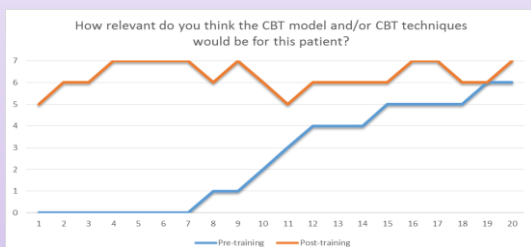


## Medicines Optimisation Clinical Network News

In September, all ten existing clinical networks were required to re-bid for funding to continue working for the AHSN into 2018. We are delighted to inform you that Medicines Optimisation was one of the successful Clinical Networks that will be continuing on beyond March, 2016. Here is a snap shot of the work we have been undertaking since our last newsletter in May;

**Cognitive Behavioural Therapy (CBT) for Consultations:** The aim of this project is to improve medication adherence and patient outcomes whilst reducing waste and increasing value for money of NHS service provision. To this end, we completed a feasibility study with 20 Pharmacists to enhance their consultation skills through a training programme delivered over two days, three weeks apart in CBT-based techniques. The work is also forming an M.Sc. qualification at the Oxford Cognitive Therapy Centre, University of Oxford.



*"Skills that will not only benefit our patients but will enrich and empower us in life – amazing. Thanks!"*

To view the CBT web page and to access the full report, please click here: <http://tinyurl.com/ow4cf2w>

**We are looking to roll-out the training to an additional 150 trainees. If you are a front-facing member of pharmacy staff and would like to register your interest for the next cohort of FREE CBT SKILLS TRAINING, please contact Lindsey direct on [Lindsey.Roberts@ouh.nhs.uk](mailto:Lindsey.Roberts@ouh.nhs.uk)**

**The Open-Up Campaign:** The communications plan, originally developed and rolled-out throughout Southampton CCG, is now available for adoption throughout the Oxford AHSN geography. The campaign aims to empower patients when discussing their care needs with healthcare professionals, improve outcomes and reduce medicines waste. