that the cost of replacing the storage on all hospital wards, regardless of current condition, would be disproportionate to the anticipated benefit; given the low level of risk presented by storage facilities on the majority of wards. The MARRS working group will, as part of its work, review PSN 030 and update it.	The HB will develop a time bound plan for improving storage and security of medicines on hospital wards. The HB has installed automated vending machines in higher risk ward/dept areas. The 17/18 plan is to focus on improved automated storage for high risk medicines in general ward areas. Further capital investment will be sought from WG pharmacy modernisation fund for more automated vending machines as identified in the prioritisation plan. A SON has been submitted to capital for and automated fridge monitoring system for ward fridges. A risk assessment of all ward medicines storage areas has been conducted. No high risk issues were noted.

	guidance will be issued before the end of 2017. The Chief Pharmaceutical Officer will, with the Chief Pharmacists in local health boards and Velindre Cancer Centre, complete an audit of the current use automated ward vending machines in NHS hospitals in Wales and develop a prioritised list of sites in which automated ward vending should be implemented. This work will be completed by June 2017.	
Health bodies should ensure their Chief Pharmacist is, or reports directly to, an executive director; and Health bodies should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing the issues identified in Trusted to Care.	**Response** – Accepted in part. We agree fully that the Board of every health body in Wales should regularly scrutinise all aspects of medicines management. To that end and prior to the publication of your report, in 2016-17 we included six national prescribing indicators, covering a range of areas including antimicrobial prescribing, adverse drug reaction reporting, high risk medicines and the efficient use of resources, in the NHS Outcomes Framework. To maintain focus on improving medicines management within NHS Wales, we will continue to develop medicines management indicators as part of the outcomes framework. We will also raise medicines management issues through the Joint Executive Team meetings between Welsh Government and NHS Wales bodies. The UK-wide rebalancing medicines legislation and pharmacy regulation programme, supported by the Department of Health in England on behalf of the four UK administrations, is considering various changes to medicines legislation which are likely to impact on the role of health body Chief Pharmacists. We do not consider it would be appropriate to make a commitment regarding the reporting arrangements for Chief Pharmacists until the outcome of that programme is	The Chief Pharmacist directly reports to The Executive Director of Primary Care and Mental Health in CTUHB. There is a specific medicines management IMTP section which details the all areas in the recommendations. The Primary Care Committee receives a regular medicines management primary care report and the Q&PS Committee receives an exception report at each meeting – which has a specific section on Trusted to Care. The Medicines Management and Expenditure Committee is the main governance group of the HB. It reports directly to the Q&PS Committee.

	known. We anticipate the implications for Chief Pharmacists will be clearer in early 2018. In preparation we will undertake an audit of the reporting arrangements for NHS Chief Pharmacists in Wales, this will be complete by September 2017.	
Chief Pharmacists should seek the support of the NHS Wales Shared Services Partnership's Workforce, Education and Development Services to strengthen current resource mapping approaches to facilitate robust comparisons of pharmacy staffing levels across Wales and to produce a generic service specification. The specification should set out the typical resources required to deliver key pharmacy services, such as clinical pharmacy input and patient education on the wards. The specification should also be flexible enough to recognise that different types of wards will require different levels of resource.	**Response** – Accepted. During 2017-18 we will work with the NHS Wales Shared Services Partnership's Workforce, Education and Development Service and Chief Pharmacists of NHS Wales bodies to undertake a robust assessment of the current and future needs for the pharmacy workforce. This work will be completed by March 2018.	CTUHB has initiated, developed and leads on the all Wales resource mapping process. This annual data collection allows comparison of staffing levels and activity across all HBs in Wales. The workforce requirements are detailed in the IMTP for medicines management. CTUHB will engage with WEDs in a more robust pharmacy workforce assessment process.
To drive further improvements in prescribing, health bodies should ensure they have a targeted plan of action to achieve cost and quality improvements in prescribing in primary care and in secondary care, in line with prudent healthcare principles. The plan of action should be informed by regular analysis of prescribing data to ensure that attention is focused on the areas where the greatest scope exists to secure cost and quality improvements; In line with the need to increase the profile of medicines management at Board level, health bodies should ensure that performance against the National Prescribing Indicators is considered regularly by the Board, alongside progress in delivering wider cost and quality improvements in primary care prescribing; The Welsh Government should	**Response** – Accepted. The Efficiency, Healthcare Value and Improvement Group have agreed an all-Wales approach to cost and quality improvement in medicines management in primary and secondary care will be a key area for 2017-18. During 2017-18 we will agree with health board Chief Pharmacists and other stakeholders, key priorities in the following six areas: driving efficiency; reducing medicines related harm; improving patient experience and outcomes; workforce modernisation; collaborative working, better use of technology and improved estates; and benchmarking. These priorities will be taken forward on an all-Wales basis and progress overseen through regular meetings between the Chief Pharmaceutical Officer and health board Chief Pharmacists and Joint	CTUHB Chief Pharmacist is engaged in the All Wales Chief Pharmacists collaborative work in the six areas described. CTUHB provides the leadership to deliver the Prudent Prescribing implementation group actions. A revised repeat prescribing model will be piloted in CTUHB in 2017. A care home enhanced service will be included in the community pharmacy development strategy review. A primary care prescribing plan is included in the financial efficiencies plan. A revised Primary care prescribing incentive scheme is being progressed to include quality interventions. CTUHB is the pacesetter for Your Medicines Your Health Campaign and will focus on evaluation to support a wider roll out in the next year. The All Wales Chief Pharmacists have

ensure the work of the Efficiency, Healthcare Value and Improvement Group takes an all-Wales view on the cost and quality improvements that should be achievable through better prescribing and medicines management, and uses mechanisms such as the twice-yearly Joint Executive Team meeting between government officials and each individual health body to ensure that the necessary progress is being made in securing these improvements. The Welsh Government should work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines wastage, building on the findings from the ongoing evaluation of the Your Medicines, Your Health campaign. Reducing waste leads to cost savings whilst at the same time helping patients to take their medicines as prescribed, thereby helping to secure maximum benefit from the medicine; and Linked to the above points, the Welsh Government should ensure that there is a clear and time-bound plan in place to roll out improved repeat prescribing systems that are being tested by the Prudent Prescribing Implementation Group.	Executive Team meetings. We will work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines waste. Primarily this will be achieved by encouraging NHS bodies to adopt the elements of the *Your Medicines, Your Health* campaign which the ongoing evaluation, once completed, demonstrates are successful. We will also encourage health boards to implement evidence based approaches which reduce medicines waste. These will include implementing improved repeat prescribing systems such as those which have been tested through the Prudent Prescribing Implementation Group or evaluated in other parts of the UK. We envisage this work will begin in 2017-18 with a time-bound plan agreed by March 2018.	agreed the roll out of YMYH. A briefing on the national prescribing Indicators has been provided to the Primary care Committee and Executive Board. GP practices have a local view included in their annual prescribing review meeting.
The Welsh Government should develop a plan, in partnership with All Wales Medicines Strategy Group (AWMSG), health bodies and GPs, to evolve the National Prescribing Indicators so that they begin to consider measures of whether the right patients are receiving the right medicines and whether medicines are making a difference to people's outcomes.	We agree that National Prescribing Indicators are currently too focused on the quantity and cost of medicines prescribed with inadequate consideration given to clinical appropriateness and outcomes. The availability of data to support more sensitive indicators has been a significant constraint. Whilst significant improvements have been made to reduce variation in prescribing, the rate of improvement has slowed in recent years in part as a result of this approach. We will work with the Wales Analytical Prescribing Support Unit (WAPSU) to establish a project in 2017-18	No action required from HB

	the purpose of which will be to define a new suite of National Prescribing Indicators utilising additional data sources. The indicators will be developed during 2017-18 with the intention they are approved by the All Wales Medicines Strategy Group (AWMSG) prior to their use from April 2018.	
The All Wales Chief Pharmacists' Committee should lead a national audit of compliance with the measures set out in the all-Wales handbook on the safe and effective delivery of homecare services.	**Response** – Accepted. We note this recommendation is aimed at the All Wales Chief Pharmacist's Committee. We will ensure work to improve the safe and effective delivery of homecare services, including an audit of compliance with the measures set out in the all-Wales handbook, forms part of the key priorities agreed with health board Chief Pharmacists and other stakeholders in 2017-18.	CTUHB will engage and undertake an audit of homecare services (delivery of specific medicines directly to patients by external providers). An invest to save case has been approved by the HB to further develop and ensure compliance with standards for homecare services.
The Welsh Government, supported by 1000 Lives Improvement, should work with pharmacy teams, clinical coding staff and clinicians across Wales to develop a programme aimed at identifying and preventing medicines related admissions (MRAs).	**Response** – Accepted. This work will be scoped with 1000 Lives Improvement during the early part of 2017-18 with a view to establishing a medication safety programme in 2018-19.	The CTUHB Medicines Safety officer will engage with 1000 Lives in this process.
The Welsh Government and NWIS should continue to work with GP representatives to ensure their concerns about information governance are addressed; Facilitate wider access to the GP Record so that all pharmacists and pharmacy technicians that deliver clinical services on the wards can access the system for patients who are admitted for an elective procedure, as well as those admitted as emergencies; and Facilitate wider access to, and use of, the GP Record in community pharmacies so that whenever it is clinically appropriate, patients can have their medicines managed in the community without accessing a GP or other NHS services.	**Response** – Accepted. We are continuing to work with NWIS to secure wider access to the Welsh GP Record (WGPR). On 21 November 2016, NWIS announced that access to the WGPR would be extended to hospital pharmacists and pharmacy technicians in planned care settings including outpatients. This builds on the access in emergency care settings which has been available for some time. The Chief Pharmaceutical Officer is working directly with the Medical Director at NWIS to put in place appropriate information governance arrangements which will allow use of the WGPR by community pharmacists in specified circumstances to support patient care. We envisage this work will be completed by December 2017.	CTUHB pharmacists and technicians access the GP record for patients on admission, data shows an increasing trend. The eDAL is increasingly being sent to community pharmacies as the Choose Pharmacy IT system is rolled out across the HB. The Choose Pharmacy system has been installed in all CTUHB community pharmacies allowing all community pharmacies to be in a position to access the GP record as access is increased.

Where the Welsh Government makes a decision to make a new medicine available outside the current national appraisal process, it should clearly explain the rationale underpinning its decision and ensure that health bodies are given sufficient time to plan for the financial implications and service changes associated with introducing those new medicines.	**Response –** Accepted. We are pleased the Auditor General for Wales recognises that from time to time it may be necessary for the Welsh Government to make medicines available outside the current national appraisal process. We recognise that this should happen by exception and only where the rationale for so doing is clear. As has been the case with agreements to date, we expect agreements will continue to be made only where there is strong support for the availability of the medicine(s) both from clinicians and patients across Wales. However we will, with immediate effect and for all future agreements, ensure NHS bodies are more closely involved in the planning arrangements and afforded an appropriate period in which to prepare for the service and financial implications.	The HB Chief Pharmacist works closely with the CPhO and other Chief Pharmacists in Wales to enable improved planning and preparation for access to new medicines. In response to the New Treatment Fund the Chief Pharmacist has submitted a case for resources to ensure the timescales for access to new medicines are complied with. The current monitoring shows compliance with NTF requirements in all but one new medicine (2 days over the target).

Vivienne Harpwood, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: vivienne.harpwood@wales.nhs.uk

Carol Shillabeer, Y Prif Weithredwr / Chief Executive
Ffon / Phone: 01874 712659
E-bost / Email: carol.shillabeer2@wales.nhs.uk

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

12 June 2017

Chair
Public Accounts Committee
National Assembly for Wales
Senedd
Cardiff Bay

Dear Chair

Powys Teaching Health Board: Additional Information for the inquiry into Medicines Management

I am pleased to attach some additional information for the Committee in relation to the Medicine Management Inquiry, ahead of the oral evidence session planned for 19 June 2017.

Powys Teaching Health Board is a somewhat different Health Board to the others in Wales, with a greater element of commissioning from other providers both within Wales and across the border into England. The provision element of the health board relates largely to a network of community hospital and community based services.

The Medical Director, Dr Karen Gully and I look forward to attending the Committee to assist with this inquiry. Please do not hesitate to get in touch should the Committee require any additional information.

Yours sincerely,

Carol Shillabeer

Carol Shillabeer
Chief Executive

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661

Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

CYFLOGWR YSTYRIOL MINDFUL EMPLOYER

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

GADAEL O BLAID NA - POBL ANABL
POSITIVE ABOUT DISABLED PEOPLE

We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board

Powys Teaching Health Board

Public Accounts Committee - briefing

Auditor General's Report for Wales - Managing medicines in primary and secondary care (published December 2016)

What actions is your Health Boards taking in minimising medicines wastage?

- We have an enhanced service with Community pharmacies to help identify where patients are prescribed medicines they don't need (because they are prescribed 'as required' but appear on prescriptions regularly)
- We feed back this information to GPs.
- We are working on plans to take part in the Your Care Your Medicines initiative along with other HBs in Wales
- We have invested in significant increases in Pharmacist support in primary care -pharmacy professionals working in our GP practices are involved in supporting patient medication reviews to improve quality, safety, check adherence and minimise waste
- We have an active Drugs and Therapeutics Committee, which leads on
    - The promotion of Decision Support Systems (currently Scriptswitch),
    - Developing and reviewing a Powys Formulary and "Traffic Light" system,
    - Priorities for our ward pharmacy teams in identifying issues, supporting discharge and challenging prescribing as appropriate Our Medicines Administration Record service through community pharmacies, working with social services also includes a requirement to review medicines to minimise the medicines load for a patient on the service.

- Although there remains some possibility for savings from specific medication changes, the major gains for the future are in making sure that patients benefit from prescribed medicines, through adherence support, accurate and supportive cross setting information provision and support for patients in home and care settings.
- Enablers for this such as MTeD, IT system support, automation developments and investment into post discharge pharmacy care (including collaboration with social care, domiciliary care workers, and managers etc) will be essential to achieve those major improvements and the savings (especially in prevention) that fall out of them.

What actions is your Health Board taking to implement prudent prescribing principles?

- Pharmacists working with GP practices in Powys, are increasingly undertaking roles to support effective medication review.
- Collaborative work with prescribers in Powys has kept prescribing costs low, and improved the quality of prescribing – as shown by the trend graph, and the National Indicator ranks – highlighted below
- Activity is developing on improving adherence, with examples such as collaboration with respiratory specialist and practice nurses on

improving inhaler technique and availability of rescue packs and advice, demonstrating significant reductions in admission to hospitals for asthma exacerbations, and reports of consequent and welcome improvements in patient experience.

- In several areas of Powys, Pharmacist skills also play an extremely valuable role supporting GP practices in providing expertise for patients and their medicines, including reviews of prescribing for patients discharged from secondary care settings, to reconcile all relevant information.

- Further progress, particularly around antimicrobial stewardship, safety in handling and awareness of medicines including medical gases and in developing the post-discharge medicines administration and adherence support, is required, and these are areas for work this year, alongside continuation of current activity in roll out of MTeD, Common Ailments Scheme, and other projects.

What actions is your Health Board taking to address issues associated with medicines administration, storage and recording that originated from the Trusted to Care Report?

- A new pharmacy team in Powys hospitals can review medicines regimens at the bedside, and in conversation with prescribers in the multi-disciplinary team meetings. Pharmacy services lead and support in achieving safer medicines use, but also work to support others - it is important that all health care professionals and carers play a part in achieving the aims of safe care for patients, where medicines are concerned.
- We've been working with nursing and estates to ensure our medicines storage matches the BS standards, and conduct the Fundamentals of Care audit on all care of the elderly wards in Powys with feedback to Senior sisters on findings and suggestions for ongoing improvement

The progress for your Health Board for considering or implementing the Auditor Generals recommendations (recommendations below)?

Annotated below

Auditor Generals recommendations: -

1. The Welsh Government, NHS Wales Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care, along with a clear process for monitoring the delivery of the plan.

- *This work is linked with the replacement of the pharmacy management systems.*

- *The Powys Medicines Management Team is fielding members on both the operational development group and the steering group for the NWIS project*

2. The Chief Pharmaceutical Officer for Wales should lead national reviews to assess each health body's compliance with the MARRS policy, to assess the effectiveness of the new mandatory training programme on medicines management and to assess the long-term sustainability of actions taken in each health body to address all medicines-related findings from Trusted to Care.

- *Powys Health Board's Medicine Management Nurse has had an active role in the development of the MARRS e-learning package on an All Wales level.*
- *Implementation of e-learning package across the health professions will be progressed.*
- *The MM Team take part in the monthly safety audit of medicines charts, on wards, and provide awareness training as part of an annual review of systems on wards.*

Each health body should develop a time-bound plan for improving storage and security of medicines on hospital wards, including specific consideration of the benefits of implementing automated vending machines.

- *The Health Board has purchased through WG capital funding one unit installed in Ystradgynalais, but further work on understanding the benefits realisation, to be undertaken at an All Wales level, will be required before wider implementation.*
- *The Medicines Management Team will then identify further wards/clinical areas where a unit would be of benefit.*

3. Health bodies should ensure their Chief Pharmacist is, or reports directly to, an executive director.

- *In Powys the Head of Pharmacy currently reports to Director of Primary, Community and Mental Health but works closely with the Medical Director.*

Health bodies should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing the issues identified in Trusted to Care.

- *The Powys Patient Experience, Quality and Safety Committee receives an annual report on medicines management.*

4. Chief Pharmacists should seek the support of the NHS Wales Shared Services Partnership's Workforce, Education and Development Services to strengthen current resource mapping approaches to facilitate robust comparisons of pharmacy staffing levels across Wales and to produce a generic service specification. The specification should set out the typical resources required to deliver key pharmacy services, such as clinical pharmacy input and patient

education on the wards. The specification should also be flexible enough to recognise that different types of wards will require different levels of resource.

- *All Wales approach. In Powys work has been undertaken to restructure medicines management services, based on the assessment of local need. The new structure is currently being implemented.*

5. To drive further improvements in prescribing, health bodies should ensure they have a targeted plan of action to achieve cost and quality improvements in prescribing in primary care and in secondary care, in line with prudent healthcare principles. The plan of action should be informed by regular analysis of prescribing data to ensure that attention is focused on the areas where the greatest scope exists to secure cost and quality improvements;

The pharmacy and medicines management team have delivered significant cost improvement in prescribing over the past 8 years, even against a backdrop of significant work across all Health Boards.

At a national level the Efficiency, Health Care Value and Improvement Group has been established, the main focus being:

- *Reducing medicines related harm*
- *Improving patient experience and outcomes*
- *Workforce modernisation*
- *Driving efficiency*
- *Better use of technology*
- *Benchmarking*

In line with the need to increase the profile of medicines management at Board level, health bodies should ensure that performance against the National Prescribing Indicators is considered regularly by the Board, alongside progress in delivering wider cost and quality improvements in primary care prescribing; Prescribing indicators and Prescribing costs (Latest data at January 2017)

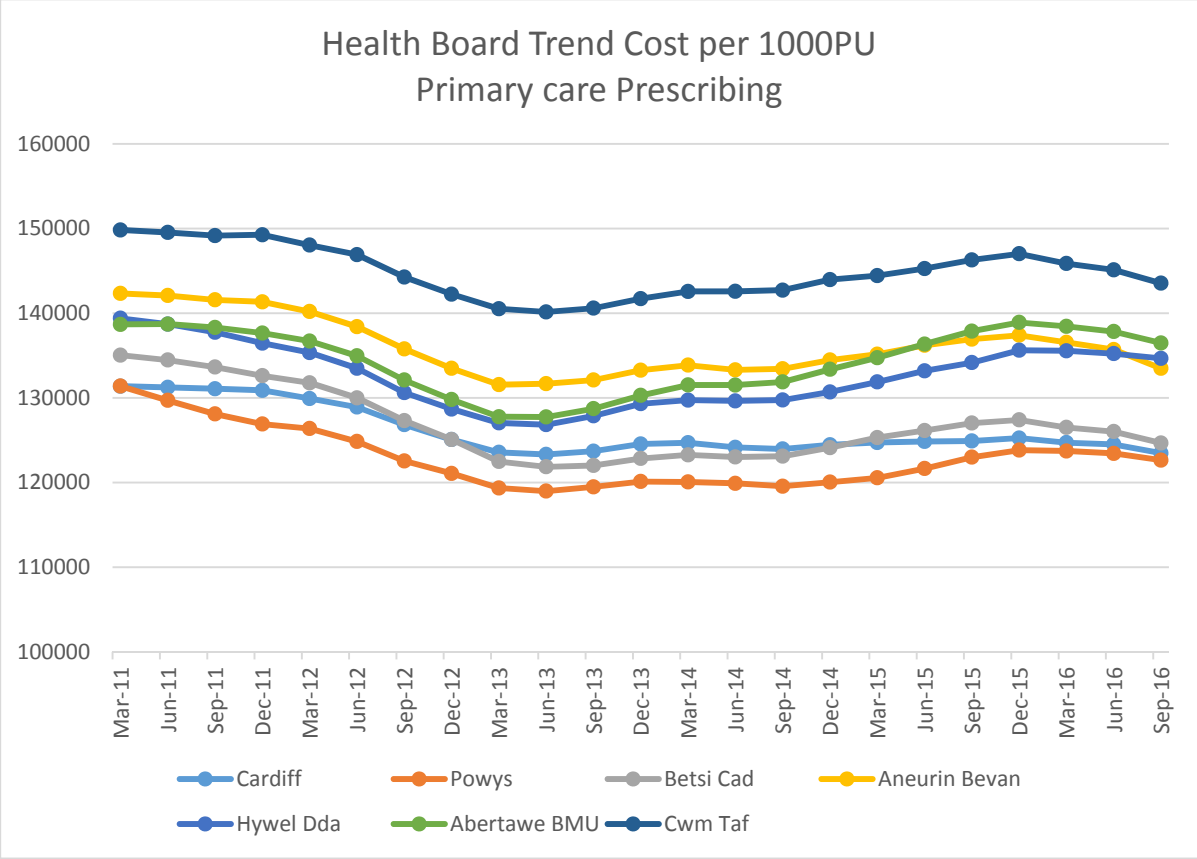
Prescribing indicators and Prescribing costs (Latest data at January 2017)

All Wales Medicines Strategy Group (AWMSG) Indicators - Powys Teaching Health Board rank amongst 7 Health Boards across Wales

National Prescribing Indicator	Powys Teaching Rank - of 7 Health Boards
Proton Pump Inhibitors DDDs per 1000 Pus	**5**
Lipid Regulating BNF 2.12 subset as % of total Lipid Regulating items	**1**
Low Strength ICS Items % of all ICS	**2**

Hypnotics and Anxiolytics (UDG) ADQ Quantity per 1000 STAR-PU(13)	**1**
Tramadol DDD per 1000 Patients	**1**
Gabapentin and Pregabalin DDDs Per 1000 Patients	**1**
Antibacterial Items Per 1000 STAR-PU(13)	**1**
Co-Amoxiclav Items per 1000 Patients	**3**
Co-Amoxiclav Items % of Antibacterial Items	**4**
Cephalosporin Items Per 1000 Patients	**2**
Cephalosporin Items % of Antibacterial Items	**2**
Quinolone Items per 1000 Patients	**3**
Quinolone Items % of Antibacterial Items	**5**
NSAIDs ADQ Quantity per 1000 STAR-PU(13)	**2**
Ibuprofen And Naproxen Items as % of NSAIDs	**3**

ndicators where Powys does not perform as well remain a particular focus for work with practices, but all indicator areas are reviewed on a quarterly basis.



On this measure Powys remains amongst the lowest cost for primary care prescribing. Total approximately £24m pa.

The Welsh Government should ensure the work of the Efficiency, Healthcare Value and Improvement Group takes an all-Wales view on the cost and quality improvements that should be achievable through better prescribing and medicines management, and uses mechanisms such as the twice-yearly Joint Executive Team meeting between government officials and each individual health body to ensure that the necessary progress is being made in securing these improvements.

- *Powys performance against the NPIs was referenced at the recent JET meeting*

The Welsh Government should work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines wastage, building on the findings from the ongoing evaluation of the Your Medicines, Your Health campaign. Reducing waste leads to cost savings whilst at the same time helping patients to take their medicines as prescribed, thereby helping to secure maximum benefit from the medicine; and

Linked to the above points, the Welsh Government should ensure that there is a clear and time-bound plan in place to roll out improved repeat prescribing systems that are being tested by the Prudent Prescribing Implementation Group.

6. The Welsh Government should develop a plan, in partnership with All Wales Medicines Strategy Group (AWMSG), health bodies and GPs, to evolve the National Prescribing Indicators so that they begin to consider measures of whether the right patients are receiving the right medicines and whether medicines are making a difference to people's outcomes.

- *National Prescribing Indicators (NPIs) are developed annually to promote rational prescribing, balancing both quality and cost. The indicators are evidence-based and are designed to be clear and applicable at practice level. NPIs for 2017–2018 comprise fourteen primary care measures focusing on seven therapeutic areas and the reporting of adverse events. Three of these primary care measures are new for 2017–2018 and two of these new NPIs will be monitored via Audit+ data. There are also three secondary care measures, as in 2016–2017.*
- *An NPI Task and Finish Group of the All Wales Prescribing Advisory Group (AWPAG) was established to review the 2016–2017 NPIs and discuss potential additional NPIs for 2017–2018.*
- *Prior to the NPI Task and Finish Group meeting, Health Board Medicines and Therapeutics Committees and the Primary Care Pharmacists Delivery Group were invited to comment on the continued relevance of the 2016–2017 NPIs and identify other priority areas that may be appropriate to monitor as an NPI. This information then fed into the discussions of the NPI Task and Finish Group.*
- *Key changes:*
  - *Introduction of two new NPIs to be monitored via Audit+:*
    - *Anticholinergic Effect on Cognition*
    - *NSAIDs in Chronic Kidney Disease*
  - *Introduction of a new NPI to be monitored via CASPA*
  - *Opioid patches*

- *Change of inhaled corticosteroid (ICS) NPI measure from low-strength to high-strength ICS items as a percentage of all ICS prescribing.*

The introduction of an NPI to measure the impact of anticholinergic effects on cognition is an example of work to ensure that patients benefit from and are not harmed by the medications they receive. The risk of adverse clinical outcomes in older people prescribed anticholinergic medications increases with increasing anticholinergic exposure.

7. The All Wales Chief Pharmacists' Committee should lead a national audit of compliance with the measures set out in the all-Wales handbook on the safe and effective delivery of homecare services.

- *The All Wales Procurement lead has been tasked by the Chief Pharmacists Group (CPG) to lead a group to review current practice across Wales in Homecare services.*

8. The Welsh Government, supported by 1000 Lives Improvement, should work with pharmacy teams, clinical coding staff and clinicians across Wales to develop a programme aimed at identifying and preventing medicines related admissions (MRAs).

- *National action.*
- *The Chief Pharmacists have set in place a working group to develop an implementation plan drawing from existing best practice and development of new initiative for a consistent approach across NHS Wales. This will allow learning from each other and reduce the potential for harm.*
- *Initiatives include:*
  - *Communication to GPs of patient admitted with medicine related issues*
  - *Clinical review of medication for patients*
  - *Targeting high risk medicines*

9. The Welsh Government and NWIS should continue to work with GP representatives to ensure their concerns about information governance are addressed;

- Facilitate wider access to the GP Record so that all pharmacists and pharmacy technicians that deliver clinical services on the wards can access the system for patients who are admitted for an elective procedure, as well as those admitted as emergencies; and
- Facilitate wider access to, and use of, the GP Record in community pharmacies so that whenever it is clinically appropriate, patients can have their medicines managed in the community without accessing a GP or other NHS services.

On going work on the GP summary care record is continuing. Access has increased and governance concerns have been addressed by close collaborative working and carefully managed extension of access.

10. Where the Welsh Government makes a decision to make a new medicine available outside the current national appraisal process, it should clearly explain the rationale underpinning its decision and ensure that health bodies are given sufficient time to plan for the financial implications and service changes associated with introducing those new medicines.

- *New Treatment Fund now in place - collaborative work undertaken by Chief Pharmacists to develop intelligence and local systems.*
- *In Powys a Group has being established being led by the Medical Director. There is strong engagement with the national work.*

Any other comments you would like to provide around the issues highlighted within the Auditor General for Wales Report?

- Collaboration across Wales through CPG (Chief Pharmacists Group, MDs (Medical Directors Group), DoFs (Directors of Finance Peer Group) and CEOs will be essential for ongoing efficiencies, particularly, but not solely, through secondary care settings.
- The NHS Efficiency Group has highlighted a number of potential areas for focus on potential savings, (although some, for example, the work on biosimilars, has excluded Powys in the presentation of data) – the commissioning of biosimilars by Powys will need to follow the All Wales planning, and requires clinical input into the commissioning process.

Public Accounts Committee: Inquiry into Medicines Management

Paper from Abertawe Bro Morgannwg University Health Board

RESPONSE - Public Accounts Committee

What actions is your Health Boards taking in minimising medicines wastage?

Medicines waste has been a focus over a number of years and we are always looking at innovative ways to raise awareness and tackle this issue. These include:

Campaigns

Medicines Management are currently working closely with ABMU Communications team to engage staff and patients in this important issue. (See attached media release). The Health Board also engaged in a major campaign in 2013 (see attached evaluation)

Repeat Prescribing Systems

Improving repeat prescribing and ordering systems within GP practices remains a priority and is an area primary care medicines management teams are focussing on in a number of ways which include:

Direct support from pharmacists and pharmacy technicians to improve systems through:

- Education and support e.g. 222 prescribing clerks completed the HB repeat prescribing training pack in 2016 (see attached)
- Cluster based pharmacists and technicians reviewing systems and having direct involvement in day to day processes such as medicines re-authorisation so reducing waste and reducing GP workload
- Scoping options to develop a repeat prescribing hub and /or in house models which aim to limit third party requests and so reduce waste by 7-10%
- Bespoke projects in GP practices and care homes which have demonstrated a reduction in items through improved ordering systems

Community Pharmacy Engagement

- The community pharmacy multidisciplinary audit for 2014-15 and 2015-16 focussed on waste (see attached)
- Communications regarding improving managed repeat systems to reduce waste

What actions is your Health Board taking to implement prudent prescribing principles?

Prudent healthcare principles link strongly to effective prescribing where the aims include minimising harm, carrying out the minimum intervention, workforce development and communication and engagement to promote equity and co-production. There have been significant developments in these areas which include:

- New and evolving cluster and pacesetter roles which are developing the profession's scope of practice to support the primary care workforce
- A series of pacesetter projects and other initiatives to test models for improving medicines management
- The "Big Fight" campaign to tackle antimicrobial stewardship aims to improve patient outcomes and minimise the potential risk for increasing antibiotic resistance and C.difficile infection. Co-production with patients is an essential part of this scheme which is showing promising results e.g. December data demonstrated a 3.12% fall compared to a national average of 2%.
- Cost Avoidance estimated at £5M from the team work plan, ScriptSwitch, category M, rebates etc.

Medicines management support to primary care is a fast growing and evolving area delivered by a variety of staff both in the core team and those employed via clusters and pathfinders. The team includes pharmacists, pharmacy technicians, prescribing support dietitians and nurses working in the following areas:

- Clusters & Practices
- Domiciliary care
- Care Home pilots
- Prescribing analysis and support
- Education and development
- Community pharmacy development
- Strategy and service development

The team work with all 73 GP practices across ABM, undertaking a variety of activities including to reduce risk and promote safe, rational and cost effective Medicines Management, which include the following:

- Education/ information to relevant groups such as GPs (medicines management page on GP portal has range of educational documents relating to prescribing), practice nurses, practice prescribing clerks (222 trained over last year by MM teams), community pharmacists, GP vocational training schemes, social services staff, domiciliary care teams, Community Nurse Teams, Care Home staff etc

- Cluster pharmacists supporting GP practices who focus on a wide range of medicines management areas and aid in practice sustainability e.g. medication and polypharmacy review, chronic disease clinics, prescribing and prescription queries, medicines reconciliation and reauthorisation, medicines safety activities etc.

- Prescribing GP Leads Groups meet quarterly in each locality providing academic detailing on clinical evidence, agreed policies, place of new therapy, agreement of local prescribing indicators, agreement of audits and sharing of audit results, open sharing of performance against indicators and prescribing data etc. Updates also sent via regular e-mails and newsletters to this group.

- Annual prescribing visits (linked with QOF) are undertaken with each practice, providing detailed prescribing analysis, benchmarking and open sharing of data with 3 actions agreed and followed up annually with proven changes to prescribing.

- Performance against MM related QOF targets and local indicators is monitored and reported to practices and ABM performance review structures to help ensure progress against best practice.

- Regular review and analysis of prescribing data to identify outliers and ensure that prescribing fits with local and national guidance, including NICE, AWMSG etc. Any issues are followed up and discussed with practices as appropriate

- In house support from pharmacists/technicians (varies per practice but working to an annual workplan) including medication review, medicines optimisation, repeat prescribing, chronic disease clinics, supporting practice sustainability etc.

- Prescribing Management Schemes designed to promote high quality cost effective prescribing and are linked with the prescribing indicators and local guidelines and include antibiotics and pain management.

- Prescribing Management Scheme Plus for clusters – focusing on respiratory and promoting best practice for COPD/Asthma patients

- Scriptswitch software in majority of GP practices, aids implementation of guidelines, formulary, patients safety issues and produces significant prescribing savings

- Joint initiatives between health, social care and the private sector to improve MM in domiciliary care has resulted in improved MM and patient safety in line with best practice.

- Support to Care Homes on improving MM and patient safety through reduction of wastage, cost savings, medication reviews and supporting best practice including advice on appropriate policies and procedures, legislation etc. However very limited capacity in this area.

- Two prescribing support dietitians improve the quality and cost effectiveness of oral nutritional supplements, gluten free products and anti-obesity drugs through education, audit, developing and implementing procedures and reviewing patients.

- Incidents and complaints are investigated and where appropriate used to provide training/reduce future risks e.g. following a dispensing error with appropriate use of DATIX to record

- Development and implementation of medicines related enhanced services for GPs and community pharmacists to improve the quality and accessibility of MM services e.g. shared care drugs and smoking cessation services.

- Pharmacy and Medicines Management is working with the Bevan Commission to undertake prudent change in healthcare currently through 4 Bevan Commission Exemplar projects and a Bevan Commission fellowship.

- Improving performance against the national prescribing Indicators

- Linking with homecare team to update records in primary care and reduce risk to patients

- Developing new ways of working which impact on GP prescribing
    - Repeat dispensing/ withdrawal from pharmacy managed repeats
    - Hengoed park nursing home project
    - Swansea dressings pilot
    - Supporting continence and lymphoedema services
    - Test model using Interface Clinical Services in 2 practices

What actions is your Health Board taking to address issues associated with medicines administration, storage and recording that originated from the Trusted to Care Report?

- Medicines policies reviewed and guidelines to support the Health Board's main medicines policy and Controlled Drugs policy have been provided on the intranet. These are designed to further support and inform healthcare practitioners in their understanding of roles and responsibilities when managing medicines. The guidance also includes information on access to medicines both in and out of core working hours, aimed at reducing the number of missed doses due to delays in obtaining medication.

- The Board has defined a set of "never events" for medicines prescribing and administration as follows:

1. Patients being given prescribed medication but then not being observed taking it. Patients must be observed taking their medicines by nursing staff.

2. Staff signing the medicines chart to record that patients have taken medicine when they have not actually witnessed it being administered.

3. Inappropriate use of sedation for aggression. This has been supported by the development of clinical guidelines that were presented at a number of clinical forums are available on the HBs intranet:

    a. The prescribing and monitoring of hypnotics and anxiolytics.

    b. The use of antipsychotics in patients with dementia and cognitive impairment.

    c. The recognition, prevention and management of delirium

In addition all registered pharmacy staff were requested to attend a session delivered by a Mental Health Consultant on the management of patients with dementia.

- Pharmacy staff have been reminded of their responsibility as defined in the code of ethics and attended sessions on professionalism delivered by WCPPE.

- The All Wales medication Safety thermometer is utilised to show monthly trends in some key medicines management topics. This tool includes the monitoring of omitted/missed doses, which is reported into each of the delivery units quality and safety committees, enabling early identification of any issues.

- Access to medicines has been reviewed, with wards and departments provided with guidance on the safe and appropriate storage of medicines. In some areas where necessary, estates works has been completed, such as the addition of locks and doors to medicines rooms. All staff have been reminded of the requirements to manage the storage of medication in accordance with Health Board policy. This also includes the management of medicines keys and the access to medicines by non-registered staff.

  The Health Board has completed an audit of the Welsh Governments Safety Notice (30): The safe Storage of Medicines: Cupboards. It has been possible to implement some of the recommendations in the notice, but a number remain outstanding, as they will require significant capital investment, a point that has been discussed within all Health Boards across Wales. This has been recognised by the Chief Pharmacists and the Chief Pharmaceutical Officer is planning to review this notice in the near future.

The progress for your Health Board for considering or implementing the Auditor Generals recommendations (recommendations below)?

The Auditors recommendations: -

Recommendation	HB Progress
The Welsh Government, NHS Wales Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care, along with a clear process for monitoring the delivery of the plan.	ABMU Health Board is aiming to be an early adopter site for EPMA as it is the only HB with a hospital pharmacy system that can support an EPMA module. The HB is engaged in the All Wales project and is working closely with NWIS to support a business case for implementation involving two sites as a phase one roll out program in 2017 2018. The HB has already implemented electronic prescribing in two outpatient areas, using the same pharmacy platform intended to support inpatients.
The Chief Pharmaceutical Officer for Wales should lead national reviews to assess each health body's compliance with the MARRS policy, to assess the effectiveness of the new mandatory training programme on medicines management and to assess the long-term sustainability of actions taken in each health body to address all medicines-related findings from Trusted to Care; and Each health body should develop a time-bound	The HB has completed an audit of PSN 030 and identified gaps with current buildings/environment issues. Where possible these are being addressed, such as ensuring appropriate security for drug storage areas on wards/departments. This has included the fitting of doors for drug rooms on some wards. Working closely with nursing, compliance with security for medicines and in particular controlled drugs has been significantly improved

plan for improving storage and security of medicines on hospital wards, including specific consideration of the benefits of implementing automated vending machines.	and is monitored by regular audit. All clinical areas complete daily monitoring of drug fridge temperatures. There have been concerns with the storage of IV fluids on open shelves but remains unresolved due to the space and design of ward storage areas. Automated vending machines have been installed in a number of wards and pharmacy out of hours stores are now managed using automated cabinets on all sites. The pharmacy has a planned prioritisation roll out program and has submitted a WG modernisation bid for further machines in 2017 2018.
Health bodies should ensure their Chief Pharmacist is, or reports directly to, an executive director; and Health bodies should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing the issues identified in Trusted to Care.	The Chief Pharmacist directly reports to The Service Director for the delivery unit hosting Pharmacy and Medicines Management. Medicines management issues are included in the host unit's IMTP plan. The Chief Pharmacist works closely with the Medical Director and Director for Nursing and patient Experience. The HB's quality and Safety Committee receives six monthly reports from medicines management that includes progress with medicine management strategies, risks and compliance with national and local indicators. The medicines "safety thermometer" audit is completed monthly on all wards. It is reported into each of the sites Q and S forums. Antibiotic compliance is monitored bi monthly and reported into the Q and S forums.
Chief Pharmacists should seek the support of the NHS Wales Shared Services Partnership's Workforce, Education and Development Services to strengthen current resource mapping approaches to facilitate robust comparisons of	An initial efficiency and productivity workshop has been undertaken involving Chief Pharmacists and finance representatives. It is intended that the outcomes of the workshop

pharmacy staffing levels across Wales and to produce a generic service specification. The specification should set out the typical resources required to deliver key pharmacy services, such as clinical pharmacy input and patient education on the wards. The specification should also be flexible enough to recognise that different types of wards will require different levels of resource.	will inform a work program that will be taken forward by task and finish groups. ABM participates in the All Wales pharmacy resource mapping process and has developed its own departmental dashboard to monitor workforce KPIs (including PDR, sickness and mandatory training compliance). ABM has participated in the NHS benchmarking for primary and secondary services.
To drive further improvements in prescribing, health bodies should ensure they have a targeted plan of action to achieve cost and quality improvements in prescribing in primary care and in secondary care, in line with prudent healthcare principles. The plan of action should be informed by regular analysis of prescribing data to ensure that attention is focused on the areas where the greatest scope exists to secure cost and quality improvements; In line with the need to increase the profile of medicines management at Board level, health bodies should ensure that performance against the National Prescribing Indicators is considered regularly by the Board, alongside progress in delivering wider cost and quality improvements in primary care prescribing; The Welsh Government should ensure the work of the Efficiency, Healthcare Value and Improvement Group takes an all-Wales view on the cost and quality improvements that should be achievable through better prescribing and medicines management, and uses mechanisms such as the twice-yearly Joint Executive Team meeting between government officials and each individual health body to ensure that the necessary progress is being made in securing these improvements. The Welsh Government should work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines wastage, building on the findings from the ongoing evaluation of the Your Medicines, Your Health campaign. Reducing waste leads to cost savings whilst at the same time helping patients to take their medicines as prescribed,	Annual workplans are developed and regularly reviewed for outcomes and new opportunities. These are informed by • Analyses of drug costs including patent loses, Category M, rebates etc. • Review of prescribing data and trends • Feedback from medicines management teams and practice staff • Horizon scanning e.g. new and more cost effective inhalers Workplans include areas covered by the national indicators, which are also linked to prescribing management schemes. Indicators are also regularly reported via performance scorecards to the Board For information on medicines wastage, please see response above. In addition to clerk training and practice/cluster based input into repeat prescribing, larger scale projects are also currently being scoped based on initiatives in CCGs which released 7-10% of the prescribing budget following investment. Workshops on the six key priority areas have been completed and an action plan will be

thereby helping to secure maximum benefit from the medicine; and Linked to the above points, the Welsh Government should ensure that there is a clear and time-bound plan in place to roll out improved repeat prescribing systems that are being tested by the Prudent Prescribing Implementation Group.	developed early May 17. ABM Chief Pharmacist is engaged in the All Wales Chief Pharmacists collaborative work in the six areas described. A medicines management financial plan has been agreed and is monitored via a savings dashboard, which is reported to the HB sustainability board. The plan exceeded its savings target in 2016-2017. The plan includes a review of the NHS Improvement's "Top 10 medicines", with the HB demonstrating good performance. The HB has a robust strategy in place for the early switching of biosimilars and has demonstrated savings of over a £1M in 2016-2017. The HB will continue to monitor existing savings and progress against national indicators as well as horizon scanning for new opportunities in 2017-2018. A robust primary care work plan is in place to support high quality cost effective prescribing, with regular review built in and links made to practice and cluster based prescribing management schemes. The plan includes a range of areas such as: • Target clinical areas (e.g. pain, respiratory, antibiotics, CMPA) to improve prudent prescribing • Targeting therapies of limited value • Medication reviews and chronic disease management by clinical pharmacists • Review of repeat prescribing processes including piloting of a repeat prescribing hub to reduce wastage • Improving performance against national prescribing indicators
The Welsh Government should develop a plan, in partnership with All Wales Medicines Strategy Group (AWMSG), health bodies and GPs, to	Each year, the HB communicate with stakeholders and provide feedback on the prescribing indicator consultation document as

evolve the National Prescribing Indicators so that they begin to consider measures of whether the right patients are receiving the right medicines and whether medicines are making a difference to people's outcomes.	part of this process. The HB has representation on AWMSG and it's supporting groups to influence and provide advice and will be involved in the development of new indicators. However, patient level information on prescribing in secondary care will only be possible with the implementation of EPMA.
The All Wales Chief Pharmacists' Committee should lead a national audit of compliance with the measures set out in the all-Wales handbook on the safe and effective delivery of homecare services.	Primary Care Teams have linked with the homecare team to update records in primary care and reduce risk to patients ABM has an established homecare team and is seen as an example of best practice in Wales. There is a local homecare committee, chaired by the Chief Pharmacist that provides governance assurances, receives reports on savings and performance indicators for the homecare companies. The HB will participate in the All Wales working group, led by the All Wales Pharmacy Procurement Lead to review and further develop homecare services in Wales.
The Welsh Government, supported by 1000 Lives Improvement, should work with pharmacy teams, clinical coding staff and clinicians across Wales to develop a programme aimed at identifying and preventing medicines related admissions (MRAs).	Clinical services in secondary care target new admissions whenever possible. There is an increase in pharmacy time in emergency Departments and other admission areas to focus on early medicines reconciliation and close working with clinician and nursing colleagues. The HB has a Medicines Safety officer who will engage with 1000 Lives in this process.
The Welsh Government and NWIS should continue to work with GP representatives to ensure their concerns about information governance are addressed; Facilitate wider access to the GP Record so that	ABM pharmacists and technicians in secondary care access the GP record via the WGPR for all relevant patients on admission and this has proved extremely valuable in providing timely

all pharmacists and pharmacy technicians that deliver clinical services on the wards can access the system for patients who are admitted for an elective procedure, as well as those admitted as emergencies; and Facilitate wider access to, and use of, the GP Record in community pharmacies so that whenever it is clinically appropriate, patients can have their medicines managed in the community without accessing a GP or other NHS services.	information on patients current medication. On discharge, the majority of patients receive an electronic record of discharge medicines using the eToc system. Plans are in place to replace the current system with Mted in 2017-2018. Roll out of the Choose pharmacy Platform will begin in ABMU in October 2017. The platform will be implemented in all Pharmacies across ABMU and will give access to IHR in order for Pharmacists to conduct DMRs. In addition, ABMU commissions an Emergency medicines Supply service, which allows patients to access repeat medications free of charge in an emergency, access to the IHR will facilitate this service.
Where the Welsh Government makes a decision to make a new medicine available outside the current national appraisal process, it should clearly explain the rationale underpinning its decision and ensure that health bodies are given sufficient time to plan for the financial implications and service changes associated with introducing those new medicines.	The HB has a process in place for the managed entry of new drugs, facilitated through the medicines management group. This is supported by other formulary processes that includes the Unlicensed Medicines Policy, Early Access Scheme policy and Individual Patient Funding Requirement (IPFR). The Chief Pharmacist works closely with the CPhO and other Chief Pharmacists in Wales to enable improved planning and preparation for access to new medicines. The Chief Pharmacists is working closely with finance and other stakeholders to ensure the appropriate implementation of the New Treatment Fund in the HB.

Any other comments you would like to provide around the issues highlighted within the Auditor General for Wales Report?

Media Release

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Date: DRAFT

Help us reduce £4 million waste medicines bill

ABMU Pharmacist and Prescribing Advisor Vanessa Morton, and Pharmacy Technician Liz Lloyd with boxes of unwanted and returned medicines which have to be destroyed.

Patients are being asked to help save millions of pounds each year in wasted medicines which end up being destroyed unused.

An estimated £4 million worth of prescription medicines are destroyed each year in Swansea, Neath Port Talbot and Bridgend because they aren't needed.

In many cases, these were drugs ordered on monthly repeat prescriptions, stockpiled unused in people's homes or returned to local pharmacies for disposal.

Last year ABMU spent £97.6 million

on medicines prescribed by GPs and other community clinicians.

Unfortunately around £4 million of those drugs were wasted: £1.2 million worth left unused in patients' homes; £1.4 million worth returned to community pharmacies and there was about £650,000 worth of unused drugs in care homes.

Unused medicines can't be reused. **They can't go to another patient or be sent to a poorer country. Strict quality control rules around how they are stored and managed mean the only option is to destroy them if they aren't needed after they've been dispensed.**

Sometimes medicines aren't used because patients don't feel they are effective, or don't like some side effects. If this happens it's essential that their prescriptions are reviewed, to amend or remove medicines which are no longer suitable.

But in a lot of cases, many patients continue ordering *all* their medicines on repeat each month, even if they only use *some* of them from time to time.

ABMU Pharmacist and Prescribing Advisor Vanessa Morton, and Pharmacy Technician Liz Lloyd believe it's because patients mistakenly think if they don't order everything off a repeat prescription every time, the item will be removed.

In fact, patients don't have to order all their medicines every month if they have enough. They only need to order what they need, and can be assured that items not needed won't be removed from their repeat list.

It has emerged that the worst-offending group of wasted drugs are

inhalers, some costing upwards of £42 each.

Other types of drugs which are consistently returned unused or underused include painkillers and laxatives.

Vanessa with some of the unwanted inhalers, which cost £42 each, and are destroyed unused.

Liz said: "Part of our job is to review waste in pharmacies and then plan how it can be minimised. It's quite shocking to see what is actually wasted throughout ABMU."

Vanessa said:

"We're both part of the medicines management team, and we work with GP practices and with the local community pharmacies to look at whether the prescribing they are doing is appropriate.

"We need to be looking in all areas to try and improve this. And it's the whole community which needs to be looking at this, not just us as pharmacists and doctors. It needs to be the patients that help us as well.

"We've got waste coming back in absolutely shocking amounts to community pharmacies. A pharmacy we recently visited, within six weeks, had six or seven big boxes of waste coming back from patients."

She said a recent audit looking at waste returned to pharmacies across ABMU identified a particular inhaler as the drug which contributed the highest single cost to the waste medicine bill. Used for COPD and asthma conditions, it has a price tag of £42.

She said:

"People are ordering it month-on-month and not necessarily using it. And it's coming back to the pharmacies unused. I've seen six or seven boxes of it come back unused from patients when we've done patient visits to their home.

“A lot of people think when they have their prescriptions on their repeat prescription they have to collect them every single month. Now that’s not the case. They are not going to disappear off your repeat.

“The GP won’t take that off your repeat at all, it’s there for you. It’s just making sure that you don’t build up that waste. Just pause it for a couple of months and then restart it.”

She explained:

“Lots of medicines are ‘when required’ rather than every single day. These types of medicines don’t need to be ordered for most people every single month. Just get them when you need them. And it will help to go towards reducing some of this waste.”

Judith Vincent, Clinical Director for Pharmacy said:

“It is important that everyone involved, from the GP writing the prescription through to its dispensing, and more importantly the patient, understands why the medicine is needed, has agreed to its use and understand how to take it effectively.

“Medicines which are not used, or not used as intended, mean that patients will not gain their benefit and in addition unused medicines generate a significant amount of waste as they cannot be re-used.

“We all have a part to play in reducing medicine waste. As well as the actions above, there are other things you can do to help to reduce medicines waste overall, not just in the community, but in hospitals too.”

Some key messages for patients:

- Only order what you need on your repeat prescription. Pause reordering a medicine you don’t need right now; and only re-order it when you do

- Don’t stockpile medicines at home – it can lead to confusion, they can go out of date and can be dangerous if they fall into the wrong hands
- Get to know your medicines and how to take them. Speak to your pharmacist or doctor if you have any questions and take advantage of medication review appointments – regular review is essential and helps you get the best from your medicines
- Ask your community pharmacist to undertake a Medicines Use review with you – this is a free, confidential service
- Tell your GP or pharmacist if you are having problems with any medicines or do not need them anymore, or are not taking them.
- More expensive medicines are usually no better than cheaper alternatives – money saved by using the most cost effective medicines goes back into the NHS so more people can be treated
- Use healthy lifestyles to look after your health as best you can – medicines are not always the answer
- Help us protect our antibiotics by only using them when essential. Resistance is a serious threat now and in the future, so don’t expect antibiotics for simple coughs, colds and sore throats – you probably don’t need them and could end up with unwanted side effects
- If you go into hospital take your medicines and the most recent list of repeat medicines from your GP with you. You should also include any medicines you buy over the counter and herbal medicines/vitamins
- On the ward the pharmacy team will introduce themselves to you and will look after your medication requirements during your stay. They will provide any help you require to ensure you understand all of your medicines.

Ends

Abertawe Bro Morgannwg University Health Board
Medicine Waste Initiative 2013

'Only order what you need'

May 2013

Only Order What You Need

www.medicinewaste.com

© Dynamic Advertising Group 2013

Campaign aims

a) To encourage and support better use of medicine to improve health outcomes for patients.
b) Achieve a quantifiable reduction in the amount of medicines wasted and free up much needed financial resources within Abertawe Bro Morgannwg University Health Board
c) Improve patient safety by encouraging safe disposal of their unused medications.

Communication objectives

- Encourage patients to think carefully before requesting repeat prescription drugs and to discuss their medication with their GP or pharmacist.
- Persuade patients to collect unused drugs from drawers and cupboards and return them to their regular community pharmacy.
- Highlight the importance of regular medicine reviews so patients can check that the medicines they take are still relevant/needed/useful.
- Engage with public health stakeholders (GPs, Pharmacists) to reiterate the vital role they play in preventing waste.

Communication Aims:

The key communication messages are:

- Only order what you need
- Wasted medicines waste money
- Check before you order your medicines
- Ask your GP or Pharmacist for advice

The supporting messages include:

- Dispose of medication safely (return to pharmacy)

- Unused medicines are a safety risk

- If you go into hospital, take your medicines with you

- Medicines are prescribed for you only-it's not safe to share them

Key target groups

It is essential to reach and engage the following key audiences:

Patients

People of either gender who are on free repeat prescriptions and who are primarily aged over 55. These are patients who, for a variety of reasons, order some repeat prescriptions they never actually use or complete.

Doctors and Pharmacists

The support of healthcare professionals, such as GPs and Pharmacists – in addition to practice, hospital and pharmacy staff who interact with this target group on a daily basis – is fundamental to campaign effectiveness.

Carers / Care workers

Carers who look after people who cant collect their own medicines – includes both professional carers and relatives – the majority are generally 40+

Campaign materials for Abertawe Bro Morgannwg University
A3 poster

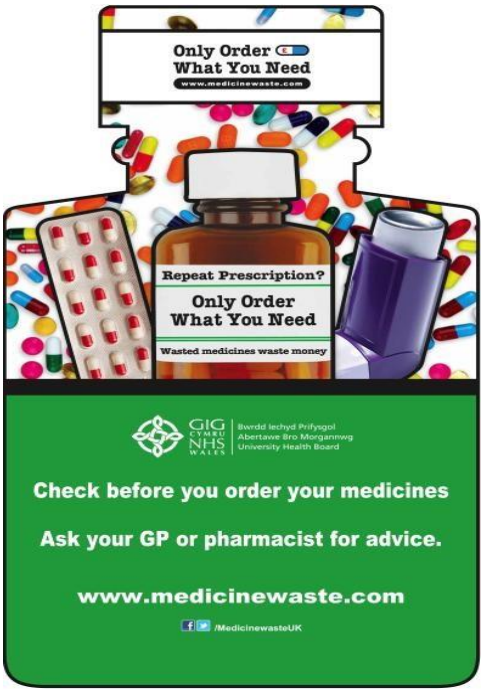
Bilingual Red Leaflet

Die cut prescription attachments

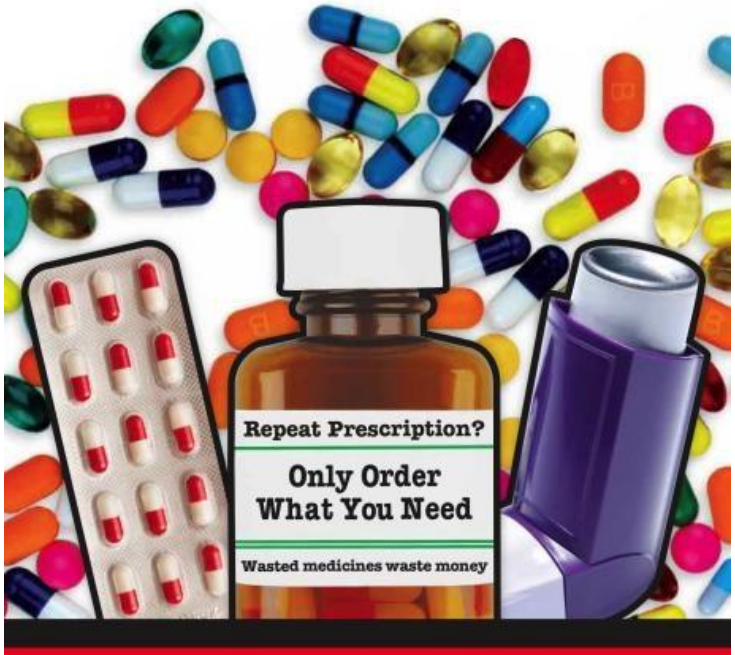
A4 staff posters

A4 Care Home poster

4ft Die cut stand & Pop up banner



Think before you order



For advice about your medicines or if you have stopped taking them please speak to your GP or pharmacist.

Only Order What You Need

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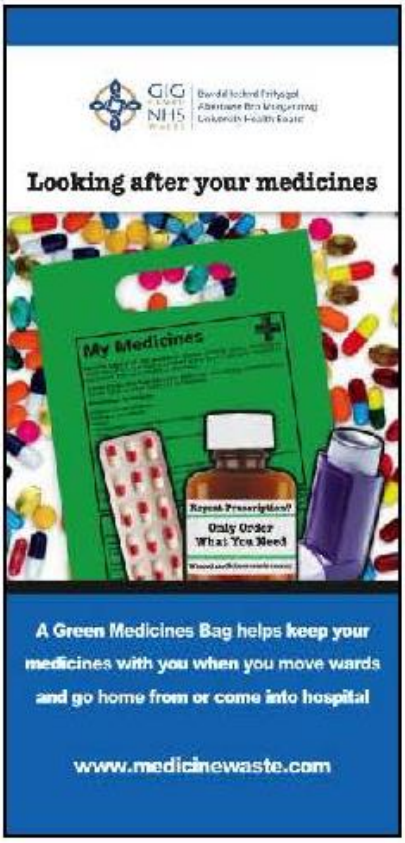
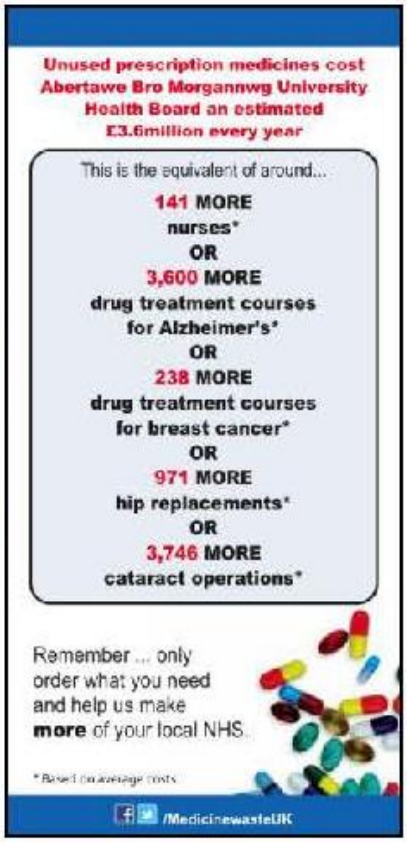
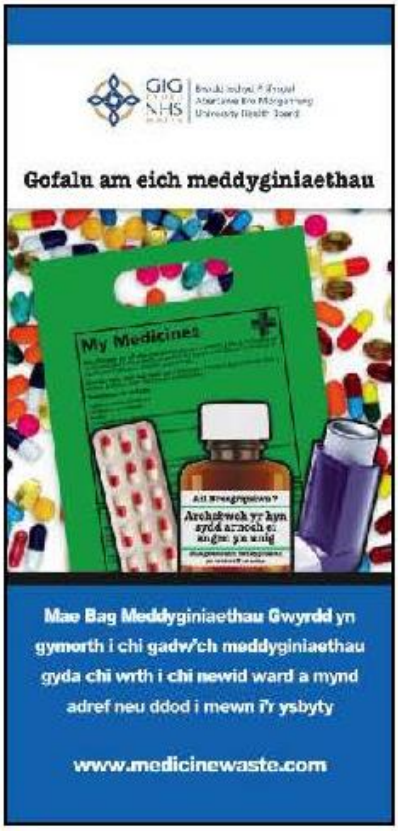
Hospital Leaflet and Poster





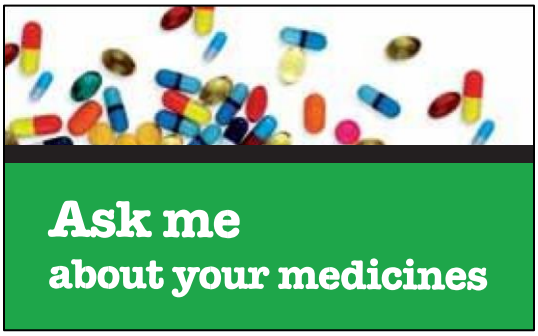

GIG
NHS
Gofalu am eich meddyginiaethau
My Medicines
Mae Bag Meddyginiaethau Gwyrdd yn gymorth i chi gadw'ch meddyginiaethau gyda chi wrth i chi newid ward a mynd adref neu ddod i mewn i'r ysbyty
www.medicinewaste.com

Amcangyfrifir bod meddyginiaethau ar bresgripsiwn sydd heb eu defnyddio yn costio £3.6miliwn i Fwrdd Iechyd Prifysgol Bro Abertawe Morgannwg a'r Fro
Mae hyn gymaint ag oddeutu...
141 yn RHAGOR o nyrsys*
NEU
3,600 yn RHAGOR o gyrsiau triniaeth cyffuriau ar gyfer Alzheimer's*
NEU
238 yn RHAGOR o gyrsiau triniaeth cyffuriau ar gyfer canser y fron*
NEU
971 yn RHAGOR o gluniau newydd*
NEU
3,746 yn RHAGOR o lawdriniaethau cataract*
Cofiwch ... peidiwch ag archebu ond faint sydd arnoch ei angen a helpwch ni i wneud mwy o'ch GIG lleol.
/MedicinewasteUK

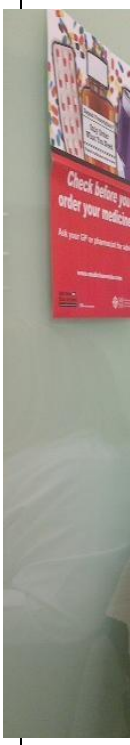
My Medicines
Only Order
What You Need
Looking after
your medicines
A Green Medicines Bag helps keep your medicines
with you when you move wards and go home from
or come into hospital
www.medicinewaste.com

My Medicines
Gofalu am eich
meddyginiaethau
Mae Bag Meddyginiaethau Gwyrdd yn gymorth i chi
gadw'ch meddyginiaethau gyda chi wrth i chi newid
ward a mynd adref neu ddod i mewn i'r ysbyty
www.medicinewaste.com

Staff badges

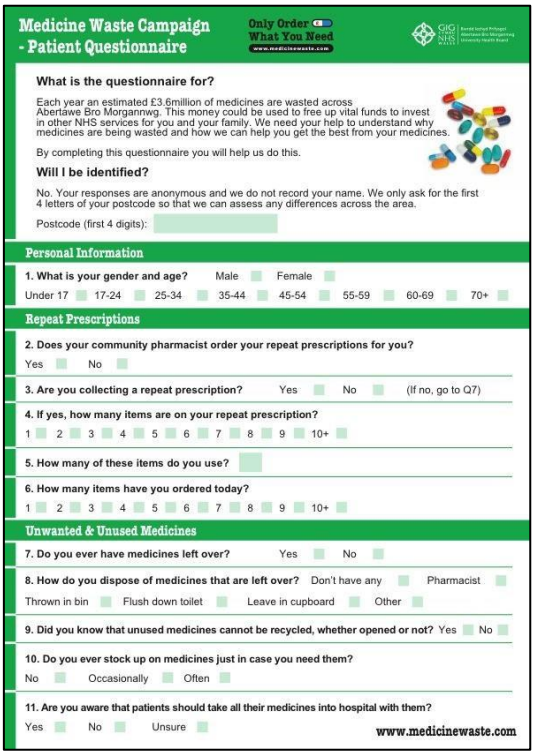


Community Outreach Engagement Events



Bus advertising

Patient Questionnaires



Medicine Waste Campaign - Patient Questionnaire

Only Order What You Need

What is the questionnaire for?

Each year an estimated £3.6million of medicines are wasted across Abertawe Bro Morgannwg. This money could be used to free up vital funds to invest in other NHS services for you and your family. We need your help to understand why medicines are being wasted and how we can help you get the best from your medicines.

By completing this questionnaire you will help us do this.

Will I be identified?

No. Your responses are anonymous and we do not record your name. We only ask for the first 4 letters of your postcode so that we can assess any differences across the area.

Postcode (first 4 digits):

Personal Information

1. What is your gender and age? Male Female
Under 17 17-24 25-34 35-44 45-54 55-59 60-69 70+

Repeat Prescriptions

2. Does your community pharmacist order your repeat prescriptions for you?
Yes No

3. Are you collecting a repeat prescription? Yes No (If no, go to Q7)

4. If yes, how many items are on your repeat prescription?
1 2 3 4 5 6 7 8 9 10+

5. How many of these items do you use?

6. How many items have you ordered today?
1 2 3 4 5 6 7 8 9 10+

Unwanted & Unused Medicines

7. Do you ever have medicines left over? Yes No

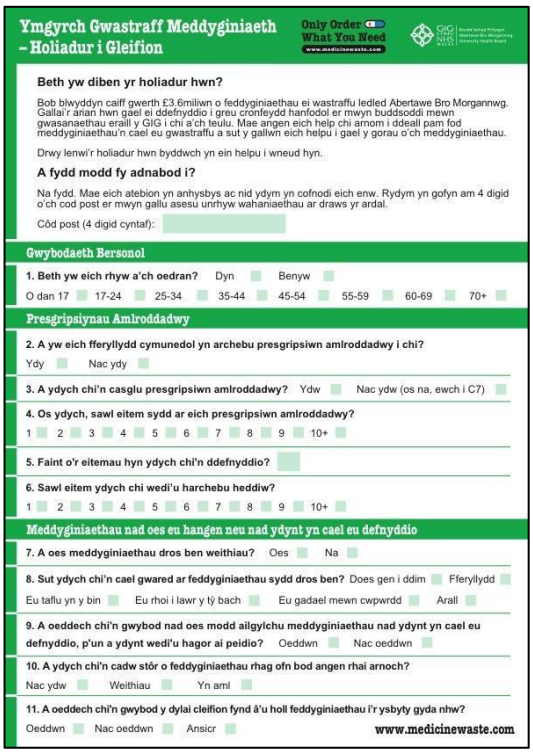
8. How do you dispose of medicines that are left over? Don't have any Pharmacist
Thrown in bin Flush down toilet Leave in cupboard Other

9. Did you know that unused medicines cannot be recycled, whether opened or not? Yes No

10. Do you ever stock up on medicines just in case you need them?
No Occasionally Often

11. Are you aware that patients should take all their medicines into hospital with them?
Yes No Unsure

www.medicinewaste.com



Ymgyrch Gwastraff Meddyginiaeth – Holiadur i Gleifion

Only Order What You Need

Beth yw diben yr holiadur hwn?

Bob blwyddyn caiff gwerth £3.6miliwn o feddyginiaethau ei wastraffu ledled Abertawe Bro Morgannwg. Gallai'r arian hwn gael ei ddefnyddio i greu cronfeydd hanfodol er mwyn buddsoddi mewn gwasanaethau eraill y GIG i chi a'ch teulu. Mae angen eich help chi arnom i ddeall pam fod meddyginiaethau'n cael eu gwastraffu a sut y gallwn eich helpu i gael y gorau o'ch meddyginiaethau.

Drwy lenwi'r holiadur hwn byddwch yn ein helpu i wneud hyn.

A fydd modd fy adnabod i?

Na fydd. Mae eich atebion yn anhysbys ac nid ydym yn cofnodi eich enw. Rydym yn gofyn am 4 digid o'ch cod post er mwyn gallu asesu unrhyw wahaniaethau ar draws yr ardal.

Cŵd post (4 digid cyntaf):

Gwybodaeth Bersonol

1. Beth yw eich rhyw a'ch oedran? Dyn Benyw
O dan 17 17-24 25-34 35-44 45-54 55-59 60-69 70+

Presgripsiynau Amlroddadwy

2. A yw eich fferyllydd cymunedol yn archebu presgripsiwn amlroddadwy i chi?
Ydy Nac ydy

3. A ydych chi'n casglu presgripsiwn amlroddadwy? Ydw Nac ydw (os na, ewch i C7)

4. Os ydych, sawl eitem sydd ar eich presgripsiwn amlroddadwy?
1 2 3 4 5 6 7 8 9 10+

5. Faint o'r eitemau hyn ydych chi'n ddefnyddio?

6. Sawl eitem ydych chi wedi'u harchebu heddiw?
1 2 3 4 5 6 7 8 9 10+

Meddyginiaethau nad oes eu hangen neu nad ydynt yn cael eu defnyddio

7. A oes meddyginiaethau dros ben weithiau? Oes Na

8. Sut ydych chi'n cael gwared ar feddyginiaethau sydd dros ben? Does gen i ddim Fferyllydd
Eu taflu yn y bin Eu rhoi i lawr y tŷ bach Eu gadael mewn cwpwrdd Arall

9. A oeddech chi'n gwybod nad oes modd ailgylchu meddyginiaethau nad ydynt yn cael eu defnyddio, p'un a ydynt wedi'u hagor ai peidio? Oeddwn Nac oeddwn

10. A ydych chi'n cadw stôr o feddyginiaethau rhag ofn bod angen rhai arnoch?
Nac ydw Weithiau Yn aml

11. A oeddech chi'n gwybod y dylai cleifion fynd â'u holl feddyginiaethau i'r ysbyty gyda nhw?
Oeddwn Nac oeddwn Ansicr

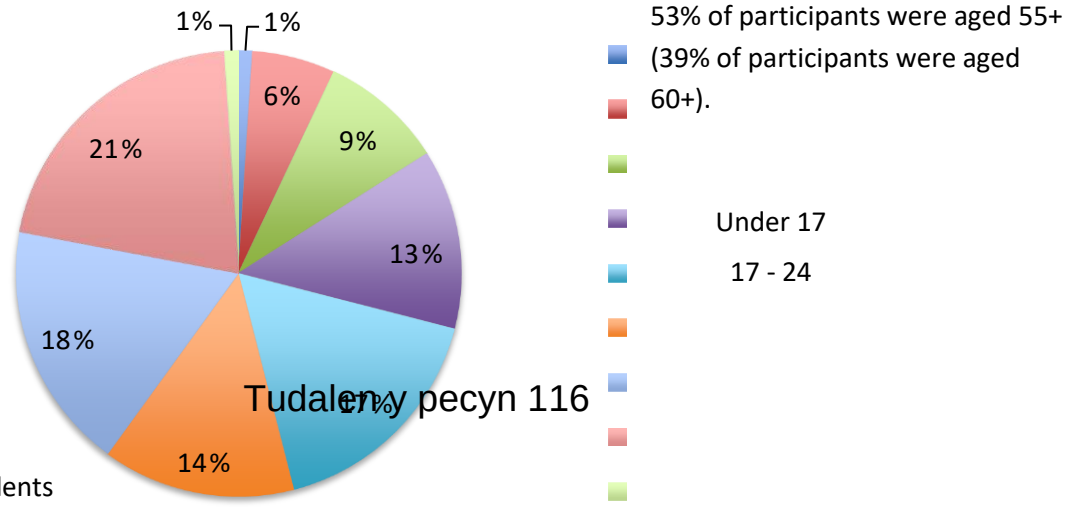
www.medicinewaste.com

Patient Questionnaire Evaluation Overview

Patient questionnaire packs were sent to GP's and Pharmacists during March. The packs included:

- 20 patient questionnaires
- A pre-paid return envelope for the completed questionnaires
- A letter asking the GP/Pharmacist to distribute to patients on repeat prescriptions.

Of the 1,861 people surveyed, 31% of the sample were male, 43% female and 26% gave no gender.



53% of participants were aged 55+ (39% of participants were aged 60+).

Age of respondents

25 - 34

35 - 44

45 - 54

55 - 59

60 - 69

70 +

Not answered

Patient Questionnaire Criteria

- Over the age of 16 and without Dementia. The questionnaire should be given to suitable patients on collection of their repeat prescription

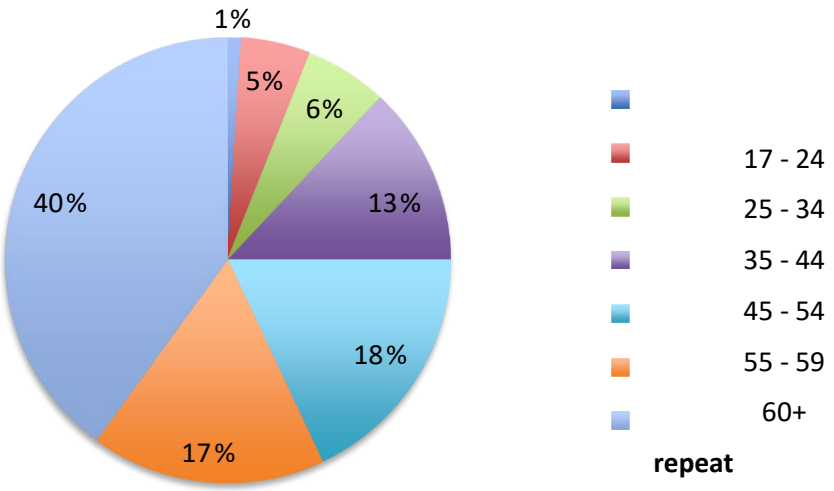
- Returned using the pre-paid envelope (to our independent research company) by 22nd March

Does your community pharmacist order your repeat prescriptions for you?

- 34% of respondents get their community pharmacist to order their repeat prescriptions. 64% answered no to this question and 2% did not answer.

Those respondents, by age, whose community pharmacist order their repeat prescriptions:

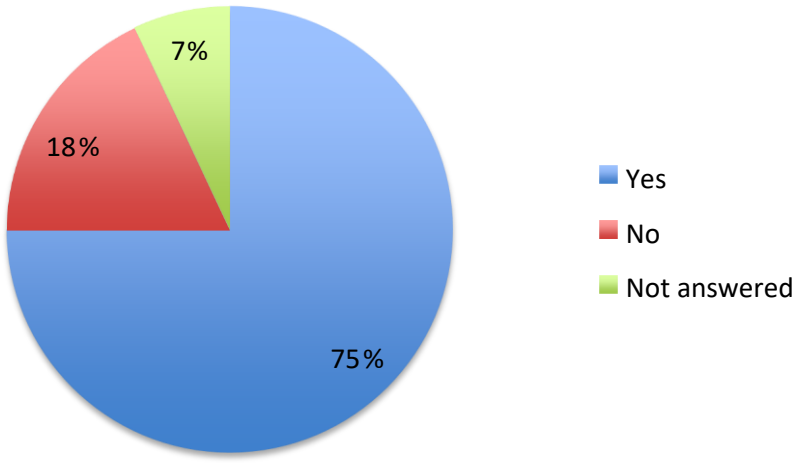
Under 17



Are you collecting a repeat prescription?

- 68% of all respondents were collecting a repeat prescription

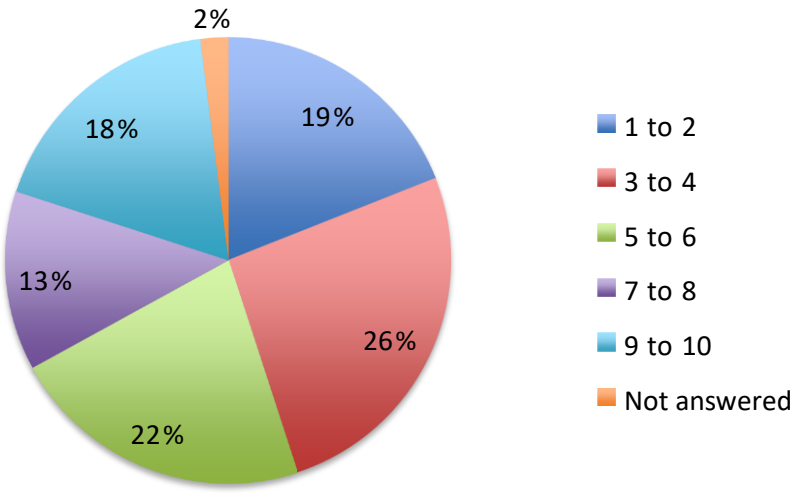
- 75% (739) of respondents aged 55+ were collecting a repeat prescription (7% unanswered)



Respondents aged 55+

How many items are on your repeat prescription?

- 26% (194) of those respondents aged 55+ ordered 3-4 items on their repeat prescription, while 22% ordered 5-6 items and 19% ordered 1-2 items. 18% ordered 9-10 items.
- Out of all of the age groups, 56% of all respondents ordered 1-4 items on their repeat prescription.



Respondents aged 55+

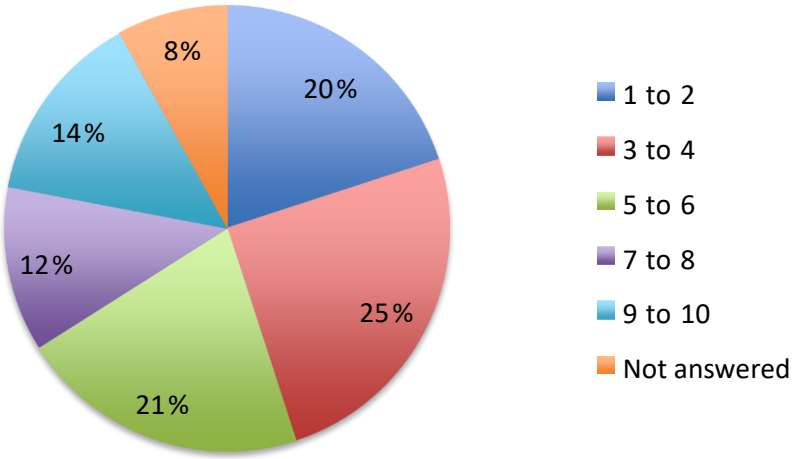
How many of these items do you use?

- 25% (187) of those respondents aged 55+ use 3-4 items on their repeat prescription, while

21% use 5-6 items and 20% use 1-2 items. 14% of respondents use 9-10 items. Unfortunately

8% did not answer this questions

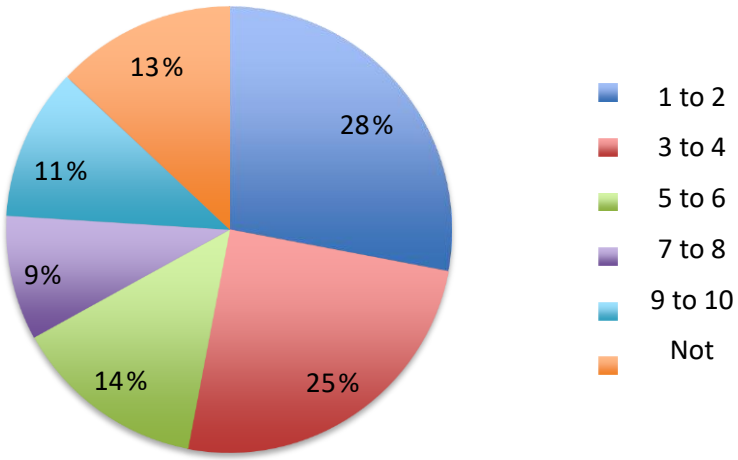
- This shows, on average, a 2% difference between what is ordered and what is actually used. (26% ordered 3-4 items, however 25% use 3-4 items).



Respondents aged 55+

How many items have you ordered today?

- 28% (209) of respondents aged 55+ ordered 1-2 items on their repeat prescription. 25% ordered 3-4 items, 14% ordered 5-6 items and 11% ordered 9-10 items. Unfortunately 13% did not answer.
- 38% of all respondents ordered 1-2 items, 24% ordered 3-4 items and 12% ordered 5-6 items. 11% did not answer the question.

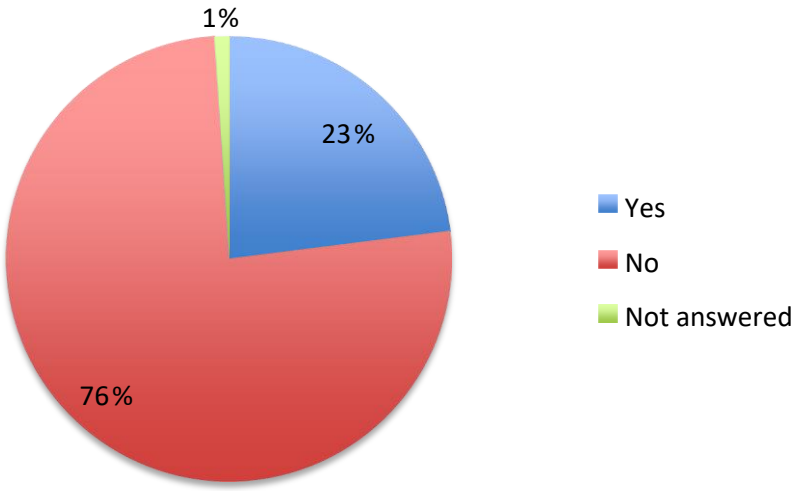


answered

Respondents aged 55+

Do you ever have medicines left over?

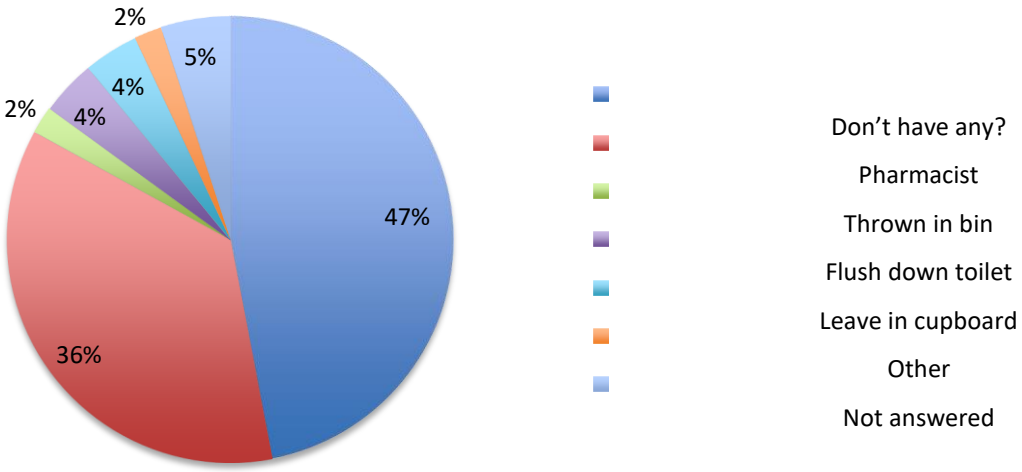
- 23% (227) of respondents aged 55+ have medicines left over. 1% did not answer.



Respondents aged 55+

How do you dispose of medicines that are left over?

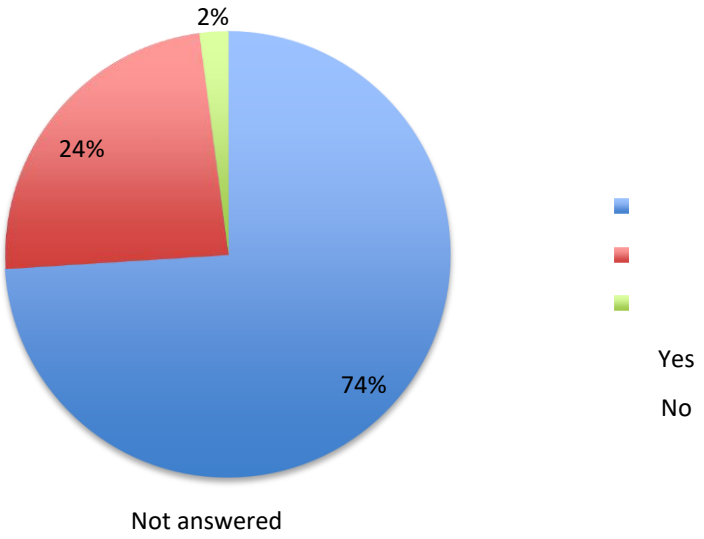
- 47% of respondents aged 55+ don't have any medicines left over.
- Those that do have medicines left over, 36% take them to the pharmacist, 4% leave them in the cupboard, and 4% flush down toilet. 5% did not answer the question.



Respondents aged 55+

Did you know that unused medicines cannot be recycled, whether opened or not?

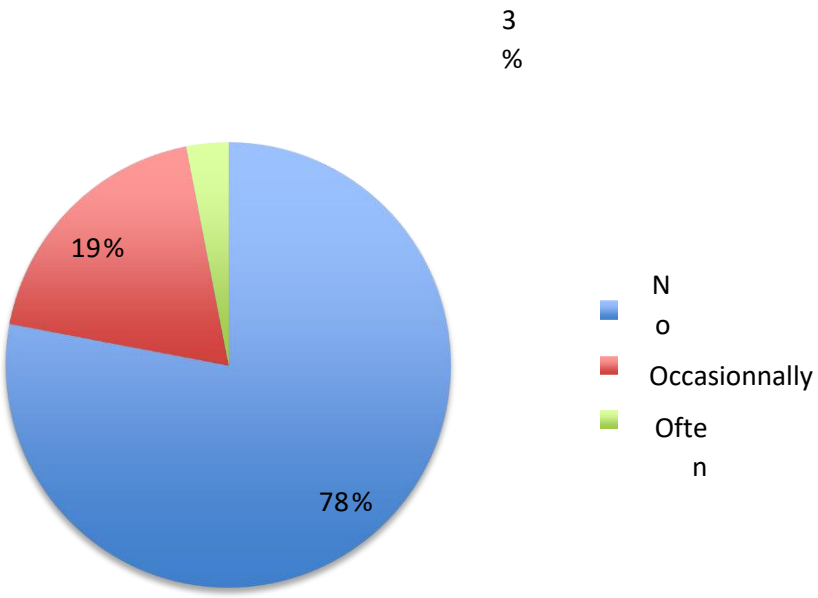
- 24% (237) of respondents aged 55+ did not know that medicines cannot be recycled - 27% of all respondents did not know that medicines cannot be recycled



Respondents aged 55+

Do you ever stock up on medicines just in case you need them?

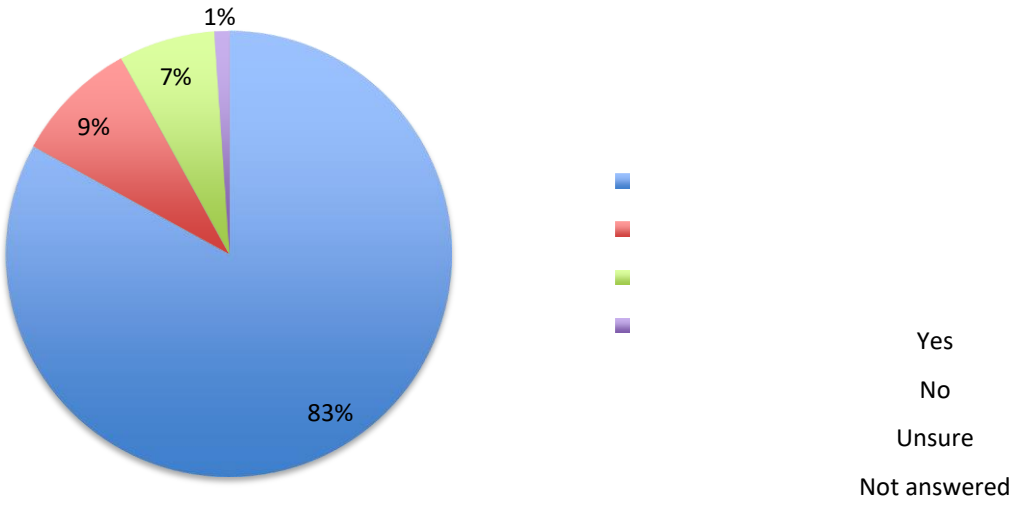
- 19% of all respondents occasionally stock up on medicines
- 19% of respondents aged 55+ occasionally stock up on medicines



Respondents aged 55+

Are you aware that patients should take all their medicines into hospital with them?

- 9% of respondents aged 55+ did not know that they should take all of their medicines into hospital with them and 7% were unsure.



Respondents aged 55+

Summary:

34% of respondents get their community pharmacist to order their repeat prescription.

68% of respondents were collecting a repeat prescription, which indicates that the pharmacists/GP's were targeting the correct market.

The respondents who were collecting their repeat prescription items, use most of their items, with 2% possibly not using all of their medicines as they did not answer the question.

The majority of respondents do not have any medications left over, and if they do, they dispose of them at the pharmacy.

Nearly a quarter of the respondents did not know that medicines cannot be recycled, whether opened or not, however hopefully this campaign has now made them aware that they cannot.

19% of respondents occasionally stock up on medicines.

The majority of respondents are aware that they should take their medicines into hospital with them.

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

REPEAT PRESCRIBING TRAINING

FOR PRESCRIBING CLERKS

January 2016

Version 3

About this Training

This training has been developed by the medicines management team within ABMU Health Board with support from GPs, practice managers and prescribing clerks.

Who should use this training pack?

This training is designed for practice reception staff involved in the repeat prescribing process i.e. prescribing clerk duties. It can be used to support induction for new staff and as a refresher for staff currently undertaking or overseeing this role.

What does it aim to cover?

Exact roles and responsibilities of prescribing clerks differ between practices and between clerks within a practice. Practice prescribing systems and the clinical software systems used to support them also differ. Therefore, this training aims to supplement in house practice training by:

- Providing a better understanding of medicines and medicines management within the wider NHS context
- Covering the general principles for good repeat prescribing
- Highlighting opportunities for improving existing systems and developing prescribing clerk roles as a vital part of the practice team

What is needed to undertake this training?

This training will need to be used in conjunction with:

- Training on how to use the practice computer system which generates prescriptions
- Hands on training with a period of supervision for staff new to prescribing clerk duties
- Identified support from a nominated experienced prescribing clerk/practice manager and/or member of the medicines management team
- Access to an up to date British National Formulary (BNF) (available as a printed book and online)
- An element of protected time within the practice

How to Use the Pack

There is no specific taught element, rather individuals can work through the pack, or choose to link up with other prescribing clerks to discuss e.g. within cluster areas, as it can be useful to learn from other practices.

The pack is divided into two main sections:

1. **A bit about Medicines (or Drugs)** – aims to provide a basic overview of medicines – legal issues, types, high-risk medicines to watch out for, polypharmacy etc.

2. **Prescribing Systems in GP Practices** – this section covers aspects of repeat prescribing systems such as ordering, generating and issuing prescriptions, roles of those involved, re-authorisation, medication review etc.

If you need support clarifying any of the issues in this training pack, answering the assessment workbooks or to facilitate group discussions, please contact a member of the Health Board medicines management team.

Questions have been developed to assess understanding. Two Assessment Workbooks are available – one for each of the sections contained in this pack. If these are completed and submitted to the medicines management team, and meet the required standard, a certificate will be awarded.

Please note:

Throughout the pack, you will see the following:

Potential roles for prescribing clerks:

Suggested roles are highlighted and denoted with the star symbol.

These potential roles should be discussed within the practice to decide if they are appropriate within your practice systems and for your level of experience.

Find out:

Each practice's systems are different and it is important to find out how your practice handles certain things. These are marked with the light bulb man symbol.

Acknowledgments:

With thanks to other Primary Care Organisations who developed and shared training packs, in particular Aneurin Bevan and Powys Health Boards.

Section 1

A bit about Medicines (or Drugs)

This section includes:

- Medicines management and polypharmacy
- Legal classification of medicines
- Units and strengths
- Forms and types of medication
- Generic, branded generic and inappropriate generic
- Modified Release Preparations
- Drug allergies, intolerances, cautions, contra-indications, side effects and interactions
- Medicines with special considerations
- Medication review

Medicines Management

Medicines management or medicines optimisation is a term used to describe how medicines are used. It includes everything from the initial choice of medicine to monitoring, repeat prescribing, dispensing, patient counselling, patient compliance, side effects, etc. Good medicines management means that people get the best from their medicines, but poor medicines management is known to cause a lot of problems.

For example:

- It is thought that between 30% and 50% of all patients with chronic (ongoing) conditions (e.g. diabetes, heart problems etc.) end up using their medicines in a way that is not fully effective
- Medication problems are implicated in 5-8% of unplanned hospital admissions
- Medication errors have been estimated to cost the NHS £500 million a year in additional days spent in hospital
- When people move from one care setting to another (e.g. in and out of hospitals and care homes), between 30% and 70% of patients have an error or unintentional change to their medicines

Prescribing clerks have a vital role to play in improving medicines management by following good practice for repeat prescribing systems as outlined in this pack.

Polypharmacy

Polypharmacy is usually considered as the use of at least four or more medicines. It can be subdivided into 'appropriate' and 'problematic':

Appropriate – where prescribing is for complex conditions or for multiple conditions in circumstances where medicines use has been optimised and where the medicines are prescribed according to best evidence.

Problematic – where the intended benefit of the medication is not seen, where patients are unable to manage their medicines and/or prescribing medicines to treat side effects of other medicines.

The proportion of patients receiving 10 or more drugs has increased from 1.9% in 1995 to 5.8% in 2010 and the average number of items per person has increased by 53.8% in the past decade.

Legal Classifications of Medicines

Medicines can be obtained on prescription, via pharmacies under the supervision of the pharmacist, or from a wider range of outlets such as supermarkets and on-line via the Internet. Each medicine has a legal classification, which defines how it can be supplied:

Legal Classification	Abbreviation	Details
General Sales List medicine	GSL	Can be sold in registered pharmacies and also in other retail outlets e.g. some cold and flu remedies
Pharmacy medicine	P	Can be sold from a registered pharmacy by a pharmacist or person acting under the supervision of a pharmacist e.g. most antifungal treatments
Prescription Only Medicine	POM	Requires a prescription from an appropriate prescriber e.g. blood pressure medication
Controlled Drug (CD)	Formal legal categories vary but generally referred to as "CD"	Medicines subject to a number of regulations, such as the Misuse of Drugs Act 1971 – additional prescription requirements may apply e.g. morphine, tramadol

The sale of GSL and P medicines from pharmacies is also known as the supply of **over the counter (OTC) medicines.**

Units and Strengths

The quantity of medication in a preparation can be recorded in many different ways and this can be confusing and a potential source of error when generating prescriptions. The most common units of measurement are shown in the table below.

Unit	Abbreviation	Equivalent to	What it measures
One Gram	1g	1000 milligrams	Weight
One Milligram	1mg	1000 micrograms	Weight
One Microgram	1mcg or 1µg (but should not be abbreviated - see BNF)	1000 nanograms	Weight
One Nanogram	1ng (but should not be abbreviated - see BNF)	This is the smallest measurement commonly used	Weight
One Litre	1l	1000 millilitres	Volume (e.g. liquids)
One Millilitre	1ml	This is the smallest measurement commonly used	Volume (e.g.liquids)

Types and Forms of Medication

Medicines are often grouped into families based on where the drugs have their main action or where they refer to their main function. The British National Formulary (BNF) structure uses these types groupings and other systems, such as GP clinical systems and prescribing data are based on the BNF structure.

BNF chapter examples:

1. Gastro-intestinal system
2. Cardiovascular system
3. Respiratory system
6. Endocrine system
7. Musculoskeletal system
8. Skin

4. Central nervous system
5. Infections
9. Eye
10. Blood and nutrition

Each chapter is subdivided into sections, which relate to the main function of the drugs within them. So the gastro-intestinal chapter is subdivided e.g.

- Chronic bowel disorders
- Constipation and bowel cleansing
- Diarrhoea
- Disorders of gastric acid and ulceration

Each section is further subdivided into sub sections which often reflect how drugs work for the listed condition e.g. in the case of constipation, this is divided into:

- Bulk forming laxatives
- Stimulant laxatives
- Faecal softeners
- Osmotic laxatives

Within each sub section are individual medicines/drugs. E.g. Bisacodyl and senna are examples of stimulant laxatives. Medicines/drugs come in a variety of strengths and forms.

This structure of drug families is important to understand to identify **therapeutic duplication**, or 'drug doubling' which sometimes causes problems. For various reasons, the patient may end up on a combination of drugs, which are too closely related. This may have a similar effect to doubling the dose of a medicine and may effectively cause an "overdose" and/or a worsening of side effects and should be double checked.

Have a look at the examples below:

- If a patient is on simvastatin and atorvastatin – these are both "statins" which means they work in the same way to lower cholesterol and so this should be double checked.
- If a patient is on paracetamol and tramadol – this combination is okay as while they are both used for pain, they work in different ways and are not too closely related.
- Some medicines can also be 'hidden' in combination products e.g. co-codamol is a combination of paracetamol and codeine, so watch out for patients on paracetamol AND co-codamol (both contain paracetamol), as this could result in problems.

Find out: Does your clinical computer system highlight possible therapeutic duplication?

Potential roles for prescribing clerks:

If you find therapeutic duplication, check the ordering of the two medications to see if the patient seems to have been taking both, and flag to the GP for review/confirmation

The table below gives examples of commonly used drugs groups in their families:

Type of drug	Common indication (use)	Common examples
Gastro-intestinal		
Proton pump inhibitors	Indigestion	Lansoprazole, omeprazole, pantoprazole, esomeprazole
H2-receptor antagonists	Indigestion	Cimetidine, ranitidine, nizatidine
Compound alginate preparations	Indigestion	Gaviscon Advance□, Peptac□
Laxatives	Constipation	Lactulose, Movicol□, senna, Fybogel□
Cardiovascular		
Lipid regulating	Lowers cholesterol	simvastatin, atorvastatin, pravastatin, rosuvastatin
ACE inhibitors	Heart or blood pressure	Ramipril, perindopril, lisinopril
Calcium channel blockers	Heart or blood pressure	Amlodopine, diltiazem, nifedipine, felodipine
Nitrates	Angina	Isosorbide mononitrate, glyceryl trinitrate
Beta-blockers	Heart or blood pressure	Atenolol, bisoprolol, propranolol
Diuretics	Water tablets	Bendroflumethiazide, furosemide
Anticoagulant	Thins the blood	Warfarin, dabigatran, rivaroxaban, apixaban
Antiplatelet	Thins the blood	Aspirin, clopidogrel

Respiratory system		
Bronchodilators	Asthma or obstructed lungs	Salbutamol, salmeterol
Corticosteroids	Asthma or obstructed lungs	Beclometasone, fluticasone
Combinations of Bronchodilators and Corticosteroids	Asthma or obstructed lungs Allergies	Seretide□, Sirdupla□, Symbicort□, Duoresp Spiromax□, Flutiform□
Antihistamines	Decongestant	Cetirizine, desloratidine, chlorphenamine
Decongestant		Pseudoephedrine
Central Nervous System		
Hypnotics and anxiolytics	Sleeping tablets or anxiety	Temazepam, nitrazepam, diazepam, zopiclone
Anti-depressants	Lift the mood	Citalopram, fluoxetine, sertraline
Anti-obesity drugs	Help people lose weight	Orlistat
Analgesics	pain killers	Co-codamol, paracetamol, tramadol, morphine
Musculoskeletal and joint disease		
NSAIDS	Non-steroidal antiinflammatory drugs-types of anti-inflammatory pain killers	Naproxen, ibuprofen
Endocrine		
Drugs for diabetes	Controls blood sugar	Insulins, gliclazide, metformin, alogliptin
Thyroid and anti-thyroid drugs	To regulate thyroid gland	Levothyroxine, carbimazole

Infections		
Antibiotics	Infections	Amoxicillin, erythromycin, flucloxacillin, trimethoprim, metronidazole

Medication Forms

Medication can come in a variety of different dosage **forms** or **formulations** as shown below. Dosage form

refers to the physical characteristics of the drug e.g. tablets, capsules, liquids, creams etc.

Other items which may also be prescribed include:

Certain types of food:

- Gluten free food such as bread and pasta
- Supplement shakes, juices and desserts

Appliances and devices:

- Stoma appliances
- Spacers for inhalers
- Peak flow meters
- Blood and urine testing strips
- Catheters and bladder washouts
- Dressings and compression hosiery

Generic, Branded Generic and Inappropriate Generic

The generic or non proprietary name of a medicine is the actual drug name rather than the company or brand name. Brand names often have the symbol® after them. For example:

- Ranitidine is the generic name and Zantac® is the brand name
- Ibuprofen is the generic name and Brufen® is the brand name

There may be more than one brand of a drug available, so if we look at ibuprofen, which is the generic name for the medicine, there are several brands available e.g. Brufen®, Nurofen®, Calprofen®.

When a medicine is prescribed by its generic name, the pharmacist can dispense a 'generic' version or any brand, which contains the correct medicine (however the patient is not at liberty to specify the brand they would like). However, if a brand is specified on the prescription, the pharmacist can only give that particular brand.

Prescriptions should usually be written generically, but there are exceptions (see below). This is because it is:

- **Good practice:** it is good clinical practice and less confusing to use the generic name. Generic names are used almost exclusively during medical teaching, in independent scientific publications and internationally, whereas brand names can vary.
- **Usually more cost effective:** use of generic medicines can produce significant cost savings for the NHS without reducing quality.

People may think that brands are of a higher quality, because they are heavily promoted and marketed and often packaged in a more attractive way. However, the drugs in generic preparations have to undergo the same rigorous testing as those in the branded medicines and therefore contain exactly the same quality and quantity of a drug.

Potential roles for prescribing clerk:

Highlighting potential generic switches to the prescriber who will authorise change where appropriate

Explain the use of generic drugs to patients where appropriate

Pick up any accidental duplication where there may be a brand and a generic version of the same medicine on the same repeat

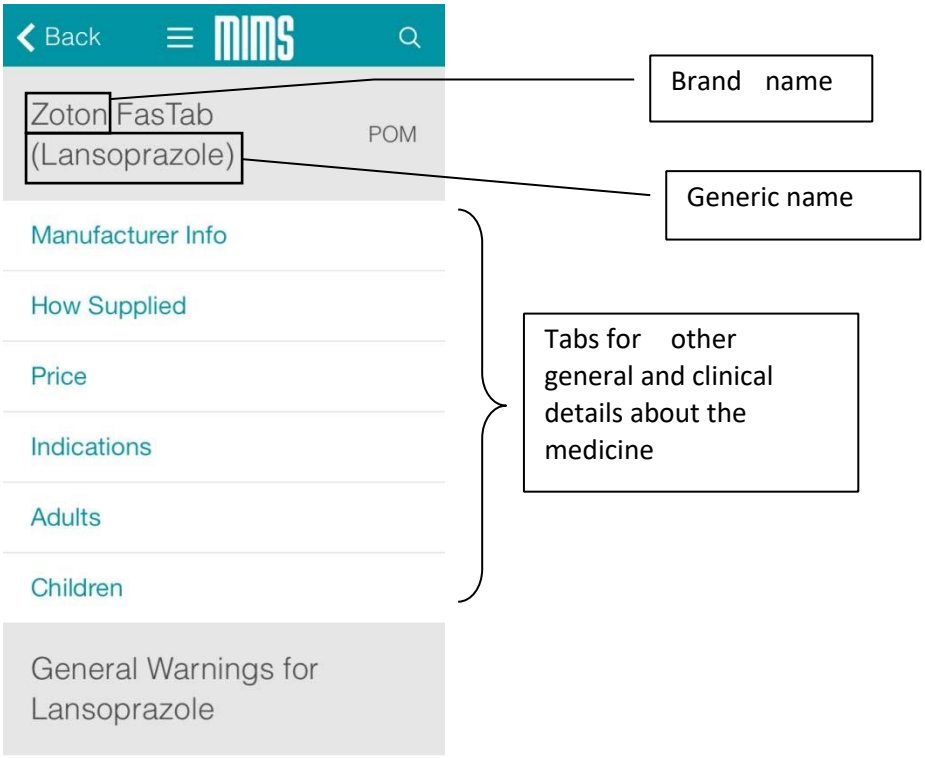
Where and how to look up the Generic & Brand names

There are a number of places to find this information, one being the British National Formulary (BNF), where medicines are listed under their generic names, but brand names can also be found.

Brand names on the online and app forms of the BNF are similarly listed at the bottom of the details for each drug.

Some surgeries have access to printed or online versions of the **Monthly Index of Medical Specialities (MIMS)** (monthly editions) – where medicines are listed under their brand names and the name of the drug is included in the product details. An app version of this publication is also available.

Screenshot from the MIMS app (August 2015):



Generic names can also be seen underneath the brand name on medicines boxes:

Certain situations mean patients require particular preparations or brands. Examples of these include allergies to particular ingredients (meaning they need to take a named brand) or difficulties such as swallowing problems (meaning they require dispersible or soluble preparations).

Never switch the dosage form or brand of a medicine without first checking with the prescriber. (E.g. some dispersible forms of tablets are high in salt which could be dangerous for people with heart disease or high blood pressure.)

Find out:

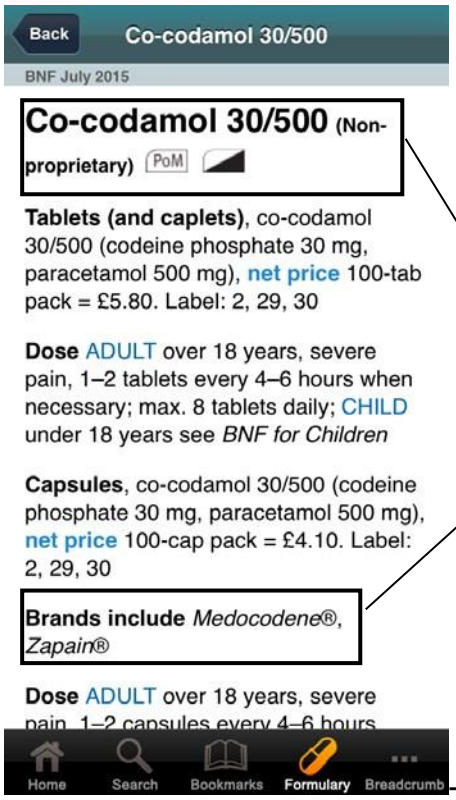
Does your practice have a system for flagging patients who should not be switched from brand to generic?

Branded Generics

When new drugs are released, they can usually only be produced by one manufacturer and are available as one brand only. We describe these drugs as being still "under patent". After a period of time, the patent expires, and other manufacturers can produce the drug (it becomes "off patent").

More than one brand name for the product may then become available. We call these **branded generics** and the price of these may vary (some may be more cost-effective than generics).

Branded generics, if available, may be listed in the BNF at the bottom of the "nonproprietary" section. Not all branded generics are always listed.



Section from the BNF app (July 2015):

Branded generic names

Gen

Co-codamol preparation comparison:

- 100 Solpadol® caplets cost **£6.74*** (brand)
- 100 co-codamol 30/500 caplets cost **£5.80*** (generic)
- 100 Zapain® caplets cost **£3.03*** (branded generic)

The prices of branded generics may change. For up to date information on situations where using a branded generic may be more cost-effective, contact a member of the medicines management team.

***Prices from MIMS App, August 2015**

Potential role for prescribing clerk:

Highlighting prescriptions where a branded generic may be more cost effective to the prescriber, who can authorise change where appropriate

Inappropriate Generics

Some medications need to be prescribed specifically by brand for all patients. We call these "inappropriate generics."

These include:

- **Clinical:** This may be due to variations in the way the drugs are released from the preparation. This can result in differences in the way they affect a patient. Examples include ○ Lithium ○ Theophylline ○ Aminophylline ○ Phenytoin
    - Carbamazepine
    - Modified release nifedipine and diltiazem ○ Transdermal strong opioids (e.g. fentanyl patch) ○ Qvar and Clenil Modulite (beclometasone inhalers)

- **Multi ingredient products:** In some cases, it can simply be impractical or confusing to prescribe generically or there is no recognised generic name, for example, multiingredient products, such as ○ Some creams and ointments
    - ○ Indigestion remedies, like Peptac and Gaviscon ○ Some oral contraceptives such as Microgynon ○ Laxatives such as Fybogel

- **Certain drug administration devices:** Prescribing some products generically can cause prescriber/patient confusion, leading to patients getting different products e.g. where administration devices differ and patient familiarity is important so that they use them correctly. Examples include:
    - ○ **Inhalers:** E.g. a generic prescription for budesonide and formoterol inhaler could be dispensed as Symbicort® or Duoresp Spiromax® both of which contain the same drugs, but in different devices which need to be used differently
    - ○ **Insulins:** where patient familiarity with the same brand is important and training is required in the use of specific devices for self-injection

For more information on inappropriate generics, or medicines, which should be prescribed by brand, see this document from UK Medicines Information.

Potential role for prescribing clerks:

Highlight inappropriate generics, which should be branded to the prescriber, who will authorise change where appropriate.

Modified Release Preparations

Modified release means that the escape of the drug from the formulation has been modified in some way. Often these preparations are made to release the drug more slowly and consistently into the patient's system, which changes the way medicines affect the person. It is important to take care that the right preparation is used to ensure the patient has the intended benefits of treatment.

Drug names can be followed by one of the following to indicate they are modified release preparations:

- Modified release (MR or m/r)
- Sustained release (SR)
- Continuous release (CR)
- Long Acting (LA)
- Prolonged release
- Extended release
- XL
- Continus
- R
  e
  t
  a
  r
  d

Examples include:

- Adalat® LA
- Adalat® Retard
- Adipine® XL
- Adizem® SR
- Nuelin SA®
- Brufen Retard®
- MST Continus®

With some branded medicines, the clue is in the name e.g. Slozem®, Isotard®

NB: the generic and branded forms of the same medicines can have their modified release status reflected in different ways e.g:

- Metformin **m/r** and Glucophage® **SR**
- Venlafaxine **m/r** and Efexor® **XL**
- Ropinarole **m/r** and Requip® **XL**
- Indapamide **m/r and** Natrilix® **SR**
- Quetiapine **m/r** and Zaulron **XL**

Non modified or ordinary release preparations are also available for most of these drugs. If in doubt, please check.

Modified release medicines are often more expensive than standard formulations, but may have a place where compliance is a problem or the patient experiences side effects with standard formulations when the medicine is released too rapidly.

The BNF does not highlight the need to keep to the same brand for every modified-release drug. However, in some cases, modified-release preparations may not have the same clinical effect and the patient should then receive a specified brand. Examples include modified release nifedipine and diltiazem (see inappropriate generics section).

Drug allergies, Intolerances, Cautions,

Contra-indications, Side effects & Interactions

Some patients cannot take, or suffer problems with certain drugs. This may be for several reasons:

It is ***contra-indicated*** *i.e*. should not be given to certain patients or in certain circumstances e.g. ibuprofen is contra-indicated in patients suffering gastro-intestinal bleeding.

The patient is ***intolerant*** i.e. they have tried it and for one reason or another, usually side effects, are unable to tolerate it e.g. ibuprofen causing severe indigestion-like symptoms. These are usually well known side effects, but some people are more sensitive than others.

The patient had a ***drug allergy***. In this case, the patient has taken a drug in the past and has had a serious unpredictable reaction to it, e.g. anaphylactic reaction, swelling, severe rash etc. This sometimes happens with penicillin-like antibiotics and the patient record should indicate that the patient is allergic to penicillin.

NB: Patients often confuse being “allergic” to a drug and “intolerant” to it. For example, if they have had nausea and diarrhoea on an antibiotic, this is a common side effect, which may mean that they are “intolerant” but not that they have an allergy, which is far more serious and unpredictable and in some circumstances can be life threatening.

A ***caution*** is simply the recommendation to take care using certain drugs in certain conditions. It may mean that patients may need to be more closely monitored. But the drugs can still be used where they need to be once a doctor has made an assessment of the patient. E.g. ibuprofen has a caution for use in heart failure, but the doctor may decide the benefit of using it is greater than any harm it may cause.

Side effects - All medicines can cause side effects (commonly referred to as adverse drug reactions or ADRs by healthcare professionals).

Side effects:

- are unwanted symptoms caused by medical treatment
- can range from mild, such as drowsiness or feeling sick (nausea), to severe, such as breathing problems
- can vary from person to person i.e. can be mild in one person and severe in the next
- are listed in the BNF and can also be found on the patient information leaflet, which is supplied with each medicine
- vary in how often they are likely to occur from very common (1 in 10 people affected) to very rare (fewer than 1 in 10,000 people)

The Yellow Card Scheme is in place so that side effects can be reported and shared, especially for newer drugs where we may not fully understand potential problems. This can be done by patients or healthcare professionals online, by telephone or on a Yellow Card slip found towards the rear of the BNF.

Find out:

How and where your practice records drug allergies and intolerances.

Interactions

Drug-drug interactions occur when two or more drugs react with each other. This drugdrug interaction may cause the patient to experience an unexpected side effect. For example:

- Mixing a drug to help sleep (a sedative) and a drug for allergies (an antihistamine) can slow reactions and make driving a car or operating machinery dangerous.
- Certain painkillers and antibiotics can increase the effects of warfarin, causing bleeding.

Drug-food/beverage interactions result from drugs reacting with foods or beverages. For example:

- Mixing alcohol with some drugs may cause patients to feel tired or slow their reactions
- Large amounts of grapefruit juice can affect some heart tablets e.g. simvastatin

Drug-condition interactions may occur when an existing medical condition makes certain drugs potentially harmful. For example:

- Patients with high blood pressure could experience an unwanted reaction if they take a nasal decongestant e.g. Sudafed®

- Patients with asthma can suffer a worsening of symptoms when they take a betablocker e.g. propranolol

Drug-drug interactions are generally highlighted by the practice computer system and also by the computer system in the pharmacy. Pharmacists may contact the practice to confirm that the combinations of certain drugs, which interact, are intentional. See BNF interactions section for further information on specific interactions, if required.

N.B. Interacting drugs may be used together in certain circumstances, depending on the risk. Sometimes, the interaction can even be used to benefit the patient.

Potential roles for prescribing clerks:

Highlighting potential interactions to the doctor e.g. when adding new medication

Find out: How does your computer system highlight interactions?

There are a number of medicines which require special consideration and extra care. Here are a few examples.

Shared Care Drugs

Shared care guidelines are available for specific drugs initiated in the specialist (hospital) setting but where, at an agreed time, prescribing and monitoring is taken over by primary care (GPs). The guidelines outline responsibilities for managing and monitoring the drug. Enhanced service payments are often made to practices entering into shared care arrangements.

The medicines involved tend to be higher risk due to their toxicity and require more monitoring than most drugs. Examples include:

- Methotrexate
- Amiodarone
- Denosumab
- Lithium
- Sulfasalazine
- Azathioprine

Find out:

Are there call and recall systems in place for the monitoring of shared care drugs in your practice?

Potential role for prescribing clerks:

To participate in practice systems, which ensure effective call and recall of patients for the monitoring of shared care medicines

Hospital Only Drugs

Some specialist drugs are prescribed only by the hospital e.g. where GPs do not have sufficient expertise in the use of these drugs to take over the responsibility of prescribing. These include:

- Fertility drugs
- HIV drugs
- Cancer drugs
- Specialist renal drugs

In some cases, GPs may be asked to initiate or continue therapy where they do not feel comfortable to do so. In these cases, they may refuse to take over prescribing. For further information, please see the ABM guidance on prescribing at the primary/secondary care interface.

The practice should have a system for identifying patients that are on hospital only drugs, even if they do not prescribe them. This is to have a complete picture of the patient's condition and what they are taking for clinical reasons e.g. to identify side effects, interactions etc.

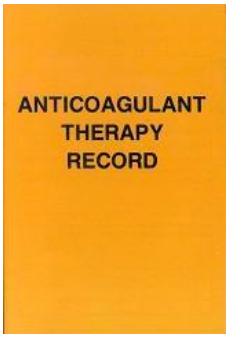
Find out: What system does your practice use for recording hospital only drugs on the patient record?

Items Prescribed by Other Specialist Services

Some items are prescribed by non-medical prescribers (e.g. specialist nurses) as part of a specialist service which includes regular review of the patients etc. These include lymphoedema and continence products.

Warfarin

Warfarin is a medicine that "thins" the blood helping to stop blood clots and strokes, but too much can cause serious bleeding. The problem is that the difference between just enough (therapeutic dose) and too much (toxic dose) can be very small. Because of this, the patient has to have regular blood tests to check the effect of warfarin on the blood. The result from this test is called the INR, which must be within a certain target range depending on the patient's condition (e.g. for Atrial Fibrillation [AF] it is usually between 23). If the INR is not within this range the dose of warfarin is either increased or decreased accordingly and the patient is retested. Even when the INR is within the range, the patient will need to have regular blood tests to check it.



The results of the blood tests and dosage instructions are often recorded in a yellow booklet. This book contains important information that should be followed and a record of what dose the patient should be taking. Alternatively the patient may have their results issued in a 'letter' format (this looks something like a 'payslip'). High INRs may be phoned through to the practice from the laboratory.

Find out:

What systems does your practice have in place for taking blood and checking INR for patients on warfarin?

How is the patient informed of any changes to the dose?

Potential role for prescribing clerks:

Prescribing clerks in some practices may be involved in informing patients of their doses following a blood test. It is important that the clerks understand how vital it is to get this right and have systems in place to minimise any errors.

Sleeping tablets

These are used to treat insomnia and anxiety. In the past, they were thought to be safe and were widely used and we see many of the older generation still taking them, but it is now known that they have many problems associated with their use such as:

- Addiction and dependence (making withdrawal difficult)
- Increased risks of falls, road traffic accidents due to poor concentration
- Alterations in mood such as depression, aggressiveness, confusion, forgetfulness
- Abuse, including a 'street value', when some patients sell their prescribed supply

Examples include:

- Temazepam
- Diazepam
- Lorazepam
- Zopiclone

No more than 30 days' supply should be given on prescriptions and robust systems should be in place to make sure these medicines are not

over-ordered. Each practice should have a structured programme for identifying long-term users along with a suitable strategy for gradual withdrawal, in those who are suitable and agreeable to withdraw.

Antibiotics

The ABM area has one of the highest antibiotic prescribing rates in the UK. Making sure we only use antibiotics when needed and then using the right ones in the right way is vital.

- Antibiotics help fight serious infections caused by **bacteria** but don't cure infections caused by **viruses.** (Viral infections include all colds and flu, most coughs and sore throats and many infections of the nose, sinuses, ears, chest, diarrhoea and vomiting.)
- Antibiotics are becoming less effective at fighting infections because bacteria adapt and find ways to survive. Some bacteria are now resistant to several antibiotics and we may not be able to find new, effective antibiotics to replace old ones.
- Each time an antibiotic is used, there is an increased chance of "resistance" developing. Therefore antibiotics must be used **only** when essential.
- Like any medicines, antibiotics can cause side effects, such as diarrhoea and vomiting, rashes and sometimes, even life threatening allergic reactions. They can also interfere with other medicines patients may be taking e.g. some statins and warfarin. They can also cause life threatening conditions such as *Clostridum difficle*.

There are many resources available to help get the message across to patients. For example, the leaflet shown below developed for use in a GP consultation.

Antibiotic information leaflet for adults

Patient's name

No antibiotic prescription given ☐

Antibiotic prescription given today ☐ but it should ONLY be collected after ☐ days if needed from: surgery reception ☐ GP ☐ pharmacy ☐

Why did you not get antibiotics today?

- Colds and most coughs, sinusitis, otitis media (earache) and sore throats often get better without antibiotics.
- The table below shows you how long these illnesses normally last, what you can do to ease your symptoms and when you should go back to your GP practice or contact NHS Direct Wales (0845 46 47).

Please tick	Illness	Lasts on average	What you can do to ease the symptoms	When should you (or your child) go back to your GP practice or contact NHS Direct Wales? (Listed in order of urgency, with the most urgent symptoms first.)
	Ear infection	4 days	• Have plenty of rest. • Drink enough fluids to avoid feeling thirsty. • Ask your local pharmacist to recommend medicines to bring down your temperature or control pain (or both). • Other things you can do suggested by GP/nurse	9. If you develop a severe headache and are sick. 10. If your skin is very cold or has a strange colour, or you develop an unusual rash 11. If you feel confused or have slurred speech or are very drowsy. 12. If you have difficulty breathing. Signs that suggest breathing problems can include: • breathing quickly; • turning blue around the lips and the skin below the mouth; and • skin between or above the ribs getting sucked or pulled in with every breath. 13. If you develop chest pain. 14. If you have difficulty swallowing or are drooling. 15. If you cough up blood. 16. If hearing problems develop or if there is fluid coming out of your ears.
	Sore throat	1 week		
	Common cold	1 ½ weeks		
	Sinusitis	2 ½ weeks		
	Cough or bronchitis	3 weeks		
	Other	.....		

Why you should only take antibiotics when they are needed

- Bacteria can adapt and find ways to survive the effects of an antibiotic. They become *antibiotic resistant* so that the antibiotic no longer works. The more you use an antibiotic, the more bacteria become resistant to it.
- Antibiotic-resistant bacteria don't just infect you; **they can spread to other people in close contact with you.**
- Antibiotics can upset the natural balance of bacteria in your body. This allows other more harmful bacteria to increase. This may result in diarrhoea and thrush.
- Some antibiotics can cause allergic reactions such as rashes, being sick if you also drink alcohol and reactions to sunlight – and other symptoms.

Health Protection Agency · Royal College of General Practitioners · The British Society for Antimicrobial Chemotherapy · GIG CYMRU NHS WALES · Royal College of Nursing · Infection Prevention Society · BIA British Infection Association

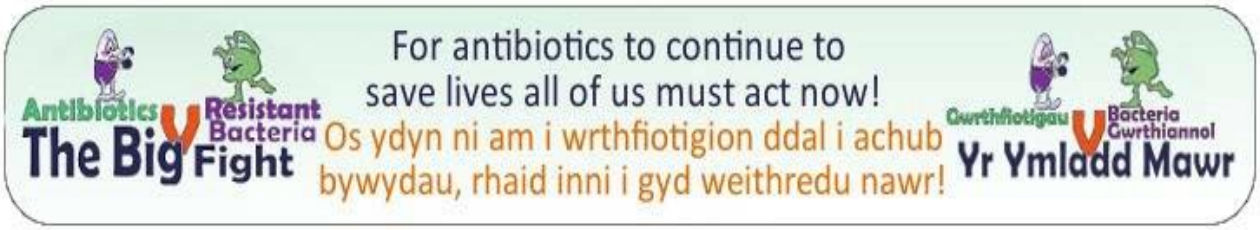
Find out:
What patient information resources does your practice use for antibiotics?

Potential roles for prescribing clerks:

Do not allow patients to request antibiotics without being assessed by the doctor

Reinforce messages regarding antibiotic use – patients shouldn't expect a prescription for an antibiotic and must let the prescriber decide

Join the ABM **'The Big Fight'** Campaig n



Sign up to make the pledge and become an ANTIBIOTIC GUARDIA N

ANTIBIOTIC GUARDIAN

Drugs liable to abuse

There are a variety of medicines which can be abused e.g. causing addiction or being "diverted" through sharing/selling to others. Examples include:

- Pain killers e.g. co-codamol, dihydrocodeine, tramadol, morphine, oxycodone etc.

- Pregabalin and gabapentin
- Erectile dysfunction drugs e.g. sildenafil, tadalafil, vardenafil
- Sleeping tablets e.g. temazepam, diazepam, zopiclone, lorazepam

Potential role for prescribing clerks:

Highlight over-ordering/early ordering of these types of medicines to the prescriber (see also use of repeat re-ordering interval page 37).

Medication review

There are many types of medication review, but the general aim is the same - to review the medicines a patient is taking to make sure that:

- They are effective
- They are still required
- They are still the best treatment
- They are not causing any problems for the patient such as side effects
- They are not causing any practical issues for the patient such as timing, swallowing issues, dexterity, sight issues etc.
- The patient is actually taking them as prescribed

Medication review is the responsibility of the prescriber and can be undertaken by a doctor, pharmacist or suitably trained nurse. However, prescribing clerks have a vital role in ensuring that patients are reviewed as part of the practice's prescribing systems (this is covered in the second section of the training pack).

Why is medication review important?

The most common medicines-related problems involve adverse drug reactions (side effects) and treatment failures.

These happen for a number of reasons:

- Monitoring such as blood tests, blood pressure, spirometry, blood glucose monitoring, weight and other investigations are not carried out on a regular basis
- Patients not being followed up to see how they are getting on
- Over or under-prescribing
- Patients not understanding their medicines or not taking them as prescribed

Regular medication reviews can help to reduce these and aim to make sure patients get the best from their medicines, including reducing side effects and providing an opportunity

to ask about their treatment.

- This increases further if patients are older or have multiple medical conditions.

Polypharmacy

Defined as four or more regular

medicines: these patients are at a higher risk

of harm from their medicines.

- The more medicines taken, the

higher the likelihood of side effects, drug interactions or other problems,

Prudent healthcare approach Aims to make sure that medicines are used as effectively as possible. It should be used to ensure:

- Patients are not taking any unnecessary medicines
- All of the medicines that they do need are prescribed
- The medicines chosen are the best ones for them Medication review is an essential part of this approach.

How often medication review is needed will depend on the patient and what medicines they are on. Some patients will need frequent monitoring, especially at the start of treatment. However, as a general rule, practices should aim to undertake a medication review on all those taking repeats at least annually.

At the time of writing, the 2015/16 GP contract Quality and Outcomes Framework (QOF) includes:

- **Medication review:** A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed four or more repeat medicines (standard 80%).
- **Polypharmacy review:** For at least 60% of patients aged 85 years or more receiving 6 or more medications, undertake face to face medication reviews, using the "No Tears" approach or similar tool as agreed within the cluster.

NB: For the purposes of these contract requirements, medicines do not include dressings and emollients but would include topical preparations with an active ingredient such as steroid creams and ointments and hormone preparations. (However, these will still need to be reviewed in practice.)

The contract states that the underlying principles of any medication review, whether using the patient's full notes or face to face are:

- All patients should have the chance to raise questions and highlight problems about their medicines
- Medication review seeks to improve or optimise impact of treatment for an individual patient
- The review is undertaken in a systematic way by a competent person
- Any changes resulting from the review are agreed with the patient
- The review is documented in the patient's notes
- The impact of any change is monitored

Reviews that are carried out without patient involvement have value but are not as effective as discussion with the patient or carer. Face to face reviews can either be undertaken when the patient presents for another reason, or the patient can have a specific medication review appointment. This provides the opportunity to discuss how taking medicine fits in with the patient's daily life, to assess their knowledge of their medication, what medicines they are taking (both prescribed and bought over the counter), how they are being used and what benefits or problems the patient might be having.

A structured review, such as the **"No Tears"** approach as mentioned in the GP contract can be used:

Need and Indication	Is the treatment still needed? E.g. has the diagnosis changed, or symptoms lessened?
Open questions	Ask the patient open questions about what they actually take and understand
Tests and monitoring	Is the medicine having the desired effect and without any problems? Tests may be required such as BP, blood tests etc.
Evidence and guidelines	Is there still evidence for use of the medicine (evidence changes from time to time)
Adverse effects	Is the medicine causing any side effects? Is one medicine being prescribed for the side effect caused by another?
Risk reduction & prevention	Use review as an opportunity for opportunistic screening, health promotion (smoking etc.) risk assessment (e.g. falls)
Simplification & switches	Can the regimen be simplified, synchronised or made more cost effective?

Housebound patients should be included in the medication review process. The person conducting the review may benefit from being able to see how the medicines are being stored and managed in the home environment.

Systems to flag when a medication review is due:

Computer systems can aid in this. All staff must be agreed on the action that needs to be taken when a medication review reminder appears.

How will the review be undertaken?

Face to face reviews are always preferable, but review of the notes or a telephone review may be acceptable in some circumstances.

Medication review appointment:

Invite the patient to make an appointment or arrange a home visit to have their medication reviewed if they are unlikely to attend the medication review clinic for the condition being discussed)

Undertake when seen for another reason:

E.g. attendance at a chronic disease management clinic or home visit. All should be reviewed (not only that for any other reason surgery)

Undertaking the medication review

A structured approach, such as the NO TEARS approach, should be used:

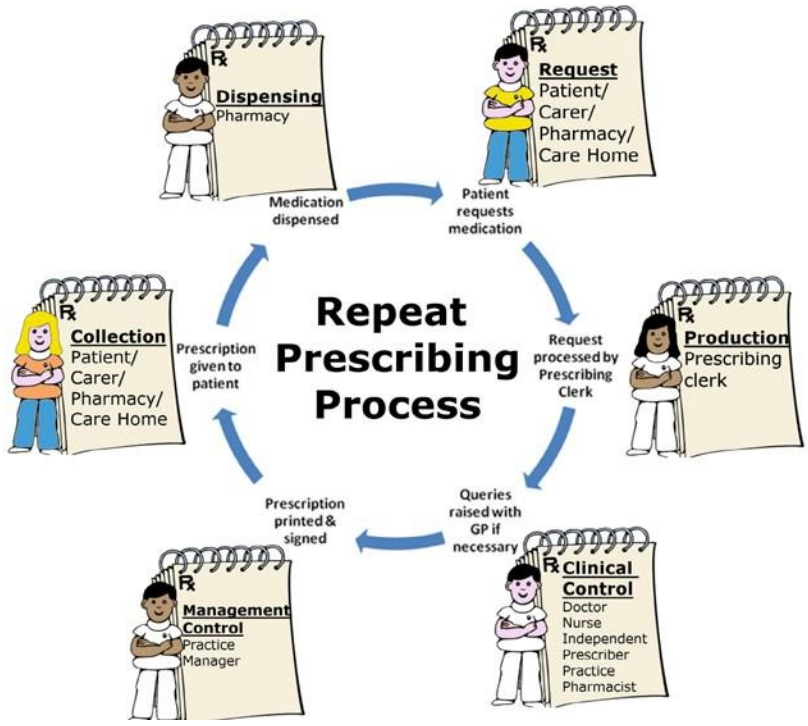
Need and indication, **O**pen questions, **T**ests and monitoring, **E**vidence and guidelines, **A**dverse events, **R**isk reduction or prevention, **S**implification and switches

Recording the medication review

A record of the review and any decisions should be made and a new date set. Reviews should be recorded using the read codes agreed by the practice, depending on the type of medication review.

Section 2

Prescribing Systems in GP Practices



This section covers:

- Good Repeat Prescribing Systems
- Prescription Writing
- Initiating Repeat Prescriptions
- Ordering Repeat Prescriptions
- Generating Repeat Prescription

- Issuing Prescriptions
- Other Information Linked to Repeat Prescribing
- Developing the role of the Prescribing Clerk

Good Repeat Prescribing Systems

Practice Repeat Prescribing Policies

All practices should have a written repeat prescribing policy to ensure good and safe practise and so that every member of the team understands their roles and responsibilities. It is important when working on prescriptions that you feel:

- Confident and adequately trained to undertake the task
- Clear on what you can and can't do
- Able to flag problems, who to flag them to and how to flag them
- Able to ask if you are unsure about anything
- If an error or near miss occurs, to be able to raise this and share learning from it

Good systems for issuing prescriptions will:

- Improve care to patients
- Minimise risks to patients
- Minimise risk of litigation
- Improve efficiency within the practice
- Reduce wastage in prescribing

A poorly run repeat prescribing system will:

- Be frustrating to patients and practice staff
- Waste patient and practice time
- Waste resources
- Cause mistakes, complaints and can endanger life

Common errors in repeat prescribing include:

- Wrong drug
- Wrong dose or form
- Incorrect/missing dosage instructions
- Short-term drug on long-term repeat
- Item added/changed by unqualified staff
- Acute items put onto repeat

- Same drug repeated twice (therapeutic duplication)

Clinical Systems

Repeat Prescribing Systems are managed on GP Clinical Computer Systems

GP surgeries in Wales have the choice of one of two clinical systems:

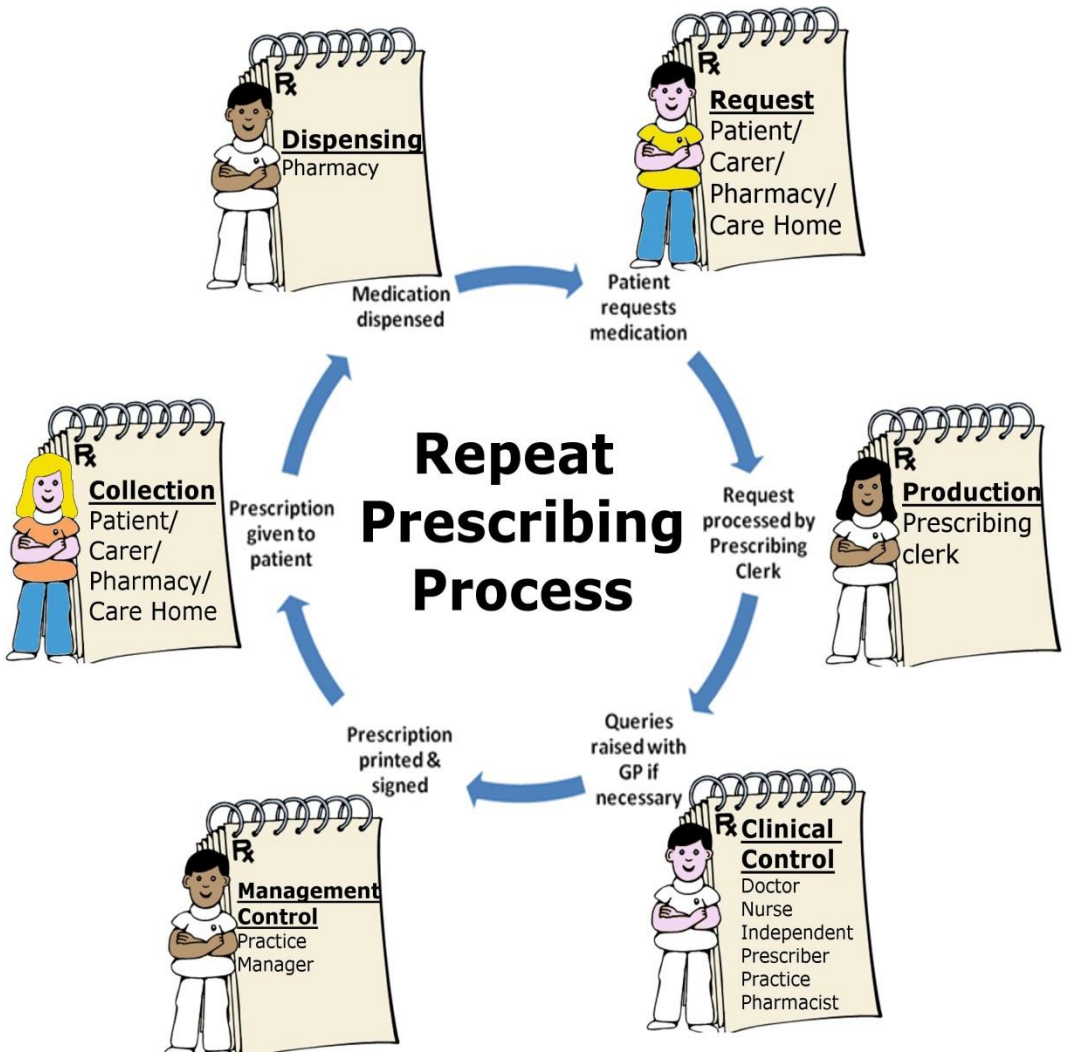
- INPS Vision
- EMIS Web

Clinical systems enable practices to record high quality information about the patient in a single record, including medical history, conditions and test results, as well as medication history and a system to prescribe prescriptions from the drug dictionary. Effective use of the clinical system can help support good prescribing systems.

Roles and Responsibilities

GPs have overall responsibility for the systems in the practice and the prescriber who signs the prescription is legally responsible for it.

However, patients, GPs, nurses, practice staff, care home staff and pharmacists all have a role to play in the prescribing process and so repeat prescribing is **everyone's responsibility**.



Find out: Does your practice have a written repeat prescribing policy? If so, read it in conjunction with this pack.

Are there any parts which need updating and could you help with this?

Prescription Writing

Who can Write Prescriptions?

Most prescriptions are written by doctors, however a number of healthcare professionals are also able to prescribe after completing additional training e.g. nurses and pharmacists. These prescribers are generally divided into two groups: **Independent prescribers** are able to prescribe most medicines (with some exceptions) as long as they are competent in assessing and treating the condition. **Supplementary prescribers** can only prescribe in accordance with a specific management plan for each individual patient, which has been agreed with an independent prescriber.

A number of different prescriber types may be prescribing for the patients in your practice. It is important that a record of all prescriptions issued to a patient should be kept in one place. Ideally all prescribers should have access to the computer system and be able to enter their prescribing information otherwise there should be a system in place for handwritten scripts, which will need to be entered onto the computer system.

Computer Generated and Hand Written Prescriptions

Most prescriptions are computer generated by the clinical system and then signed by the prescriber. This has many advantages such as clarity, reducing errors and ensuring prescriptions are recorded in the patient record.

Most prescriptions now include a **barcode.** This is normally at the bottom of the prescription next to the prescriber's information. The barcode contains all of the information printed on the prescription and is used by the pharmacy to speed up the dispensing process and minimise errors.

In exceptional circumstances where **handwritten** prescriptions are required (such as house calls, out of hours or other prescribers or a special/new item not yet in the clinical system's drug dictionary), details will need to be entered onto computer records as quickly as possible. Any hand written prescriptions must be legible and written in ink so that they are indelible.

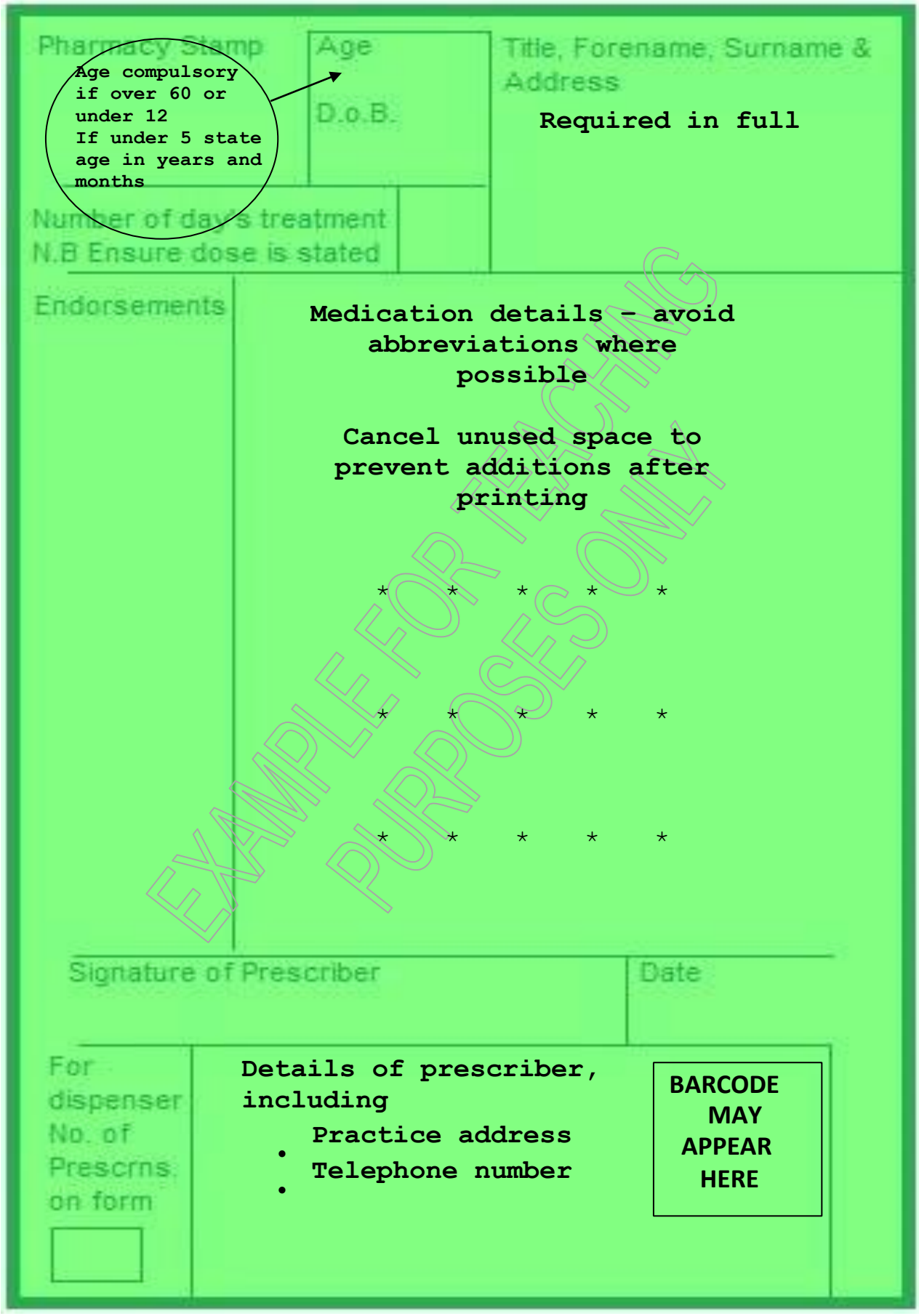
If a mistake is made on a computer generated prescription, wherever possible the original prescription should be destroyed and a new prescription printed. Prescriptions which are altered by hand can lead to errors as barcodes are not updated and still contain the original information. In exceptional circumstances alterations can be made in the prescriber's own handwriting, and countersigned. The computer record must be updated to reflect any change.

Find out:

What is your practice policy on handwritten prescriptions and alterations to prescriptions?

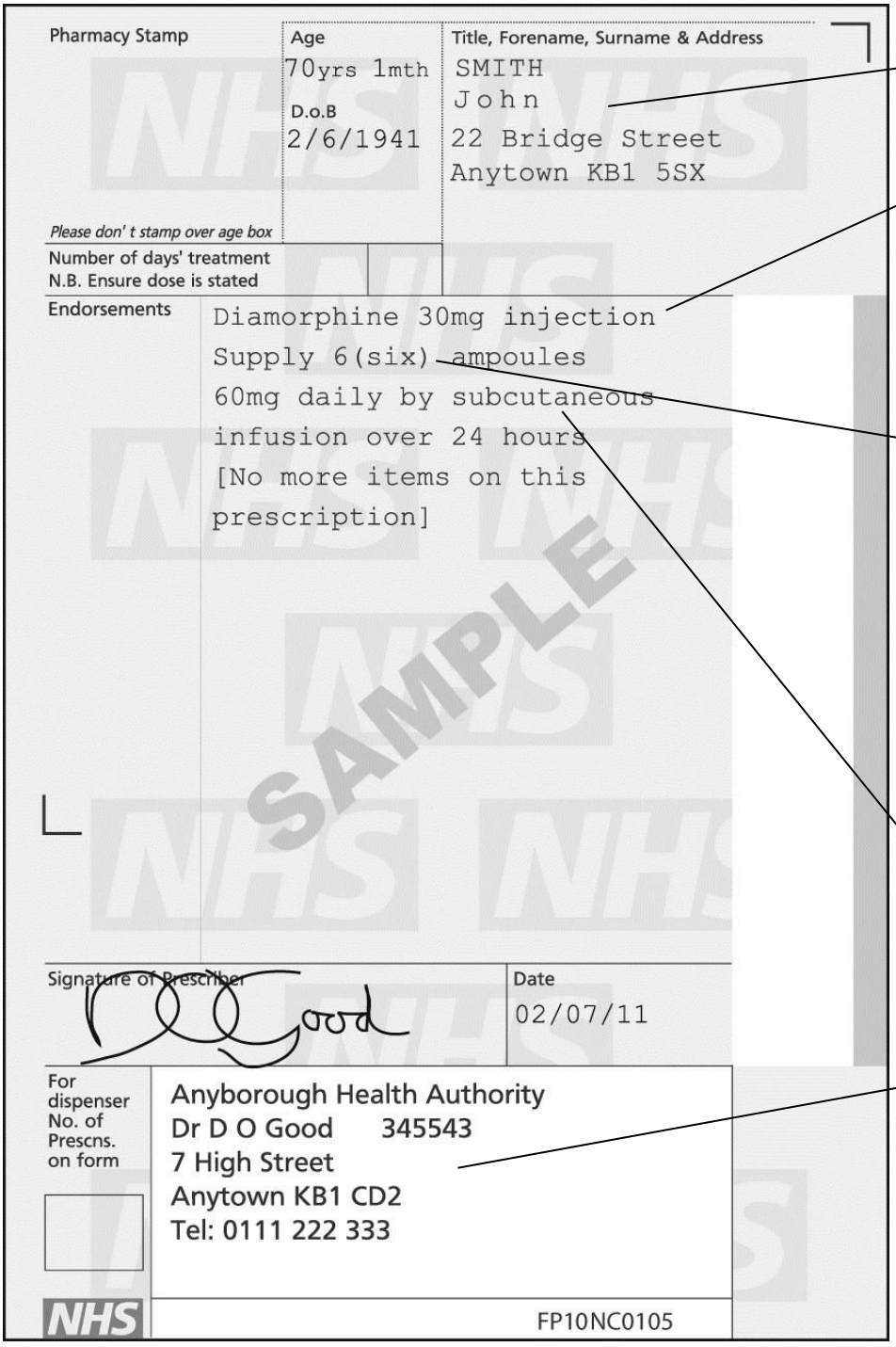
Requirements for Prescription Writing

As well as the legal requirements for all prescriptions, there are additional requirements for computer-generated prescriptions. The diagram below summarises both sets of requirements (See BNF section on prescription writing for further information).


Pharmacy Stamp
Age compulsory if over 60 or under 12
If under 5 state age in years and months
Age
D.o.B.
Title, Forename, Surname & Address
Required in full
Number of days treatment
N.B Ensure dose is stated
Endorsements
Medication details – avoid abbreviations where possible
Cancel unused space to prevent additions after printing
* * * * *
* * * * *
* * * * *
EXAMPLE FOR TEACHING PURPOSES ONLY
Signature of Prescriber
Date
For dispenser No. of Prescrns. on form
Details of prescriber, including
Practice address
Telephone number
BARCODE MAY APPEAR HERE

Prescription Writing for Controlled Drugs (CDs)

Controlled Drugs (CDs) are drugs that by law have to be obtained and stored according to strict rules and regulations, because they can be abused. Examples include morphine, tramadol and sleeping tablets such as temazepam. Many are subject to additional prescription requirements, which are shown below.



The patient's name and address

The form (e.g. tablets, capsules, liquid, injection etc.) and strength where applicable

The total quantity in words and figures must be stated (i.e. number of tablets or number of ml for a liquid) No more than 30 days' supply should be given at a time

The dosage

instructions – "as directed" is not acceptable for a controlled drug

The name and the address of the prescriber

It is illegal for a Community Pharmacist to dispense a prescription that does not comply with the above, although there is some flexibility where prescriptions have a technical error but the prescriber's intention is clear e.g. a spelling mistake or where the quantity is missing in either words or figures, but not both.

For further information on CDs, please see the 'Controlled drugs and drug dependence' section at the front of the BNF or online.

Acute and Repeat Prescriptions

Prescriptions fall into two basic types: acute and repeat.

Acute prescriptions are those which:

- Are given only once and usually for a short duration, for example ○ A course of antibiotics ○ A cream for a rash ○ Painkillers for a sprain
- Are given for a trial period and may either be stopped or transferred to a repeat if they are needed for a longer treatment period

Repeat prescriptions

About 75% of prescriptions issued in general practice are for repeat prescriptions. Repeat medications should only be set up once the patient is stable on a medication i.e. the prescriber knows it is working and not causing problems such as unacceptable side effects.

Repeat prescriptions can be re-issued without the patient needing to see the prescriber each time. However, arrangements should be in place for monitoring of usage and effects, and for the regular assessment of the continuing need for the repeat prescription.

Most practice policies include treatments considered to be less suitable* for repeat prescribing, such as:

- Antibiotics and antivirals
- Nutritional supplements
- Dressings
- Weight loss drugs e.g. orlistat (Xenical)
- Smoking cessation therapies such as Zyban and nicotine replacement therapy
- Thrush treatments
- Very potent topical steroids

*Repeat prescribing may be suitable in some cases

Sometimes medicines are only needed for a defined period. They can be added on repeat, but systems should be in place to ensure that they are stopped after the specified duration of treatment e.g. ticagrelor is often used for a defined period e.g. 12 months

Find out if your practice has a list of drugs, which should not usually be on repeat.

Potential role for prescribing clerks:

Flag any items, which appear to be inappropriately prescribed on repeat to the prescriber for review

Directions (Instructions) on prescriptions

Prescriptions should have **full, clear and concise directions**.

The use of "as directed" instructions with no other information, or no directions at all can be confusing. There are a number of reasons why these are not usually appropriate:

- Patients may forget the instructions the prescriber gave them and could end up taking medication incorrectly
- It is difficult to monitor whether the patient is taking the medicine as they should from the computer record, if the directions are unclear.
- If patients are admitted to hospital, their own medication will be used

wherever possible. If there are no directions they will have to be destroyed and reissued from hospital stock, increasing wastage.

Exceptions can be directions that are complex or may change, or medicines with a variable dose regime do not normally have instructions printed on the label. In such cases, the instructions are usually documented elsewhere. For example:

- Warfarin doses which vary depending on blood test results. Each patient is advised what dose to take by the anticoagulant clinic (e.g. via the yellow book or clinic letter)
- Insulin doses as these may change depending on individual requirements
- Test strips and other devices

In other cases, no instructions may be required, for example if the district or practice nurse is applying dressings, or administering vaccines or other injections to the patient.

Potential role for prescribing clerk:

Highlighting prescriptions with potentially inappropriate "as directed" directions, or no directions, to the prescriber

"When required" medicines

A maximum daily dose and interval should be included. For example, for paracetamol 500mg tablets "take two tablets every 4-6 hours when required, up to a maximum of eight tablets in 24 hours" would be suitable.

Additional directions

It is good practice to add the reason the medicine is prescribed on the instructions for clarity. Good examples include "for pain", "for wheezing", "to lower cholesterol" and "for blood pressure".

This helps patients to manage their medicines and can also be very useful to others if patients are (or become) unable to identify why they are taking their medication. E.g:

- Relatives and carers looking after patients
- Community pharmacists
- Out of hours doctors

- Emergency department staff
- Hospital pharmacists and doctors
- Other hospital staff

Many medicines have special 'cautionary and advisory' additional instructions written on the label. The pharmacist usually automatically adds these when the medicine is dispensed, and they do not need to be written on the prescription. These are included for a reason and should be followed by the patient e.g.

- Some medicines have to be **taken with food**, such as aspirin that could cause stomach bleeding if taken on an empty stomach
- Others have to be **taken on an empty stomach** (or one hour before food) to prevent them binding with the food and passing out in the faeces, e.g. the antibiotic flucloxacillin.

Other examples include:

- Do not take indigestion remedies at the same time as this medicine
- Dissolve or mix with water before taking
- To be sucked or chewed
- To be swallowed whole not chewed
- To be dissolved under the tongue
- To be taken with plenty of water
- To be spread thinly
- Shake the bottle

Labels may sometimes warn of particular side effects or precautions, e.g.

- Warning. May cause drowsiness
- Warning. Avoid alcoholic drink
- Avoid exposure of skin to direct sunlight or sunlamps
- This medicine may colour the urine
- Do not take more than 8 in 24 hours

Storage instructions are also sometimes printed on labels, e.g.

- Caution flammable: keep away from fire or flames
- To be kept in a refrigerator

Capsule

CAUTIONARY AND ADVISORY LABELS 2, 29, 30 ←

EXCIPIENTS: May contain Sulfites

- **CO-CODAMOL (Non-proprietary)**
  Codeine phosphate 8 mg, Paracetamol 500 mg Co-codamol 8mg/500mg capsules | 32 capsule (P) £3.68 DT price = £3.68 Schedule 5 (CD Inv) | 100 capsule PoM £11.50 DT price = £11.50 Schedule 5 (CD Inv)
  Codeine phosphate 30 mg, Paracetamol 500 mg Co-codamol 30mg/500mg capsules | 100 capsule PoM £15.00 DT price = £4.10 Schedule 5 (CD Inv)
- **Codipar** (AMCo)
  Codeine phosphate 15 mg, Paracetamol 500 mg Codipar 15mg/500mg capsules | 100 capsule PoM £7.25 DT price = £7.25 Schedule 5 (CD Inv)
- **Kapake** (Galen Ltd)
  Codeine phosphate 30 mg, Paracetamol 500 mg Kapake 30mg/500mg capsules | 100 capsule PoM £6.04 DT price = £4.10 Schedule 5 (CD Inv)
- **Solpadol** (Sanofi)
  Codeine phosphate 30 mg, Paracetamol 500 mg Solpadol 30mg/500mg capsules | 100 capsule PoM £6.74 DT price = £4.10 Schedule 5 (CD Inv)
- **Tylex** (UCB Pharma Ltd)
  Codeine phosphate 30 mg, Paracetamol 500 mg Tylex 30mg/500mg capsules | 8 capsule PoM £0.61 Schedule 5 (CD Inv) | 24 capsule PoM £1.78 Schedule 5 (CD Inv) | 100 capsule PoM £7.93 DT price = £4.10 Schedule 5 (CD Inv)
- **Zapain** (AMCo)
  Codeine phosphate 30 mg, Paracetamol 500 mg Zapain 30mg/500mg capsules | 100 capsule PoM £3.85 DT price = £4.10 Schedule 5 (CD Inv)

You can see from this excerpt from the BNF that the additional labels required for co-codamol are 2, 29 and 30. You can also look up additional labels required for individual medicines in Appendix 3 at the rear of the BNF or online .

Although directions should preferably be in English and without abbreviations, it is recognised that some **Latin abbreviations** are used. In particular you may see these on handwritten prescriptions.

It should be noted that where Latin abbreviations are used on barcoded prescriptions, these will be automatically generated on the instruction label in the pharmacy, increasing the risk of errors and confusion.

Latin abbreviations for prescriptions

Latin Abbreviation	**English Translation**
o.d.	Every day
b.d.	Twice daily
t.d.s. /t.i.d.	Three times daily
q.d.s.	Four times daily
p.r.n.	When required
stat	Immediately
mane	Morning
o.m.	Every morning
m.d.u.	As directed
nocte	At night
o.n.	Every night
q.q.h.	Every four hours
a.c.	Before food
p.c.	After food

A list of these can also be found on the inside of the back cover of the BNF.

Initiation by Practice & Request for Initiation by Hospitals & other Agencies

Repeat prescriptions should only be issued once a patient is stabilised on a medicine and only a prescriber should authorise this. If setting up a repeat is delegated to other members of staff this should be covered by agreements specific to that practice and should be included in the practice's Repeat Prescribing Policy.

There should be a practice system for dealing with requests to start medication from other agencies e.g. hospital discharge notifications, outpatient appointments. Management systems should be in place to ensure these are dealt with efficiently and consistently and involve a prescriber or practice based pharmacist. The prescriber should also ensure that any discontinued medication is removed from the screen and the reason documented in the patients notes. There is a significant risk of errors occurring if this guidance is not followed.

The following should be considered when initiating a repeat prescription:

- Prescribers should follow recommended drug choices in line with guidelines and local formularies
- Patient should be stabilised on the medicine (medicines can be prescribed as an acute until this is established)
- Quantity prescribed
- Re-ordering interval
- Number of repeat issues and arrangements for re-authorisations
- Monitoring and medication review arrangements
- Ideally, all items should be linked with an appropriate indication i.e. what it is being used for

Quantities on Prescription

Patients generally receive a **28-day supply** of repeat prescription items. However, longer durations (usually 56 or 84 days) may be used for more stable patients where regular reviews are taking place. Examples of medicines where longer supplies are most common include:

- The contraceptive pill • Blood pressure medication
- Levothyroxine • Statins

(NB: take care not to end up with items being prescribed for different intervals, otherwise it's easy to get in a mess and create a lot of waste - see also synchronisation page 45).

Some of these patients may be suitable for **repeat dispensing prescriptions**, which are in use in some surgeries.

- These prescriptions allow patients to get prescriptions for long term medicines (excluding controlled drugs) without needing to call into the surgery every month
- These prescriptions consist of the original authorising master prescription, which is signed, and up to 12 months' worth of 'batch issues' which do not need to be signed
- A repeat dispensing prescription must be computer generated; handwritten amendments of any sort will cancel it

Some medicines are given to the nearest whole pack size (often referred to as an "original pack"). These include:

- Oral Contraceptives e.g. 3 x 21
- Eye drops e.g. 5ml
- Creams e.g. 30g
- Inhalers e.g. 200 doses

Depending on the dose, a pack may contain more or less than 28 days' treatment and this may affect the ordering frequency.

28-30 days should not be exceeded for the following:

- Repeat medication for care homes
- Controlled drugs (e.g. tramadol, sleeping tablets, strong pain killers like morphine)
- Other drugs liable to abuse
- Situations where risks are perceived e.g. regarding storage in the home
- Vulnerable patients prescribed complex regimens or with frequent hospital admissions and changeable therapy
- Terminally ill patients receiving palliative care support
- Sip feeds
- Dressings for short-term use or where likely to change

For some drugs there may be a limit on the quantity given at any one time (e.g. daily or weekly prescriptions), or a minimum time period, which must pass before they are allowed to re-order. This depends on individual practice policy. Some common drugs where quantities or order frequency may be restricted include:

- Sleeping tablets (such as diazepam, temazepam and zopiclone)
- Painkillers liable to abuse such as co-codamol, co-dydramol, codeine, tramadol and dihydrocodeine

Some patients may also need smaller qualities of all their medicines e.g. if at risk of overdose due to confusion. 7 day prescriptions are sometimes used for these patients (see also Monitored Dosage Systems on p 48).

Note about painkillers

While restrictions may be in place, some painkillers are appropriately used on a regular basis and it is important to ensure that sufficient quantities are supplied for these patients.

- Failure to do this may mean patients need to frequently re-order and make it harder for them to manage their medicines
- These patients may then appear to be over-ordering and lead to them being declined further repeat prescriptions – this can then lead to a deterioration in their condition
- Consider these two scenarios for a patient prescribed 100 co-codamol 30/500 tablets per month:
  - A patient taking 2 tablets four times a day regularly would need 224 tablets to last 28 days, so 100 would not be sufficient - they would need to keep reordering
  - A patient taking 1-2 tablets a few times a week but ordering 100 every month would lead to a build up of medication at home, creating waste

Find out whether your practice operates a monthly, two monthly, or other duration length for repeat prescription systems.

Find out whether your practice uses repeat dispensing prescriptions – if so there will be a procedure in place for this which is beyond the scope of this training pack.

Repeat Re-ordering Interval

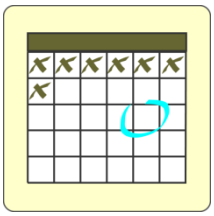
The number of days' supply should be set on the clinical system where possible, as this enables monitoring of early requests and over-use. NB: The repeat re-ordering interval function can be useful to monitor drugs which may be liable to misuse.

Early prescription ordering can result in significant waste e.g. instead of 12-13 prescriptions in a 12 month period, patients can have many more.

Repeat Issues and Authorisations

The number of repeats authorised is a clinical decision and an important part of the repeat prescribing process. This should be low initially until the patient is stabilised, and compliance, monitoring requirements and chronic disease reviews should be taken into account.

The prescriber will indicate on the computer system how many times any particular medicine can be repeated before it needs to be re-authorised, for example, 6 issues of one month supply. In this scenario, the patient can come back monthly for a repeat prescription, for 6 months in a row. When that time is up, the medicine will need to be reviewed and re-authorised if appropriate by the prescriber. Review dates for medicines (i.e. no more issues left) should **not** be over-ridden. They are there for the patient's safety and to ensure that they get the best treatment.



NB: Only doctors, other prescribers or delegated individuals are authorised to:

- transfer a medicine from an acute status to a repeat status
- start any medicine
- re-authorise a repeat medication

Delegation to other members of staff should be covered by agreements specific to that practice and should be included in the practice's Repeat Prescribing Policy.

e.g. Medicines Management pharmacists and pharmacy technicians may add new or discontinue medication, amend dosage instructions and quantities, re-authorise medication and set review dates and monitoring requirements.

Prescribing Clerks undertaking delegated duties will require further training and support and a clear practice framework.

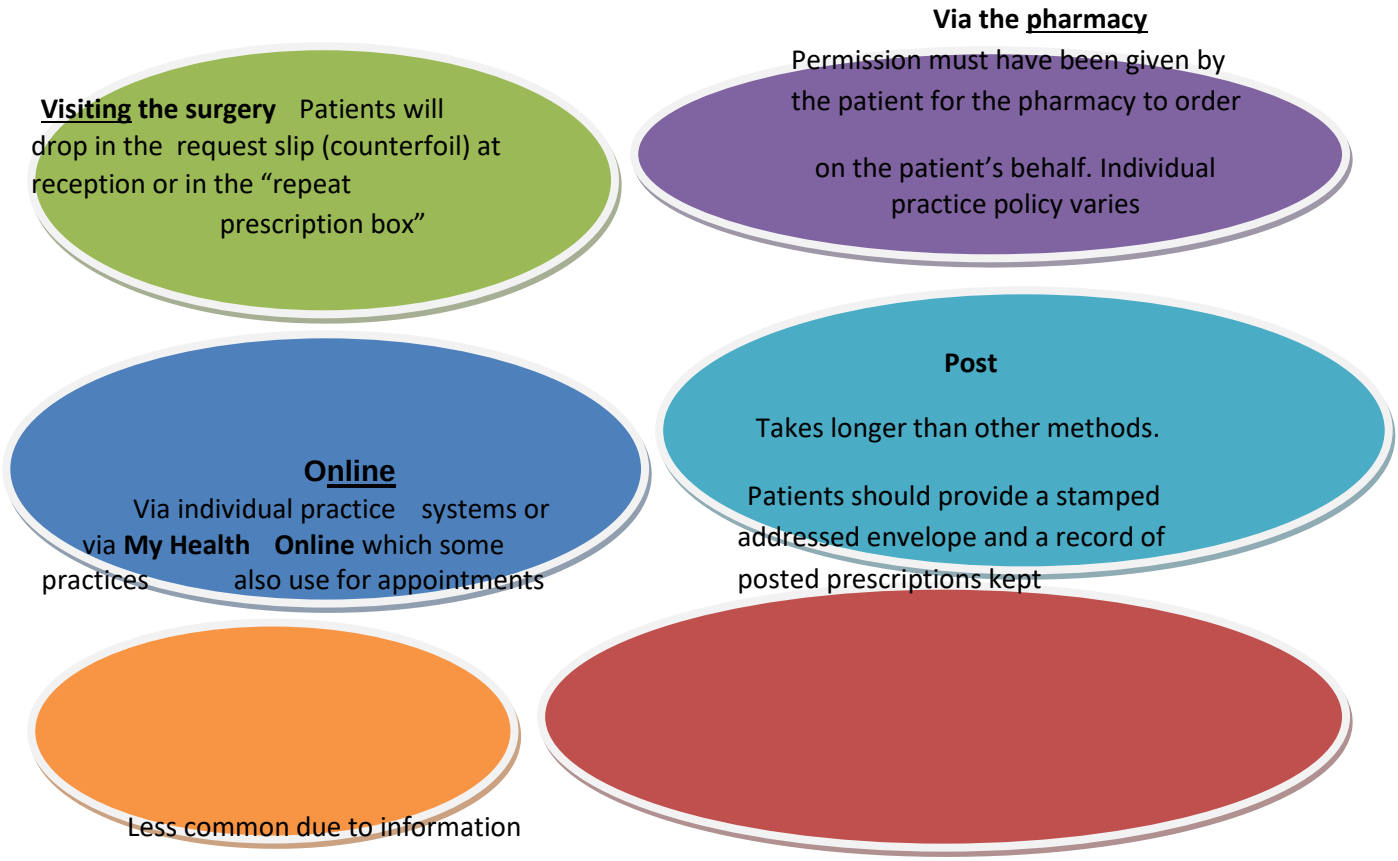
Find out:

How does your computer system identify the number of issues remaining on your repeat and what you should do when a medicine requires re-authorisation.

Ways of Ordering Prescriptions

Each practice should have a system to inform patients how to order repeat prescriptions. This is usually done by issuing a practice information leaflet and via their website. Further information reminders may be given by use of posters in the waiting room, electronic message boards and recorded messages on the answer machine/telephone.

Examples of how prescriptions are ordered can be seen below:



Patients should be given an up to date list of their repeat medication, preferably as a computer-generated list. The tear-off section of the prescription, or counterfoil is often used, and can then be used as an ordering slip

The required items should be clearly marked. If it is unclear what the patient has ordered or the form is left blank, the patient should be contacted where possible so that only the required medication is supplied.

Patients who have lost or forgotten their repeat request slip should either be given another one or an

appropriate form from reception.

Potential role for prescribing clerk:

When dealing with requests, it is important to check what the patient requires, rather than ordering everything on the repeat prescription.

Remember to ask open questions rather than closed ones e.g. “which medicines do you need this month”, rather than “do you need all your medicines this month?’

This can give patients a chance to let you know about any medicines they no longer take and this should be highlighted to the prescriber.

It also reduces waste. It is estimated that millions of pounds worth of medicines are destroyed every year in the UK. It is likely that at least this amount again is stockpiled in people’s homes. This is harmful for both the patient and to the NHS as a whole. Every pound wasted on unused medicines is a pound lost to direct patient care.

Patients should be advised to return unwanted or unused medicines to their pharmacy for safe destruction. Unfortunately, these can never be reused, even if the packaging is intact,

as it is not possible to determine how they have been stored and whether they are safe to use. The key is to educate patients to only order what they need in the first place.

To help reduce waste, patients should be advised:

- Not to over-order medicines (good repeat prescribing systems can help with this)
- To let the practice know if they are not taking/no longer need items on prescription
- To return any unused or unwanted medicines to the community pharmacy for safe disposal

Over-ordering can also be a sign that the patient is not managing well with their condition and may need clinical review. Common examples are pain-killers (analgesics) inhalers (such as salbutamol) and GTN sprays for angina.

Telephone Orders

Orders taken over the phone have led to mistakes in the past and some practices do not take orders this way, or restrict it to housebound patients. To ensure safe systems are in place, the following should be considered:

- A dedicated phone line for repeat prescription requests, or requests restricted to certain times during the day
- The telephone should be next to a computer screen to enable confirmation of the request
- The telephone and computer should be away from the reception area, to minimise noise and distractions and to ensure patient confidentiality.

Requests for Items Not on Repeat

Often patients will ask for items not on their repeat, either verbally or by making a note on the request slip. Ideally, patients should always make an appointment, but in some circumstances the prescriber may be willing to supply a prescription. However, systems should be in place to make sure the prescriber has seen the patient's records beforehand.

This example demonstrates the importance of not simply adding medicines to the prescription (either as a repeat or an acute) without having robust systems in place to ensure the patient sees the prescriber or at least that the prescriber consults the patient record before authorising the addition:

Mrs Smith calls the surgery and requests ibuprofen for a sore knee. Her sister takes it and finds it excellent. The receptionist checks the patent's drug history and finds that she has taken it before, just over a year ago. As the doctor walks past on her way out to calls, the receptionist informs her of Mrs Smith's request and that the patient has had them before. The doctor asks the receptionist to add it to the patient's repeat, authorising it for 3 months. Two weeks later, Mrs Smith is admitted to hospital with a severe bleed. Six months ago, she had been put on warfarin. Ibuprofen increases the risk of bleeding for patients taking warfarin. Had the doctor consulted the patient record prior to adding the ibuprofen, this incident could have been avoided.

Potential role for prescribing clerks:

Ensuring that items are not added to the repeat prescription at the request of the patient, or supplied on acute without a consultation – appropriate systems need to be in place and followed to reduce the risks.

Pharmacy Ordering and Collection

Where a patient is capable of ordering their own medication they should as a rule be encouraged to do so, but pharmacy services can be particularly useful to improve access e.g. housebound patients.

It is best practice to obtain written permission from patients to allow a pharmacy to collect prescriptions on patients' behalf or manage their ordering. Practices should keep records of prescriptions handed to third parties.

There are examples of tightly managed pharmacy repeat ordering systems and they always result from a good relationship and ongoing communication between the pharmacy, patient and the practice to ensure systems are mutually acceptable to both parties and the patients. However, some pharmacy ordering systems have resulted in significant wastage if not properly managed.

Practices should promote the need for pharmacy staff to contact and check with the patient if each item is required before ordering.

NB: Practices are not allowed to direct patients to a particular pharmacy.

Find out what arrangements are in place with your local pharmacies.

Third Party Prescription Requests

For the purpose of this guidance a Third Party is defined as a supplier other than a pharmacy. This is often either a Dispensing Appliance Contractor (DAC) or Appliance Manufacturer or a manufacturer of supplementary feeds.

The patient should order the items they require in the same way as medicines, but it is advisable to allow more than 48 hours as the prescription usually needs to be posted to the contractor.

Prescriptions for appliances or enteral feeds should always be on a separate prescription.

Retrospective prescriptions should not be issued routinely. Requests for new items from suppliers should be referred to the GP for a decision and confirmed by the specialist clinician involved in the patient's care. Poor ordering systems can result in significant wastage if not properly managed.

Find out:

How are prescriptions ordered in your practice?

How long should patients allow for a prescription to be generated?

Is an online ordering system available in your practice? If so, what type?

What is your practice policy regarding pharmacies ordering on patient's behalf?

Potential role for prescribing clerk:

Reinforce messages to patients on how to use the ordering system including:

- Ordering only what they need
- Leaving plenty of time to re-order so that they do not run out (including arrangements for weekends, bank holidays etc)
- Not over-ordering and stockpiling
- Letting the practice know if they have stopped taking anything on the prescription
- Asking the doctor, nurse or pharmacist if they are unsure about any of their medicine
- Establishing good relationships with pharmacies to ensure effective ordering and collection services where these are in place

Good Practice Principles

- Practices should complete repeat prescription requests within **48 working hours**
- All repeat prescriptions must be computer generated by designated, trained staff
- Repeat prescriptions should be processed away from interruptions - no other duties should be performed whilst repeat prescriptions are processed
- The drug name, form, strength and dosage instructions should be checked, in order to highlight any discrepancies between the request and the repeat medication list to the prescriber
- Where the doctor wants to communicate a message to the patient this should be done electronically wherever possible and printed on the prescription. Separate notes may be used if attached firmly and a record made in the patient's clinical notes.
- Staff should be clear about how to handle queries and documenting the query and outcome in the patient record

A note on dressings, nutritional products, appliances etc.

Take care when selecting dressings, nutritional products, appliances, stoma products etc. as it is easy to pick the wrong one. For example, when selecting a dressing, it is best to include the name of the product, the size and the manufacturer/ brand name to ensure the patient is dispensed the correct product. Take care not to accidentally select silver dressings, which are restricted use – as these often begin with "Ag", they appear first due to alphabetical order.

Highlighting issues to the Prescriber

Medication review, monitoring and authorisation queries

When the medication review or monitoring requirements are overdue or there are no further repeats authorised, the prescriber should always be informed.

Each medicine has a set number of repeats before it needs to be re-authorised. Reauthorisation relates to each individual medicine, whereas medication review takes into account all the medicines and how they are affecting the patient's condition. It is far more detailed and in depth. If all of the re-

authorisations become due at the same time, then this is an ideal prompt for a full medication review and the two processes can be done in tandem.

Once review has taken place, practice staff may be authorised to make the changes to the patient's medication and enter the number of new authorisations allowed. Under no circumstances should this be done without the explicit direction of the prescriber.

Care should be taken when entering a re-authorisation date for prescriptions that are issued for more than 28 days supply e.g.:

Atenolol 50mg once a day (56) - an authorisation of 12 issues will allow the patient to receive the drug for 2 years before a reauthorisation is required.

Potential role for prescribing clerks:

Educating and reinforcing the necessity and benefits of medication reviews to the patients

Adhering to practice systems so that medicines are not inappropriately re-authorised or medication review dates overridden

Think about the kind of things you pick up in your everyday work which could be useful to the person undertaking the medication review, such as over and under-ordering, the need for synchronisation, any items with "as directed" or no instructions etc. Note these below and discuss your potential role with the practice.

Find out:

What systems does your practice have in place to ensure medication review is undertaken?

What is the policy regarding on-going supply of medicines to patients who fail to attend for a medication review?

Early or late requests

Early or late requests may indicate over or under use of medication and this should be highlighted to the prescriber.

Flagging ***over use*** is important:

- for medication with addictive/abuse potential
- as a marker for a condition becoming out of control e.g. asthma reliever inhalers (e.g. salbutamol), pain killers, GTN spray
- to reduce wasted medicines

If early requests are processed, the reason should be documented in the notes

Flagging ***under use*** needs to be assessed with regard to risk e.g.

- It could indicate non compliance with essential medicines e.g. blood pressure, epilepsy, antipsychotics, asthma preventer inhalers
- To keep the repeat up to date - items that are not essential to the patient and are no longer required should be removed from the repeat (after checking with the prescriber) so that it is kept up to date. This then simplifies ordering, signing of repeats, medication review and practice audits by minimising the number of items on repeat.

NB: Antihistamines e.g. for hay fever are a group of medicines which are often used seasonally and different systems may need to be in place for these, such as longer periods before they are removed from repeat, or otherwise issued on acute prescriptions. Other exceptions are medication required infrequently such as GTN spray, glucose oral gel.

Reasons why patients may not take medicines as prescribed (non-compliance) include:

- Side effects
- Not understanding what medicines are for or how to take them
- Medicine no longer needed
- Complicated regimen
- Confusion/memory loss

Find out:

Do you know what to do if there are no further repeats authorised?

What mechanisms does your practice have in place for identifying and acting on under ordering?

Does your practice have an agreed system in place for allowing discontinuation of non-essential medicines?

- Dexterity or other physical issues e.g. unable to open packaging/use inhaler/read labels/swallowing difficulties
- Patient choice

Potential role for prescribing clerks:

Flagging under and over ordering of items to the GP

Trained clerks could remove agreed drugs from patient's repeats if they have not been ordered for an agreed length of time.

What to check before generating a prescription

Is the requested item on the repeat?

If not then the patient should be asked to see the prescriber.

When was the item last issued and is it being requested too soon?

The date of last issue should always be checked before re-issuing another prescription. Some patients have a tendency to over-order and stockpile medicines and poor repeat prescribing systems contribute to this. Stockpiling can be dangerous and causes waste. In addition, some medicines are abused (by patients themselves, or even their friends or relatives), and require strict monitoring.

Has the patient marked which items they need if they are on more than one item?

If not, the patient should be contacted and asked. This will reduce wastage and unnecessary prescribing.

Are there any items that the patient has not ordered for some time?

Under-usage of medication prescribed for regular use should be noted and the prescriber informed.

Generate all prescriptions with due care and attention to avoid errors.

Synchronisation of Prescriptions

When patients are on a number of items, **they may run out at different times**. When this happens, the patient will do one of two things:

They will order only what

they have run out of. **They will order everything** This means that they will **on the prescription** request a repeat more often, **regardless of whether all** perhaps every week instead **the items are needed**

of once a month. The practice This will result in medicines and the patient's time is wastage, costing the NHS wasted - the patient is visiting money. It will also lead to more than necessary and the hoarding of medication, practice is generating more putting the patient at risk. prescriptions than necessary.

Synchronisation means organising the prescription so that all the items, if taken as per instructions, run out at the same time, reducing the amount of time spent arranging prescriptions and also reducing medicines waste. Ideally this would include synchronising the number of authorisations permitted for each item. It is estimated that lack of synchronisation results in a **34% increase in practice workload.**

Once synchronisation is achieved, the prescription will still need to be regularly monitored, as all sorts of things can happen to desynchronise it again e.g.

- The patient doesn't take the tablets as directed
- A new item is initiated which is out of step
- "When required" medicines may be used up quickly, or hardly at all

All members of the team need to work closely together and with the patient to achieve synchronisation. The prescribers will need to take it into consideration when initiating new items. Your community pharmacists may also be able to help you look at this issue.

A good place to start is to target the patients who are most likely to be having problems:

- Those ordering their regular repeat items at different times throughout the month
- Those currently being issued different quantities of repeat items i.e. 28 days' worth of item A, but 56 days worth of item B
- Those prescribed four or more items on repeat ("polypharmacy")
- Patients in care homes

Potential role for prescribing clerks:

Educate the patient on the benefits of a common ordering date for all items and to contact the practice if there are any problems

Identifying patients who attend frequently for repeat prescriptions

Highlighting medicines with different durations on repeat

Updating/Amending Repeats

This may be done only on the specific instructions of a prescriber and providing your practice has suitably trained and authorised you to do so. The prescriber is responsible for making sure the changes have been made correctly.

Common scenarios where a prescribing clerk may get involved in this are the following:

House calls/care home visits

A computer printed summary of the patient's record should be given to the doctor whenever they attend a house call or visit a care home. The doctor may make changes on this summary and bring it back to the surgery where the computer records may be updated. Some GPs use tablet PCs when out on visits. The information they record on a visit can then easily be fed into the computer at the surgery.

Hospital changes

Patients who have been discharged from hospital or seen in outpatients often have their medication changed. Recommendations can come to the practice in different ways for example by letter, as a paper recommendation sheet, by fax or electronically.

Changes recommended by hospitals must be passed to the responsible person for their consideration and authorisation, but could then be passed onto the prescribing clerk for entry onto the system.

Particular care must be taken where doses of existing medication have been altered, since this may not be apparent at first glance. It is also important to ensure that continuation of the medicine was actually intended by the hospital after discharge e.g. sleeping tablets.

When adding new medication, consider the following:

- The drug name - check spellings very carefully as some drugs names are similar e.g. carbamazepine and carbimazole
- The medication form e.g. tablets, capsules etc.
- The strength
- The precise dosage instructions (not as directed or when necessary)
- The quantity (usually 28 days) but consider synchronisation with the rest of the repeat
- The number of repeats or the review date incorporating any necessary monitoring tests. Where possible, this should be made to correspond to reviews for existing medicines
- Does the new drug replace another drug, which should be removed? (therapeutic duplication)
- Where available, consider entering the indication as per practice policy

Whenever in the slightest doubt, seek the advice of the doctor

Potential role for prescribing clerks:

Accurately updating repeats following authorisation from the GP

Issuing Prescriptions

Storing completed prescriptions

Completed prescriptions that are ready for collection should be kept in a secure area. They should be cleared out on a regular basis and for those prescriptions that have not been collected after an agreed period, it must be ensured that:

- They are removed and destroyed
- The prescriber is informed of any prescriptions that have not been collected to highlight possible non-compliance (i.e. patients not taking their medicines as prescribed).
- All records should be amended. The prescription should be removed from the issue list and added to the patient's record with details of items not collected.

Issuing prescriptions to patients

Double-check the patient's name and address, against the details on the prescription. Prescriptions may be collected by patients' representatives but are not usually issued to those under 16 years of age - individual practices may have a policy stating if/when this is appropriate. A record of any posted prescriptions should be kept.

Community Pharmacy collection

In agreement with individual patients, most pharmacies offer a repeat prescription collection service. In this case, the prescription is collected from the surgery by the patient's regular pharmacy that then dispenses it and may also deliver it to the patient.

Prescriptions may be faxed to community pharmacies but ONLY in exceptional circumstances. A log should always be kept of when and where the fax was sent and when the prescription was collected. Prescriptions faxed at the request of the prescriber must be given to the community pharmacy within a reasonable time. It is the responsibility of the GP practice to phone the pharmacy to let them know a prescription is being faxed. If a request for a prescription to be faxed is made by the community pharmacy it is their responsibility to collect the original prescription later. NB: Pharmacists are advised that supplying against a fax is associated with many risks and they may refuse to do so.

Lost prescriptions

If a prescription has been lost, a message should be added to the patient's computer records so that the reason a second prescription has been issued is clearly documented. The practice may change this procedure for certain drugs and certain patients, particularly if there is a risk that the medicine is being abused e.g. controlled drugs, sleeping tablets and certain painkillers. Check with the practice manager or prescriber if you are unsure.

Find out:

What arrangements are in place for clearing out the signed prescriptions on a regular basis and amending the records/informing the GP as appropriate?

Once a prescription is printed, where does it go to be signed by the appropriate GP?

Do you have age restrictions on accepting requests and issuing prescriptions? For example, how are requests from under 16s handled?

What arrangements are in place in the practice for community pharmacy collections?

Other Information Linked to Repeat Prescribing

Security and Confidentiality

As with all aspects of general practice it is essential to ensure that patient confidentiality is protected. Security is also an important issue to ensure that prescriptions are not misused.

Computer security

Security includes the proper use of individual passwords where computers are being used. This should be built into the practice's policy on dealing with confidentiality, and the safe and appropriate use of patient information.

Prescription pad security

The issue of prescription stock control and reordering, and their safe and secure storage needs to be considered, as prescriptions are controlled stationery and should be treated like blank cheques. Stolen or lost unsigned prescriptions should be reported to the practice manager so that they can inform the appropriate authorities to enable local pharmacies and other GP practices to be alerted.

All practice staff, including prescribers, should know where signed and unsigned prescriptions are kept and how they are dealt with once they have been signed. There should be a system for movement of prescriptions around the practice and this should be monitored to reduce the risk of mislaid prescriptions, errors and possible theft.

Signed prescriptions awaiting collection should be stored somewhere secure. They should not be left unattended at the reception desk, and preferably kept in a locked drawer or cupboard. Unsigned prescriptions must not be issued to patients/carers/pharmacies as they cannot legally be dispensed.

Repeat requests

Where a box is used for patients to leave their requests it should be locked and nonremovable e.g. attached to the desk or wall. The design should be such that it prevents another patient from removing a request from it.

Non patient requests and collections

Where practices decide to allow third party requests, e.g. from family, neighbours, home- help, pharmacies etc, they may need to address additional issues, such as: • Ensuring where possible that the patient has given authorisation
• Ensuring patient confidentiality

Missing/lost prescriptions

A repeat prescription that has ‘gone missing’ should not be reprinted until a thorough investigation has been carried out. This applies whether it is the practice, pharmacy or the patient who have lost the prescription. Reprints should be clearly identified as such on the system and on the prescription itself.

Find out:

Read your practice's information security policy if available.

Does your system use individual passwords for different users? If any are shared, how is improper use avoided?

How and where does your practice store prescriptions to ensure security?

What does your practice do about missing prescriptions?

Monitored Dosage System (MDS) Compliance Aids

MDS such as Dosette and Nomad boxes are used to organise tablets and capsules in individual compartments for different times of the day and days of the week. They are usually made up for patients by community pharmacists but sometimes patients or their carer buy and fill their own.

They are found to be useful for certain groups of patients and are likely to always have a place in the management of medication.

However, they are not always ideal as:

- Evidence that they are of benefit is poor
- Some drugs are known to be unstable in these devices
- Not all will contain patient information leaflets
- Some medicines cannot physically be put in them
- They can increase use of non-essential medicines e.g. when required medicines
- They make it more difficult to follow special instructions e.g. take with food, as medicines cannot easily be identified

Because of the issues highlighted above, patients need to be carefully assessed before they are started on MDS. Community pharmacists are able to assess patients to help find the best way for that individual to manage their medicines. MDS is only one way to help, and other options may include:

- Providing large print labels
- Using reminder charts
- Simplifying the regimen through medication review
- Using plain bottle caps rather than child resistant caps for bottles
- Removing tablets/capsules from blister packs and dispensing into a bottle

28-day prescriptions are generally used for patients on MDS. This means that they will usually receive 4 weekly filled boxes at the same time. If a shorter supply is thought to be clinically necessary then 7-day prescriptions should be issued at the prescriber's discretion. Examples include where:

- medication is changing frequently
- there is limited stability of medication once removed from the original pack
- it is not considered safe for the patient to have 4 weeks' worth of medicines in their possession

Patients receiving support from Social Services/Private Providers

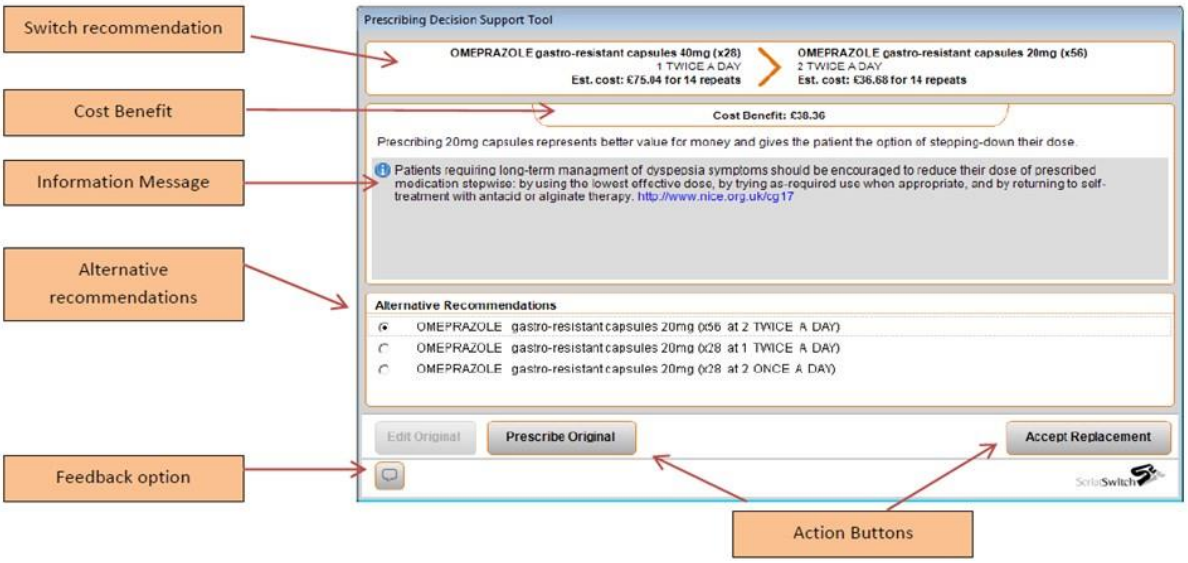
Some patients have help in taking their medicines from social services or private carers. These carers sometimes use MDS, but are usually trained to administer medicines from their original boxes and with a Medication Administration Record chart (MAR chart) produced by a community pharmacy providing an enhanced service at the request of the Health Board.

It is particularly important that clear directions are added to the prescriptions for these patients so that the carers know what the medicines are for, especially if they are "when required" medicine.

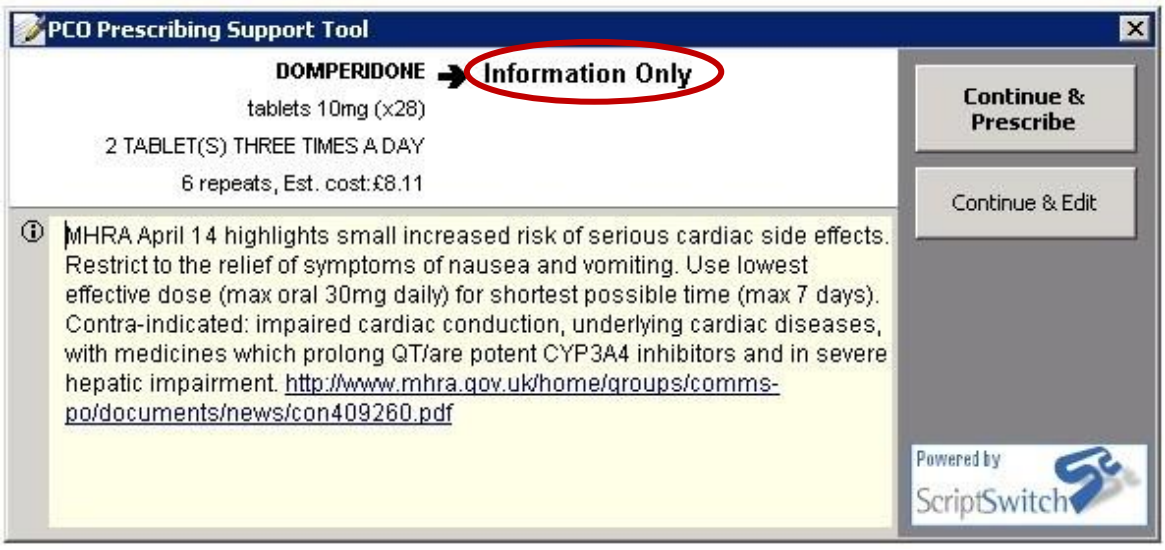
ScriptSwitch

Most practices in ABMU have additional software known as ScriptSwitch. This software is designed to give messages to prescribers when certain items are selected on acute, new repeats or as re-authorisations.

The aim of Scriptswitch is to improve prescribing by making it safer and more cost effective. It gives messages to prescribers when they are actually prescribing, rather than expecting them to remember prescribing messages which can change from month to month. Example of Scriptswitch message which suggests **possible switches**:



Examples of suggested switches include changing to generic preparations, dose optimisation and cost effective prescribing. Scriptswitch messages may also provide **information only**, such as safety messages:



It takes one click to accept or reject the recommendation, but if a change is made in the absence of the patient, consideration needs to be given as to how they will be informed.

In most cases, ScriptSwitch is not activated for non-clinical staff and there should be a practice policy on how it is used. However, if you are entering an acute or new repeat on behalf of the prescriber, or a drug is due for re-authorisation, a Scriptswitch message may pop up. If it does, this should be flagged to the prescriber for a decision.

A Scriptswitch message should never be accepted or rejected without referring to the prescriber.

Find out:

If your practice uses ScriptSwitch, how is it used? Which users have it enabled? Are there any prescribers who do not have it enabled and should have? If you see a message, how should you proceed?

Role of Community Pharmacies

Community pharmacists are an important link. They have extensive training and knowledge of drugs and are dealing with the patients and their needs face to face. They are able to pick up errors and have a legal responsibility to ensure that what they are dispensing appears reasonable for the patient e.g. suitable dose, no serious interactions with other medicines, duplication of medicine type, etc.

For this reason, they often contact practices to clarify prescriptions. They may need to discuss this with the prescriber, but sometimes

an experienced prescribing clerk can help with queries, too. Pharmacists also have a duty to ensure a prescription is written legally before they dispense it.

Examples of queries may be:

- Illegible writing
- Something significantly different from a previous prescription
- a potentially serious drug interaction
- a piece of missing information e.g. an incomplete controlled drug prescription, missing strength/ dosage/ signature/ instructions etc.

A summary of main roles includes:

- To check prescriptions for accuracy and contact the surgery with any queries
- To dispense the prescriptions and supply the patient
- To offer advice on medicines and other health issues
- In some cases to collect and deliver prescriptions
- To ensure returned medicines are destroyed in the appropriate way and not reused
- To provide an emergency supply to patients in appropriate circumstances • To undertake Medication Usage Reviews and Discharge Medicines Reviews

In a similar way to the GP contract, pharmacies can provide a range of advanced and enhanced services as highlighted below:

Advanced Services

Medicine Use Review (MUR) is an advanced service offered by community pharmacies. During an MUR, pharmacists discuss with patients how they use and whether they understand their medicines. The aim is to help patients take and understand their medicines and identify and solve any problems they may have.

Community pharmacies make a record of MURs and may send information to the GP practice following the MUR. This may include suggested action points. It is important that suggested actions recorded on an MUR form are brought to a GP's attention for consideration. NB: MURs are not the same as full medication/polypharmacy reviews as the pharmacist does not have access to the full patient record.

Find out:

How does your practice handle MURs and any suggestions made by community pharmacies?

Potential role for prescribing clerks:

Involvement in systems for sorting and recording of MUR forms received from community pharmacies.

Pharmacists can also undertake ***Discharge Medication Reviews (DMRs)*** when patients come out of hospital, to check the medicines are up to date if changes have been made. If any issues are found, they may contact the practice to highlight and discuss.

Enhanced Services

Enhanced services can be national and local. Some common examples include:

- Smoking cessation
- Flu vaccination
- Support services to care homes
- Substance misuse services
- Emergency hormonal contraception
- Services to support domiciliary care, such as the production of Medicines Administration Record (MAR) charts to aid carers to administer medicines

Other Services

Pharmacies may offer other private services which are not part of the NHS contract. Examples include blood pressure check, cholesterol testing, diabetes check, weight management etc.

Potential role for prescribing clerks:

If possible, visit the local pharmacy to see how their systems operate and get to know the staff to develop good working relationships.

Working with Care Homes

There are particular considerations when managing repeat prescriptions for patients living in nursing and residential homes, (collectively known as “care homes”). Poor medicines management in this environment can lead to confusion, waste and excessive generation of repeat prescriptions.

Some useful points to consider include:

- Because of the potentially large numbers of patients in care homes, extra planning and organization may be required. E.g. ○ Generating large batches of prescriptions for care home patients at certain times in the month, is a significant workload for the practice team
  - ○ Care homes may request prescriptions earlier than someone living in their own home due to the practicalities of managing and checking large amounts of prescriptions and dispensed medicines
  - ○ Dispensing large numbers of prescriptions for care homes at certain times of the month is a significant workload for community pharmacies, which may need extra planning and time
- Synchronising medication for residents of the home to a 28-day supply which runs out at the same time, wherever possible. Community Pharmacists and/or Care Homes may sometimes request odd amounts of medication – this is usually to bring quantities into line and to reduce waste.

- Identifying a designated member of staff within the practice and the home to deal with prescriptions
- Ensuring regular communication between the practice, the home and the community pharmacy, to ensure all records are up to date
- Making sure that only the medicines which are needed are ordered each month
- Dressings and nutritional products can often be over-ordered and are not suitable for repeats in most cases

Potential role for prescribing clerks:

Ensuring that ordering systems and communication with care homes and community pharmacies is effective and efficient, minimising workload and errors and identifying over ordering. Designating a particular member of staff to this task can help.

Find out:

The names of the care homes that have patients from your practice How do they order their prescriptions?

What pharmacy do they use and what are the arrangements for prescription collection?

Does anyone in the practice take a lead on dealing with a particular care home? What systems does the practice have in place to ensure that the computer record is updated following any changes made by a doctor following a visit to a care home?

Traditionally, the role of the receptionist undertaking repeat prescribing duties has been seen as purely process driven with little or no training or knowledge regarding medicines management, repeat prescribing systems or the potential risks involved. Sometimes the task has been shared between many receptionists, so that individual expertise has not been developed.

Over recent years, the roles of prescribing clerks have been increasingly valued and expanded. Many practices have found that training and developing a lead-prescribing clerk with protected time to produce the prescriptions and deal with associated tasks has improved efficiency, provided consistency and reduced the potential for errors. With suitable training and supervision, experienced prescribing clerks can be given increasing responsibilities and authority to participate in improving medicines management.

Examples include:

- Making alterations from hospital discharge information, following authorisation
- Entry of amendments following home visits and nursing home visits
- Advanced drug searches
- Prescribing related audits
- Supporting the Quality and Outcomes Framework (QoF) of the General Medical Services (GMS) contract
- Development and update of repeat prescribing policies
- Participation in the Health Board annual prescribing visits
- Training of other practice staff
- Dealing with queries from, and communication with nursing homes, community pharmacists and secondary care
- Patient education and information
- Key roles in co-ordination of monitoring of medicines, medication review, shared care processes etc.
- Undertaking dose optimisation and simple switches.
- Helping to maximise effective use of the clinical system e.g. Setting default doses, directions and indications, formulary development, linking to prescribing guideline templates

Roles will differ significantly between practices and details support put in place to enable this work are beyond the scope of this training pack.

However, experienced prescribing clerks wishing to develop their role can contact the medicines management team for further information.

Bridgend - Alex Gibbins – alexandra.gibbins@wales.nhs.uk

Neath Port Talbot – Ellie Daniels – ellie.daniels@wales.nhs.uk

Swansea – Rhian Newton – rhian.newton@wales.nhs.uk

Community Pharmacy

Multidisciplinary Clinical Audit

2014-15 and 2015-16

Reducing Medicines Waste: Identifying Commonly Returned Medicines to Target Medicines Waste Interventions

Abertawe Bro Morgannwg University Health Board

&

South East Wales Regional Committee Community Pharmacy Wales

The following audit was prepared with reference to:-

Improving the use of medicines for better outcomes and reduced waste

The actions and responsibilities within this audit are as follows:-

- Community pharmacies to utilise the NECAF based “Waste medicines logging tool” to record a random sample of waste medicines returned by patients to community pharmacies.
- AMBU HB and NWSSP to interrogate the data collated and establish the most commonly returned waste medicines and the most costly returned medicines by locality area.
- ABMU HB to share this information with community pharmacies, GP practices, prescribing support teams and locality teams, enabling them to improve their individual contribution to medicines waste reduction.

WITH ACKNOWLEDGEMENT AND THANKS TO:

The Betsi Cadwaladr University Health Board and North Wales Regional Committee of Community Pharmacy Wales for development and sharing of this audit

Overview of the Audit and PDSA process.

Timescale	Phase of audit process	Action to take

Waste logging cycles 1st cycle- March 2015 2nd cycle- October 2015 The PDSA cycle should be completed once during the year between cycles Suggested logging periods <u>Cycle 1</u> Week commence: 2nd **or** 9th March 2015 <u>Cycle 2</u> Week commence: 5th **or** 12th	PDSA cycle – Making changes to service and evaluating the impact on their delivery.	PLAN	Plan:- 1. How to record the waste data 2. Record current waste interventions made and plan new interventions based on waste report outcomes (once received, i.e. for 2nd cycle).
		DO	Record information for up to 50 returned items on the NECAF system. Pharmacies not receiving 50 returned items must log all returned items in that week
		STUDY	NWSSP and ABMU HB will review the collated data and provide reports to community pharmacies. ABMU HB will also review prescribing data relating to identified waste medicines to inform any new initiatives for improvement
		ACT	All Community Pharmacy staff to review the reports to improve on or implement new systems that target waste reduction and identify current practices that may contribute to waste (e.g. via managed repeats/MURs/DMRs etc) ABMU HB will provide feedback and suggested improvements to GPs/Community Pharmacies as appropriate on review of prescribing data.

October 2015			
31st March 2016 (depending on prescribing data availability)	Outcome phase		ABMU HB will review prescribing data relating to the identified waste to determine if improvements in prescribing trends have occurred.

Clinical Audit

Aims

- To establish the level of waste and which medicines patients most commonly return to Community Pharmacies.
- To use this information to implement or improve medicines waste reduction interventions which include patients, GPs, Community Pharmacies and other Health Care Teams (e.g. practice nurses, district nurses and carers)
- To use data collated to give an accurate estimate of the value of returned medicines waste in ABMU.

Audit Criteria

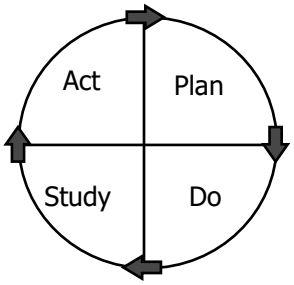
Waste medicines returned by patients to Community Pharmacies during the designated weeks

Baseline – How much waste is returned already?

For **one** week **ONLY** in March *either w/c 2nd or 9th* and for **one** week **ONLY** in October either w/c 5th or 12th community pharmacies or dispensaries need to log the waste on NECAF.

A paper Collection sheet is available at Appendix 1 and 2 should pharmacy staff find it easier to complete and then upload data onto NECAF. Please note that paper copies will not be accepted as part of the audit and all results will ultimately need to be logged onto NECAF.

The PDSA cycle – **Making change happen**



PLAN – Who, What, When, Where to take action

DO – Carry out the agreed action

STUDY – Repeat baseline audit to establish if action has achieved the desired change.

Plan – Discuss as a team, how you already support the aim of reducing medicines waste. What new actions can you take?

Which action have you agreed to undertake?

Consider the interventions you have identified (current and new) and list below the barriers to delivering

them.		
Barrier	How do we overcome this?	Support needed?

Do –

Continue to deliver interventions you are already making to reduce waste. When you receive the locality waste report continue with your current interventions and consider new methods to reduce the most commonly returned types of waste. E.g:

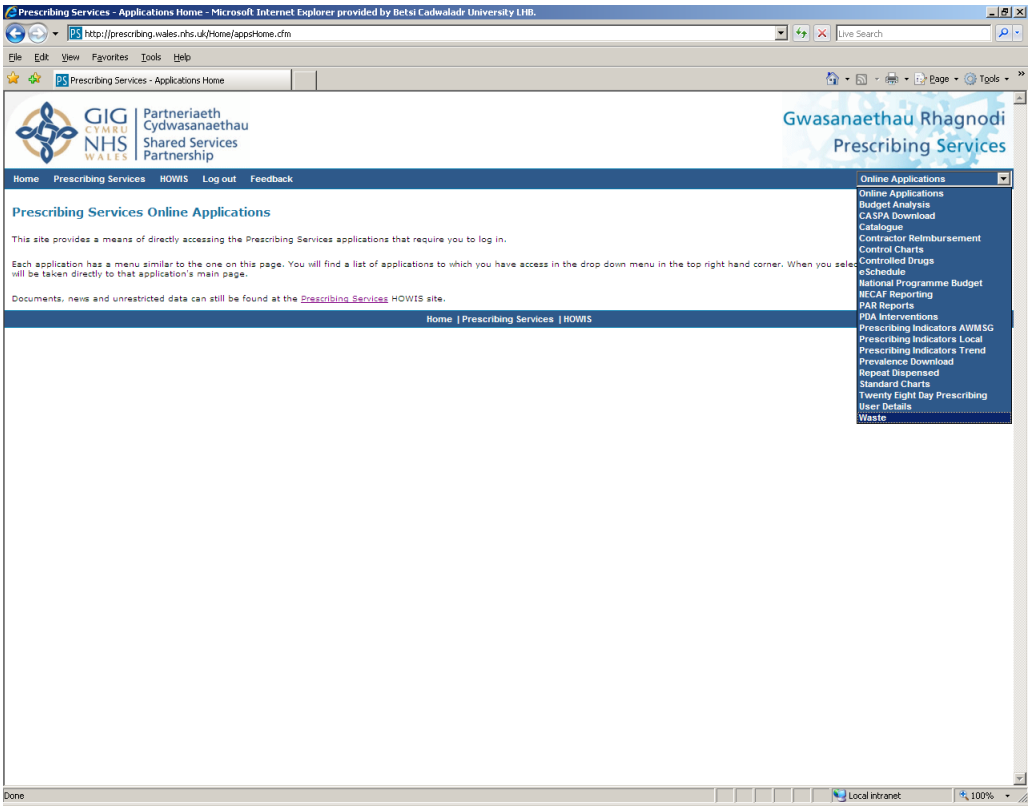
- Waste MUR
- Asking patients to only order what they need
- Synchronisation of prescription items
- Discussing appropriate monthly quantities for PRN medicines and informing prescriber
- Others identified above
- Ensuring appropriate patients are contacted/communicated with in respect to

medicines required on each occasion

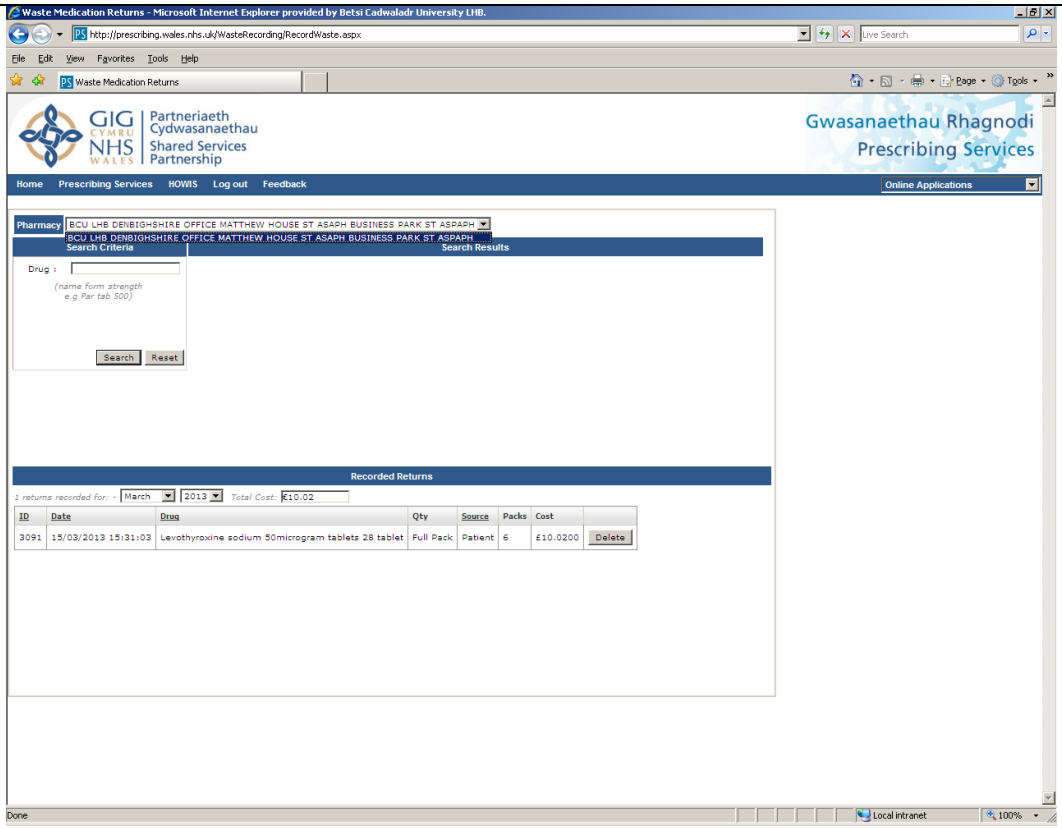
A paper data collection sheet is available for contractors to record waste if it easier to do so, before entering electronically onto NECAF. This form is attached at Appendix 1.

1. Log on to
   - pharmacy NECAF claim system, this is done using the same Log in and Password as would be used for claiming for enhanced services.

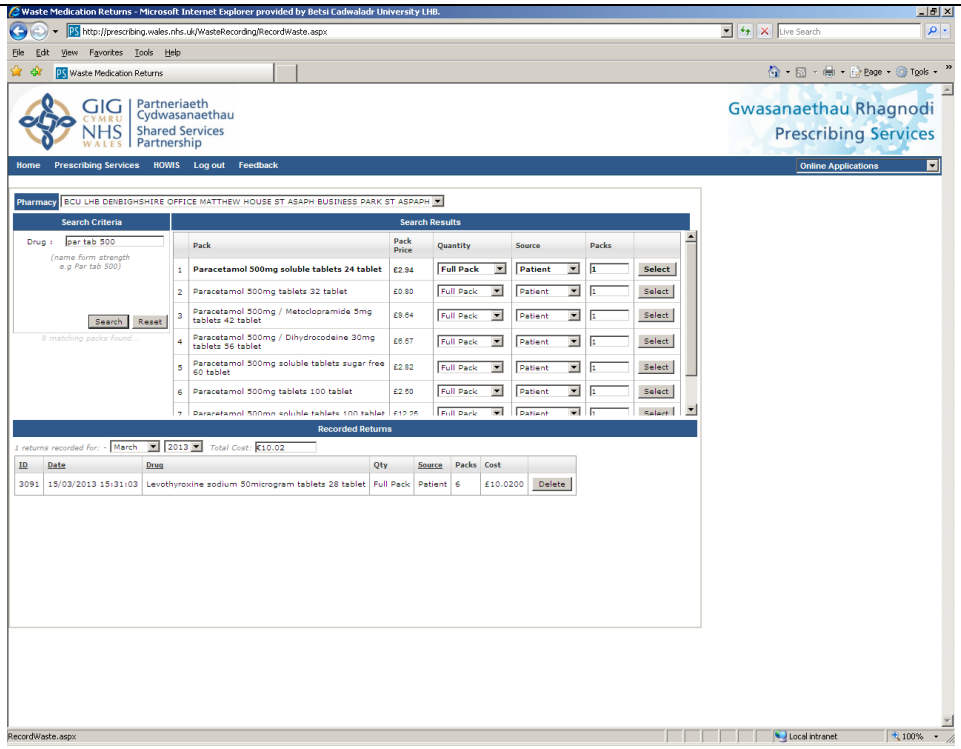
2. From the drop down menu in the top right corner select the “Waste” option



3. On the pharmacy tab in the centre of the screen select your pharmacy or dispensary



4. Start to log the returned waste items (see guidance note 1) using the following format:-



a. First 3 letters of drug name; SPACE; First 3 letters of dosage from; SPACE; Strength in numbers all digits. e.g.

   i. Paracetamol Tablets 500mg is:- par tab 500
   ii. Levothyroxine tablets 50mcg is:- lev tab 50
   iii. See search tips in guidance note 2

b. Click Search

c. From the list that appears against the product that matches the pack size returned select:-
   i. Partial or full box, the partial option is only used if just a partial box is returned. If a patient returns six and a half boxes record as seven full boxes.
   ii. Select from the list of returned by a patient or care home
   iii. Then in the packs box type the number of boxes returned

d. When the entry is complete click select

5. Repeat steps a-d above for more items.

6. There is no need to manually enter the cost of the medication.

7. If you have entered products incorrectly they can be deleted when they appear in the lower half of the screen

8. When you have entered the items they will appear in the lower half of the screen together with the cost of this returned item. You can view entered items from this, and previous months using the date drop down lists.

9. The entries made are automatically logged, so when you have finished you can log out.

10. For each logging period you can log up to 50 returned items, if you do not receive 50 returned items you must log all returned items.

11. Repeat this process for each cycle in March 2015 and October 2015

ABMU Health Board – Review the data input, develop and circulate locality based reports detailing the top 10 most commonly returned medicines and top 5 most costly medicines return, this will be distributed within 3 months of the collection period ending.

ACT – Use this report information

Community Pharmacies – Consider how the pharmacy can implement the waste interventions listed above to target the types of medicines most commonly returned by patients.

ABMU HB Locality Teams – to review collated waste data in conjunction with prescribing data and provide appropriate feedback and suggested improvements to patients, GPs, Community Pharmacies and other identified Health Care

Guidance notes

1. The definition of an item for this audit is as follows:-
    a. Empty the returned waste out
    b. Sort it as follows
        i. Drug, form, strength etc *then*
        ii. Pack size

If a patient returns 6 boxes of 28 Ramipril 5mg caps this is considered as one item

If a patient returns 3 boxes of 100 paracetamol 500mg tablets and 3 boxes of 32 paracetamol 500mg tablets this is considered as two items.

Date of dispensing is not taken into consideration when establishing the items for logging.

2. Search tips
    a. Always search as generic,
    b. Inhalers are listed as dose inhalers
    c. You can also type in the full generic name of the medicine followed by a space then the dosage form in full and then a space and the strength in numbers
    d. Or search just by the generic name of the drug

Local Contacts

Locality	Contact and address
Bridgend	Alison Herbert Davies Alison.Herbert-davies @wales.nhs.uk 01656 642771 Bridgend Locality Office

	Sunnyside offices 2nd floor, Bridgend Cf31 4AR
Neath Port Talbot	Sam Page sam.page@wales.nhs.uk 01639 684506 Neath Port Talbot Locality Office Block A, Neath Port Talbot Hospital Neath, SA12 7BX
Swansea	Sarah Harries sarah.harries3@wales.nhs.uk 01792 601879 Swansea Locality Office 12th floor, Oldway centre, 36 Orchard street, Swansea, SA1 5AW

Appendix 1

Reducing Medicines Waste Audit 2014-16

Paper Collection Sheet

Week 1: March 2015

This sheet is available for you, if required, to manually record waste returns before entering onto the NECAF system, for ease for data collection.

Please note these results must ultimately be logged via NECAF.

	Date	Drug	Quantity	Source	Packs	Notes
1						
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Appendix 2

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Reducing Medicines Waste Audit 2014-16

Paper Collection Sheet

Week 2: October 2015

This sheet is available for you, if required, to manually record waste returns before entering onto the NECAF system, for ease for data collection.

Please note these results must ultimately be logged via NECAF.

	Date	Drug	Quantity	Source	Packs	Notes
1						
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Tel: (01792) 703862

Dyddiad/Date: 21st March 2013

WHTN: 01789 3862

Judith.vincent@wales.nhs.uk

Management Centre

Morriston Hospital

Heol Eglwys

Morriston

Swansea

SA6 6NL

Dear Colleague,

Re: Managed Repeat Schemes

You may recall that I wrote to you in October 2011 regarding the provision of Managed Repeat Schemes from pharmacies within the ABMU Health Board area and related concerns that had been raised by patients, pharmacists and GPs.

Unfortunately these matters are still being brought to my attention and have the potential to affect patient safety and increase waste, ultimately putting undue pressure on current public money spend. Examples include:

- Continued ordering and delivery of medicines to patients who are in hospital with pharmacies posting medication through letterboxes.
- Patients indicating that they continue to receive 'prn' medicines even though they have informed the pharmacy that such items are not required.

As you are aware The General Pharmaceutical Council (GPhC) has set standards in relation to conduct, ethics and performance which must be met by registered pharmacy premises and pharmacy professionals. The pharmacy owner or superintendent must be satisfied that services are managed and delivered safely and effectively to patients. I would like to highlight several of the standards which I believe are relevant to Managed Repeat Schemes:

1.1 Make sure the services you provide are safe and of acceptable quality

1.2 Take action to protect the well-being of patients and the public

1.4 Get all the information you required to assess a person's needs in order to give the appropriate treatment and care

1.6 Do your best to provide medicines and other professional services safely and when patients need them

1.8 Keep full and accurate records of the professional services you provide in a clear and legible form

4.2 Work in partnership with patients and the public, their carers and other professionals to manage their treatment and care. Listen to patients and the public and respect their choices

4.3 Explain the options available to patients and the public, including the risks and benefits, to help them make informed decisions. Make sure the information you give is impartial, relevant and up to date

4.4 Respect a person's right to refuse to receive a professional service

It would be up to the professional judgement of the pharmacist as to how they ascertain which medicines the patient needs and how often these are ordered from the surgery. Therefore a robust system with clear audit trails should be in place and professional judgement should not be affected by personal or organisational interests, incentives, targets or similar measures.

The standards are available here:

http://www.pharmacyregulation.org/sites/default/files/Standards%20of%20conduct

%20ethics%20and%20performance%20July%202012.pdf

In addition The GPhC has issued guidance in respect to patient consent which would also be relevant to such schemes. This states:

1.3.5 Getting consent is an ongoing process between you and the patient. Consent cannot be presumed just because it was given on a previous occasion. You must get a patient's consent on each occasion that it is needed, for example when there is a change in treatment or service options.

The owner and superintendent pharmacist should be able to demonstrate how their schemes meet these standards and guidance and be able to evidence how they have identified and mitigated any risks.

The guidance can be found here:
http://www.pharmacyregulation.org/sites/default/files/GPHC%20Guidance%20on% 20consent.pdf

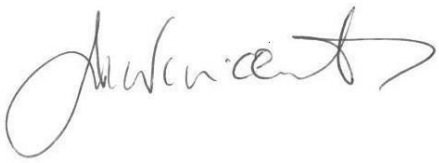
The position of ABMU Health Board remains as it was in 2011 i.e. where a GP practice no longer wishes to participate in the managed repeat schemes because, for example, they have seen evidence of over-ordering, they will receive the full support of the Health Board. The Health Board will also work with practices, as appropriate over the coming year to support them in ensuring their repeat prescribing systems are robust.

If a practice wishes to withdraw from an existing scheme, appropriate notice must be given to the patients and the pharmacy to enable alternative ordering mechanisms to be implemented; this should be 1 month as a minimum.

However, the Health Board would encourage practices to ensure that vulnerable patients (i.e. those that are looked after by carers in their own home) continue to have their repeats ordered through Community Pharmacies where appropriate. I must re-iterate the requirement to use NHS resources appropriately; it is my expectation that where you continue to manage repeat ordering on behalf of a patient that you will not compromise patient safety or increase waste for the NHS through inappropriate supply of medication.

Should you wish to discuss the content of this letter then please feel free to contact me on 01792 703862.

Yours sincerely,



Judith Vincent

Clinical Director for Integrated Pharmacy and Medicines Management

Cc Helen Boniface, GPhC Inspector

GP Practices ABMU Health Board

GUIDELINES TO SUPPORT THE HEALTH BOARD POLICY FOR THE MANAGEMENT OF CONTROLLED DRUGS IN ACUTE SETTINGS

This document may be made available in alternative formats and other languages, on request, as is reasonably practicable to do so.

Policy Owner: Medicines Policy Group

Approved by: Medicines Management Group

Issue Date: November 2015

Review Date:

Next Review Due: November 2018

Policy ID:

Contents

1. Purpose
2. Governance
3. Responsibilities
4. Ordering, collection and receipt of controlled drugs
5. Controlled Drugs stock list
6. Collection of Controlled Drugs from pharmacy
7. Collection from pharmacy by a member of ward/clinic staff
8. Collection and delivery by pharmacy porter

9. Receiving Controlled Drugs onto the ward / department

10. Collecting dispensed prescriptions for Controlled Drugs

11. Storage of controlled drugs

12. Checking of controlled drug stock balances

13. Patients' own drugs (POD's) that are Controlled Drugs.

14. Return of Controlled Drugs from Wards/Departments

15. Prescribing of Controlled Drugs

16. Administration of Controlled Drugs

17. Associated documents

Guidelines to support the Health Board Policy for the management of Controlled Drugs in Acute Settings.

Controlled Drugs

1. Purpose

To provide a governance framework for controlled drugs (CDs) medicines management in the Health Board.

Where the term 'controlled drug' (CD) is used in this document this refers to Schedule 2 and 3 CDs (unless specified otherwise).

2. Governance

An 'accountable officer' is required to oversee all CD governance issues in the Health Board. **This is the chief pharmacist**. If you have concerns or queries with the management of controlled drugs not covered within the scope of the policy you may initially contact the Pharmacy Manager for advice:-

Singleton – 01792 205666, Ext 36069

Morriston – 01792 703118

Princess of Wales – 01656 752752, Ext 52828

Neath Port Talbot – 01639 862025

Cefn Coed – 01792 561155, Ext 36584

If you wish to contact the accountable officer for ABM directly, the Chief Pharmacist can be contacted on 01792 704068.

The controlled drugs policy and procedures describe who can prescribe CDs and any constraints in place. This reflects Department of Health (DH) guidance.

The controlled drugs policy and procedure describes the processes to be followed when administering controlled drugs to patients within the Health Board. Administration of CDs to patients on the wards, theatres, or in a clinical area must be recorded in that area's controlled drugs register (CD register) and on the drug chart.

A separate pharmacy standard operating procedure (SOP) describes the dispensing process and standards for management of CDs by the pharmacy department.

3. Responsibilities

The responsibilities of staff with regard to controlled drugs are defined within the controlled drugs policy.

4. Ordering, collection and receipt of controlled drugs

Controlled stationary is used to order and register CDs in the Health Board. This is available from the pharmacy department. All schedule 2 and 3 CDs must be ordered in a CD order book.

The responsibility for ordering, receipt and storage of CDs is that of the most senior/qualified nurse/midwife/operating department practitioner (ODP) in charge of the ward/clinical area. The senior nurse/midwife/ODP in charge may delegate the task of ordering to another nurse/midwife/ODP but the legal responsibility still lies with the senior nurse/midwife/ODP in charge of the clinical area.

5. Controlled Drugs stock list

All clinical areas are required to maintain an agreed controlled drug stock list. This stock list with be discussed with the ward pharmacist.

Certain controlled drugs carry additional formulary or patient safety restrictions (e.g based on National Patient Safety Agency alerts and local restrictions). Controlled drug stock lists will reflect this. Controlled drugs with additional restrictions include:

- Midazolam high strength ampoules
- Morphine and Diamorphine high strength ampoules (30mg strength or greater)

6. Collection of Controlled Drugs from pharmacy

For schedule 2 and 3 stock CDs' and discharge prescriptions the controlled drug may be either collected from pharmacy by a member of ward/clinic staff, or collected/delivered by a pharmacy porter.

7. Collection from pharmacy by a member of ward/clinic staff

The person collecting the CDs should be a member of ward staff. They must produce a valid identification badge. The person collecting should record in the CD order book when collecting CDs the following for each controlled drug collected:

- Signature
- Printed name
- Date

On arrival at the ward/clinical area the staff member delivering should ask a member of the ward clinical area nursing staff to record the following on the appropriate line (4th line on pink copy "received by") in the CD order book:

- Signature
- Printed name Date

8. Collection and delivery by pharmacy porter

The person collecting should record in the CD order book when collecting CDs the following for each controlled drug collected:

- Signature
- Printed name
- Date

When delivering CDs that are part of the stock order, at ward level the porter must ask a nurse/midwife/ODP for that ward area to receive the CDs. The staff member receiving should record the following on the appropriate line (4th line on pink copy "received by") in the CD order book:

- Signature
- Printed name

- Date

The delivery process is not complete until the above step has been followed. CDs will not be left without a signature and printed name being recorded on the slip for each controlled drug.

When delivering CDs that are part of a discharge prescription a record must be completed by pharmacy staff that includes the name, formulation, quantity of the controlled drug being delivered and for which patient and ward. This record is returned to be kept in pharmacy.

9. Receiving Controlled Drugs onto the ward / department

Stock CDs received within a clinical area must immediately be signed into the ward/clinical area CD register by two qualified members of ward/clinical area staff (nurse/midwife/ODP) and locked in the CD cupboard.

Note: midazolam is exempt from CD storage requirements and may be stored in a locked drugs cupboard along with other medicines.

CDs included as part of discharge medication do not need to be entered into the CD register provided they are not to be used on the ward and that discharge is imminent.

10. Collecting dispensed prescriptions for Controlled Drugs

For patients or their representative collecting any schedule 2 or 3 controlled drugs the pharmacy staff should seek suitable identification details and record the name of the person collecting and the form of ID provided.

11. Storage of controlled drugs

All schedule 2 controlled drugs and ketamine must be stored in the CD cupboard reserved solely for the storage of CDs according to BS 2881:1989. All schedule 3 controlled drugs must be stored in the CD cupboard with the exception of midazolam which may be stored in another locked drugs cupboard.

The lock of the CD cupboard should not be common to any other lock in the hospital. The controlled drug cupboard must be kept locked at all times.

Access must be limited to suitably qualified nurses/midwives/ODPs and pharmacists with the exception of operating theatres/radiology where agreed alternative arrangements are in place.

The key to the CD cupboard must be kept on the person of a registered nurse/midwife/ODP. However, the legal responsibility rests with the nurse or midwife in charge of the ward. No duplicate key should exist for controlled drugs cupboards in any clinical area.

12. Checking of controlled drug stock balances

Two registered practitioners must check CD stock balances at least daily.

A record indicating that this check has been carried out must be kept on a separate page in the back of the CDs register confirming the stock is correct. The entry must be dated and signed by two registered practitioners. Where an area is staffed by only on registrant, refer to the main CD policy for further details.

Pharmacists are responsible for six monthly checks of controlled drugs use, storage and appropriate documentation in the necessary registers.

13. Patients' own drugs (POD's) that are Controlled Drugs.

Patient own CDs **should not** be routinely used during the inpatient stay.

CD medication brought in by a patient are the patient's property. These drugs should not be destroyed or taken away from the patient without the patient's consent.

All controlled drugs, which a patient has brought into hospital, are the legal property of that patient. Where the drugs belongs to a patient who is taking them for reasons other than addiction e.g. analgesia, sedation, it is advisable to return the drugs to the patient's home with a reliable relative/carer. If this is not possible the drugs should be stored in the ward controlled drugs cupboard and an entry made in a designated section of the ward register.

However, they must be returned / destroyed as detailed in this section of the guidelines.

Where possible patients own drugs should be stored on a separate shelf to ward stock controlled drugs. The following details should be recorded:

- Patient's name
- Drug name, form and strength
- Total quantity
- Date brought into hospital

Each separate drug for each patient must be recorded on a separate page of the CD register. Those areas handling large quantities of patients own drug may consider using a separate CD register for the recording of patients own drugs. Routine controlled drugs checks must also be applied to patients own drugs.

When the patient is discharged the controlled drug should be returned to the patient if clinically appropriate. The drug should be signed out of the register by a registered nurse/midwife and witnessed by another suitably registered person. If the drug is not returned to the patient it should be returned to the pharmacy for destruction with the ward pharmacist.

14. Return of Controlled Drugs from Wards/Departments

Ward stocks of controlled drugs for destruction (e.g. Date expired/unable to be returned to pharmacy stock for re-issue – such as opened liquids) may be signed out of the ward controlled drugs register, countersigned by a pharmacist and the registered practitioner in charge of the ward at the time, and entered into another register in the pharmacy department.

NB. Individual doses that are prepared and not administered/fully administered should be destroyed on the ward/department in the presence of a second person (who could be a pharmacist, registered practitioner or doctor). This includes the remains of partly used vials which in the case of small volumes should be disposed of in a sharps bin. An entry of the destruction is to be made in the register with both parties witnessing the destruction.

15. Prescribing of Controlled Drugs

Inpatient

- Controlled Drugs must be prescribed in accordance with the Health Board policy for the prescribing of medicines as described in the Medicines Policy – (Policy on Prescribing, Supply, Ordering, Storage, Security, Administration and Disposal of Medicines).
- Controlled drugs for inpatients can be written up and administered from the inpatient medication chart without the need for full prescription requirements expected for an outpatient/discharge prescription. **Outpatient**
- Outpatient Prescriptions for Controlled Drugs are valid for 28 days from either the date of prescribing or a “valid from” date specified by the prescriber on the prescription.
- Outpatient Prescriptions must contain all the required information in accordance with the Misuse of Drugs Regulations (as specified in the current BNF). Prescriptions with minor technical errors may be amended and recorded by the pharmacist (e.g. if one of the requirements for words and figures has not been included).

- Prescriptions must be on official Health Board prescription stationery and in indelible ink – carbon copies/faxes for out-patient or discharge medication for schedule 2 and 3 controlled drugs are not acceptable for dispensing.

16. Administration of Controlled Drugs

- Only persons deemed competent may administer controlled drugs to patients-
- There must be two members of staff involved in the administration of a controlled drug, one of whom must be a registered nurse (RN), midwife, doctor or ODP.
- The second person i.e. the checker can be a RN, ODP, doctor, pharmacist or radiographer, senior 1.
- Where a ward, department or clinical area is staffed by one registered practitioner it is permissible for a HCSW and Radiographers' senior 1 to check controlled drugs with the registered practitioner. This must be only in **exceptional circumstances** and agreed **before hand** with the relevant senior nurse and relevant professional lead. There must be a supporting statement signed by the senior nurse, professional lead and senior pharmacist for the managed unit.
- HCSW and radiographers' senior 1 are providing a second check to confirm that, with reference to the inpatient medication chart the following details are correct:

  Drug name, dose, expiry date and batch number
  Patient's demographic details.

  However ultimate responsibility for the administration remains with the registered practitioner.

  This process is only acceptable when there has been prior authorisation from the directorate head of nursing and is supported by a locally agreed policy. Student Nurses are not permitted to administer controlled drugs as their role must remain observational only.

- **Controlled Drugs must not be administered if the prescription is unclear, illegible or ambiguous or there is any other reason for doubt (e.g. patient condition / response to previous doses).**

- It is important that controlled drugs are administered at the specified time and if not the reason must be documented. The reason for any doses drawn up but not then given should be documented in the controlled drug register.
- The stock balance in the CD record book must be checked against the quantity in the CD cupboard. These must be identical. Discrepancies must be reported to the line manager, investigated immediately and other parties contacted when necessary/if not resolved. A similar line management approach should be used should the CD cupboard keys go missing. Incident forms must be completed where appropriate.
- The CD must be prepared by a Registered Nurse/Midwife, ODP or doctor and checked by a second person deemed competent (as above) before administration.
- The person administering the drug must complete the entry in the CD record book and sign it **after** the drug has been administered.
- The second person must sign the CD book to confirm that the administration and appropriate disposal of excess / waste has been correctly carried out and recorded.
- The administration record on the prescription sheet must be signed at the same time.
- Each different drug and preparation (i.e. form, strength etc) must have a separate page in the CD record book. Therefore if a dose requires the use of 2 strengths of a preparation both pages of the controlled drug register must be completed. All entries must be made in ink.
- Controlled drugs ordered for ward stock can only be administered to patients on that ward and cannot be transferred to patients on another ward except in an emergency and when authorised by the duty manager in consultation with the oncall pharmacist.

17. Associated documents

The following policies may also be referred to in support of this guidance document:

1. Policy on Prescribing, Supply, Ordering, Storage, Security, Administration and Disposal of Medicines. ABMU Health Board
2. Controlled Drugs Policy. ABMU Health Board
3. Intravenous Medicines Policy. ABMU Health Board.
4. Non Medical Prescribing Policy. ABMU health Board

COIN clinical online information network

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Abertawe Bro-Morgannwg University Local Health Board

Authorisation form for items to be published onto COIN

Title of Guideline	Guidelines to Support the Health Board Policy for the Management of Controlled Drugs in Acute Settings
Name & Signature of Author / Chair of Group or Committee *	Medicines Policy Group
Coin ID:	
Library on which you wish the guideline to be launched	Pharmacy / Medicines Policies / Controlled Drug Policies
Document: Is the Document New, Modified, Reviewed, Supersedes another Document. List Version	New
Effective Practice Approval Committee (EPAC) All Policy Documents or if • The document relates to primary care or both primary, secondary care and specialist care • Multiple directorates/ teams within secondary care are highlighted in the document • The document relates to a new service or a new way of working There are cost or safety implications associated with adopting the document	
Equality Statement on all Policies:*	
Published	November 2015
Keywords to assist with searching *	CD; CDs; Controlled Drugs;
Last Review:	N/A
Next Review / Guideline Expiry:	November 2018
Name of Group or Committee *	Medicines Management Board
Name & Signature of Lead Pharmacist*	Roger Williams Head of Pharmacy Acute Services

* Mandatory. All policies need to comply with the Guideline Policy located on the Home Page of COIN. This should include Title of Document, guideline author, review date. All documents must have a footer giving title and date of the current copy to ensure the most recent copy is used.

CHANGING FOR THE BETTER
NEWID ER GWELL

ACTION AFTER ANDREWS
GWEITHREDU AR ÔL ANDREWS

Guidelines to support the Health Board's medicines policy for the administration of medicines in the acute setting.

1. Purpose of the supporting guidelines

- Practitioners authorised to administer medicinal products are accountable for their actions and omissions. In administering any medication, they must exercise their professional judgement and apply their knowledge and skill in a given situation.

- The purpose of this document is to inform all practitioners of their responsibilities in the safe and effective administration of medicines to a correctly identified patient.

- It specifically relates to the administration of medicines prescribed on Inpatient Medicines Administration Records (IMARs) [also known as the *All Wales Drug Chart*] and supplementary charts.

- The aim of this document is to provide clarity on the main issues concerning the safe administration of medicines. Further detailed information is contained within the ABMU main medicines policy i.e. the Policy on Prescribing, Supply, Ordering, Storage, Security, Administration and Disposal of Medicines.

2. Who does it apply to?

- This guideline applies to all practitioners who are authorised to administer medicinal products, these being: ○ Registered nurses ○ Midwives ○ Non-medical prescribers ○ Medical or dental officers
  - ○ Registered Operating Department Practitioners (RODPs)

- This guideline does not apply to administration under Patient Group Directions, for which there is a separate ABMU Health Board policy.

3. Procedure prior to administration of medicines

3.i Be certain of the identity of the patient

- Check the name of the patient against the patient's IMAR.
- Check the hospital number and date of birth against the wristband and a verbal check of name and address.
  - If verbal confirmation of identity is not possible then try to get a second practitioner to confirm the identity of the patient.
  - Where there are difficulties in clarifying a patient's identity, an up-to-date photograph should be attached to the prescription chart(s).

Then, for **each medication** prescribed on the IMAR:

3.ii Check that the patient is not allergic to the prescribed medicine.

- If there is reason to suspect that a patient may be allergic to a prescribed medicine, then the matter should be referred to a member of medical staff to confirm whether the dose should be given or an alternative prescribed.
- Cross-reference to the allergy status on the front of the IMAR.

3.iii Read the prescription for the medication carefully.

- If there is any doubt about any aspect of the written prescription e.g. ○ Name of the drug ○ Dosage ○ Route
  ○ Time or frequency of administration ○ Legibility of the prescription ○ Not signed by an authorised prescriber

  the prescriber or designated out of hours medical officer must be contacted to clarify the prescription.

- Be aware of the therapeutic use of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.
- Be certain that the prescribed dose has not already been administered.
- Check that any stop date or review date for the medicine has not been passed e.g. antibiotics, potassium supplements. If they have been passed, refer to a member of the medical staff to establish the action to be taken.
- Take note of any special instructions relating to the medicine to be administered e.g. need to be taken with or after food, taken while standing upright.
- There are occasions when a patient's medication is delayed for clinical reasons e.g. for oral medication that must be taken with or after food.
  ○ The nurse must note that he/she needs to return to the patient to administer the dose later, with due regard to the administration time stated on the IMAR.

3.iv Select the medicine required

- Check the selection of the medicine.
  ○ Use caution with medicines which have similar packaging and similar names.
- Check the expiry date of the medicine to be administered.

*Repeat processes **3.ii** to **3.iv** for all medications on each section of the IMAR (i.e. Regular Medicines, As Required Medicines, Intravenous and Subcutaneous Infusions and the Prescription for once only medications)* and any supplementary charts.

4. Procedure for the administration of medicines

4.i Administer the medicine to the correct patient.

4.ii Witness the patient taking their medicines.

- **Do not leave** medicines at the side of the bed to be taken unsupervised sometime later.

4.iii Sign for medicine administration on the patient's IMAR only after witnessing the medicine being taken.

- When supervising a student nurse or student midwife in the administration of medicines the Designated Practitioner must clearly countersign the signature of the student.
- A second person check will be required for the administration of:
    - Controlled Drugs (schedule 2 and 3) medicinal products to children 16 years of age and under.
    - All drugs via the parenteral route.
- The second person may be a registered nurse, pharmacist, RODP, radiographer Senior 1, medical or dental officer.

4.iv Report any adverse effects, or if any contra-indications are discovered.

- The prescriber or another authorised prescriber must be contacted without delay where contra-indications to the prescribed medicine are

discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable and a record made in the patient's notes.

- If deemed appropriate, an adverse drug reaction of side–effect should be reported via the Yellow Card Scheme.

4.v Delegation of administration

- Unless there is a written protocol which has been officially agreed and implemented in accordance with the Medicines Policy to authorise others to administer medicinal products to patients in specified circumstances, medicinal products must only be administered by registered nurses, midwives, non-medical prescriber's, RODPs, or dental officers.

- In delegating the administration of medicines to unregistered practitioners, it is the registered practitioner who **must** apply the principles of administration
  of medicinal products.

  - They may then delegate to an unregistered practitioner to assist the patient in the ingestion or application of a medicinal product.

  - It is the responsibility of the registered practitioner to ensure that a record is made when delegating the task of administering medicine.

5. Procedure for the non-administration of medicines

5.i If a patient refuses to take a medicine, or the medicine is not administered, the appropriate record must be made on the Patient's IMAR.

▪ The non-administration of medicine code numbers used on the allWales IMAR are:

X. Prescriber's request *(completed by prescriber only)*

2. Patient not on ward
3. Patient unable to receive medicines/or no access
4. Patient refused medicine
5. Medicine unavailable
6. See Notes

5.ii Along with documenting the chart with the appropriate non-administration number, the following actions should be undertaken according to the code endorsed.

➢ ***Code 2:*** *Patient not on ward*

- When a patient returns to the ward (or on the next medicine round), it should be determined whether it is appropriate to administer the missed dose.

- This must be discussed with the prescriber and further advice should be sort from the pharmacist if required.

  - If deemed appropriate to administer the delayed dose, the time of administration should be documented on the chart, along with the signature of Designated Practitioner giving the medication.

  - If deemed appropriate to omit the dose, this should be documented in the notes.

- Consideration must be given to those medicines where failure to administer in a defined time period would have adverse effects on patient care. Examples include, Anti-Parkinsonian medication, anti epileptics and IV antibiotics. In this situation arrangements must be in place to ensure the continued administration of the medication at the times specified on the IMAR.

➢ ***Code 3:*** *Patient unable to receive medicines/or no access*

- The reason(s) why the patient is unable to the receive medicine(s) should be documented in the notes.

- The prescriber must be notified, as there may be alternative methods of drug administration to overcome the issue. Further advice may be obtained from the pharmacist if required.

➢ ***Code 4:*** *Patient refused medicine*

- The wishes of patients who are able to consent to receive medication but refuse to do so must be respected, even if this could have an adverse effect upon their condition.

- The refusal of a patient to take their medication must be discussed with the prescriber and the action taken recorded in the patient's notes in addition to the IMAR.

- When a patient has refused to take their medicine, whether they understand their actions or not, the medicine must not be disguised in food and drink.

- Where refusal is related or suspected to be related to capacity issues health practitioners must bring this to the attention of

the senior medical and nursing staff. Refer to the guide in **Appendix 1**.

- ***Code 5:*** *Medicine unavailable*

 If Code 5 is entered, then the action taken to obtain the medicine and prevent further missed doses must be documented.

  - The Flowchart in ***Appendix 2*** offer guidance for obtaining medication during and outside pharmacy opening hours.

  - All ABMU hospitals have an Emergency Drug Cupboard (EC) that may be accessed to obtain non-stock drugs outside of normal pharmacy opening hours.

    - Follow this link to access the lists of drugs held at each EC of hospitals in ABMU.

    - The process of accessing the EC in the ABMU hospitals is outlined in ***Appendix 3***.

- ***Code 6:*** *See notes*

 If the reason for non-administration does not fall into any of the above categories, the chart should be endorsed with a code 6, and the reason for non-administration recorded in the patient's notes.

- For example, this code may be used where the registered practitioner decides to withhold a medicinal product in the context of the patient's condition (e.g. digoxin not usually to be given if pulse below 60) and co-existing therapies e.g. physiotherapy.

5.iv Recording of self-administration of rescue medications

- Certain medicines that are used for the acute relief of symptoms (e.g. GTN spray or tablets, reliever inhalers) and also nicotine replacement therapy prescribed on the inpatient medication chart are left in the possession of the patient to use, as required, when this is appropriate as detailed in the main ABMU Health Board Medicines Policy.
- The use of these medications are exempt from the definition of a *"never event"* (see point 6) if they are marked as having been taken on the drug chart without it having been witnessed, providing the following apply:
  - There has been completion of an assessment of patient competency recorded in the nursing notes.
  - The drug is marked "(self medication)" alongside the prescription entry in the drug chart.
  - A record of the patients self administration is made on the inpatient medication chart, so that the frequency of use is recorded.

6. *"Never events"* with regard to medicines administration

- In relation to the *"Trusted to Care"* report, nurses should never:

  - Sign the IMAR to indicate that a drug has been taken without witnessing its administration, unless:

    - a patient is self-administering medicines in line with the ABMU Self Administration of Medicines Policy, or

- the nurse is recording the self-administration of rescue medications (see 5.iv).

- Leave medicine pots containing medication unattended at the patient bedside.

7. Oral nutrition supplements and enteral feeds

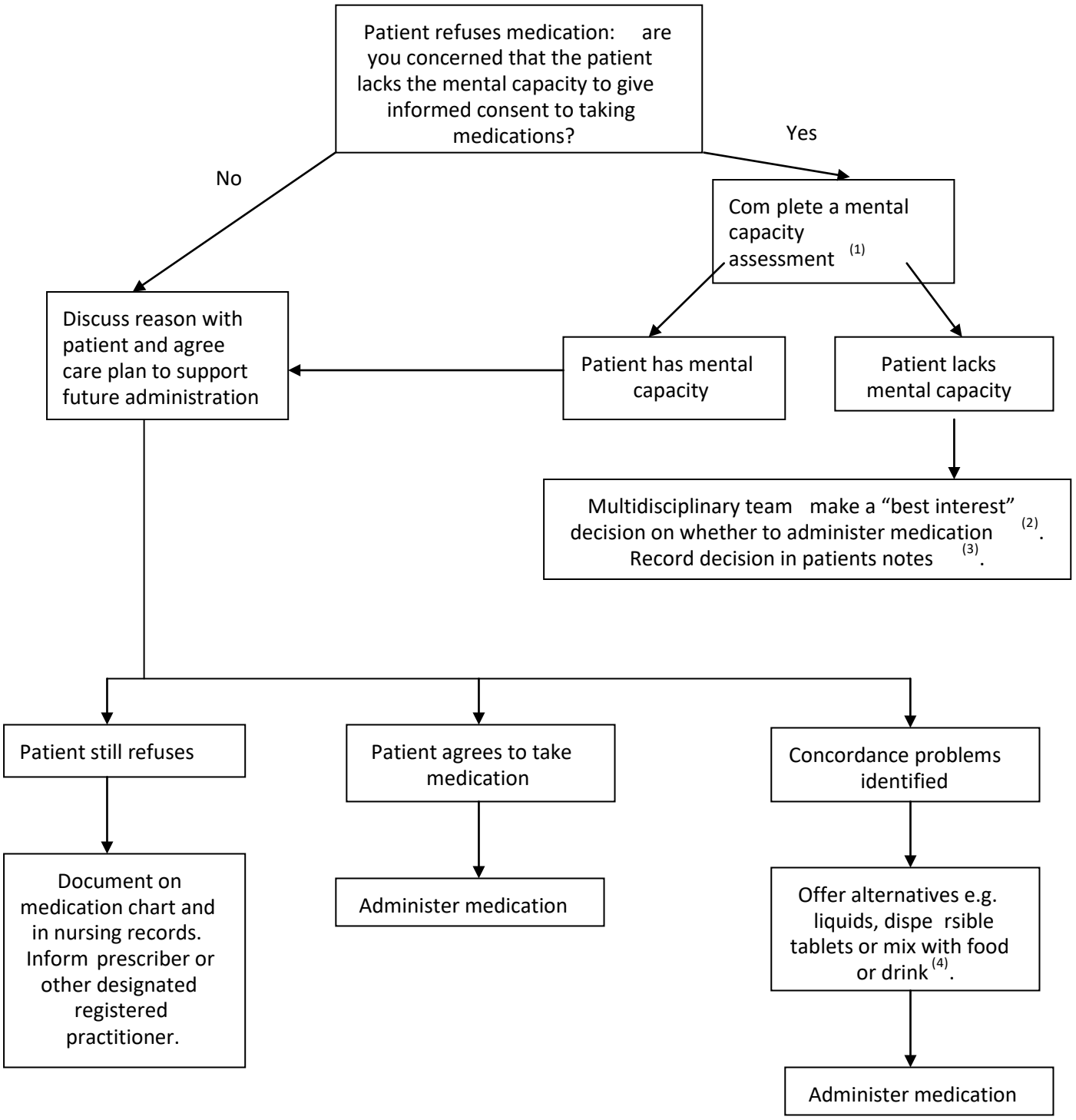
These products are not administered as other medication but can be taken in different volumes and over varying time periods.

- Oral Nutritional Supplements
  The nurse signs to indicate that the supplement has been delivered to the patient bedside and the patient understands how to take the supplement. The nurse must then record the volume taken on the All Wales Food Record Chart.

- Enteral Feeds
  The nurse signs to indicate that the enteral feed has been set up and commenced. The nurse must then record the volume administered on the patients Fluid Record Chart.

Appendix 1

Process for Patient's Refusing Medication


Patient refuses medication: are you concerned that the patient lacks the mental capacity to give informed consent to taking medications?
Yes
No
Com plete a mental capacity assessment (1)
Discuss reason with patient and agree care plan to support future administration
Patient has mental capacity
Patient lacks mental capacity
Multidisciplinary team make a "best interest" decision on whether to administer medication (2). Record decision in patients notes (3).
Patient still refuses
Patient agrees to take medication
Concordance problems identified
Document on medication chart and in nursing records. Inform prescriber or other designated registered practitioner.
Administer medication
Offer alternatives e.g. liquids, dispe rsible tablets or mix with food or drink (4).
Administer medication

1)2)3) Standards for Medicines Management and RCN Standards for Medicines ManagementWhere it is necessary to undertake an assessment of a person's capacity please refer to the Guidelines on the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice 2005. A "best interest" decision must involve clinicians, nurses, family or carer and other healthcare professionals where relevant e.g. pharmacy, dietetics, speech therapists.

ABM Brief

If decision is to administer medication covertly, refer to Health Boards' Medicines Policy, The NMC

4) Consult pharmacy on type of food or drink appropriate for delivery of treatment. Specific instructions must be written in the "special instructions" box of the medication chart by the prescriber.

Appendix 2

Flowcharts for:

What to do if you can't find a medicine on a ward?

- During pharmacy opening hours
- Outside pharmacy opening hours

Appendix 3

How to access Emergency Drug Cupboards

Cefn Coed

- Cefn Coed Hospital Emergency Cupboard is located on Ward F.
- The nurse must contact the shift co-ordinator and arrange to meet them on ward F.
- The nurse should take the drug chart to ward F, and the nurse and shift co-ordinator will access the cupboard together.

Morriston

- Contact the relevant bleep holder for the speciality area who holds the key to the emergency cupboard.
- The out of hours omnicell cabinet is located at the entrance to AMAU.

Neath Port Talbot

- Contact the Out of Hours Nurse Practitioner
- The emergency cupboard is located in the pharmacy patient waiting area.

Princess of Wales

- Contact the out-of-hours nurse practitioner.
- The out of hours omnicell cabinet is located inside the pharmacy outpatient waiting area.
- Keys to the Pharmacy Outpatient waiting area and Emergency Cupboard are held in switchboard. The keys need to be signed for.

Singleton

- Nursing staff should contact the Bed Manager who will access the out of hours omnicell cabinet.

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Abertawe Bro Morgannwg
University Health Board

What to do if you can't find a medicine on a ward?

(During pharmacy opening hours)

If possible, ask someone else to look

Still can't find

Has patient just arrived from another ward?

Yes

Contact previous ward

Medicine(s) there?

Yes

Ask ward to send

No

No

Is the medicine a Fridge item?

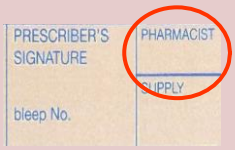
Yes

Check ward fridge

Not there

No

Has the PHARMACIST box for the drug been signed?

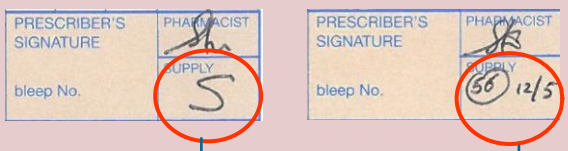


No

Contact pharmacy team

Yes

Has the SUPPLY box for the drug been completed?



No

Contact pharmacy team

Yes Stock

Yes Supplied

Look in stock cupboard

Check for any recent Pharmacy porter deliveries

Still can't find drug

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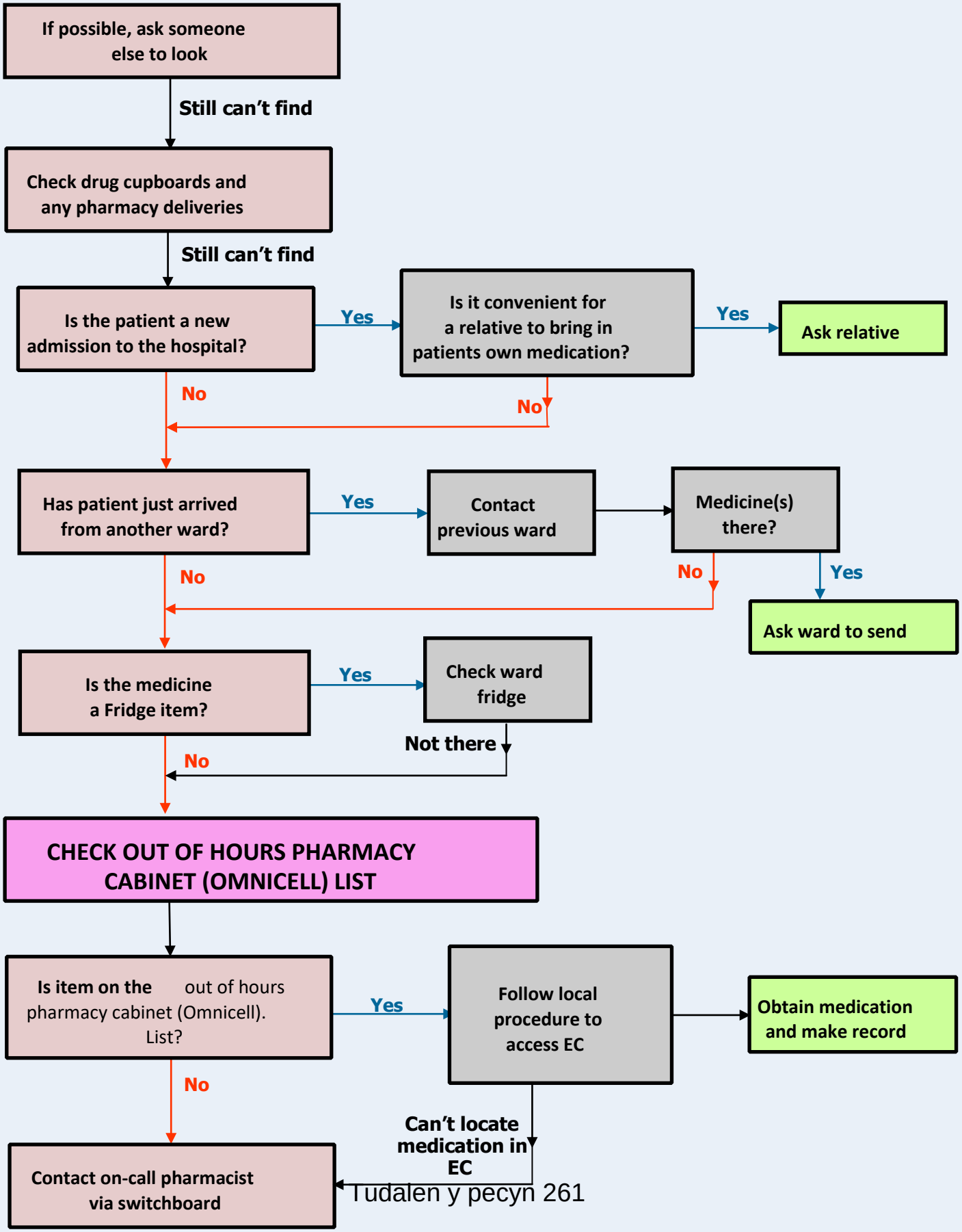
University Health Board

What to do if you can't find a medicine on a ward?

(Outside pharmacy opening hours)



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Authorisation form for items to be published onto COIN

Title of Guideline	Guidelines to Support the Health Boards Medicine Policy for the administration of medicines in the acute setting
Name & Signature of Author / Chair of Group or Committee *	
Coin ID:	CID1298
Library on which you wish the guideline to be launched	Pharmacy / Medicines Policies
Document: Is the Document New, Modified, Reviewed, Supersedes another Document. List Version	Modified
Effective Practice Approval Committee (EPAC) All Policy Documents or if • The document relates to primary care or both primary, secondary care and specialist care • Multiple directorates/ teams within secondary care are highlighted in the document • The document relates to a new service or a new way of working There are cost or safety implications associated with adopting the document	
Equality Statement on all Policies:*	

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Next Review / Guideline Expiry:	30/11/2017
Name of Group or Committee *	Medicines Policy Group
Name & Signature of Lead Pharmacist*	Roger Williams Head of Pharmacy Acute Services

* Mandatory. All policies need to comply with the Guideline Policy located on the Home Page of COIN. This should include Title of Document, guideline author, review date. All documents must have a footer giving title and date of the current copy to ensure the most recent copy is used.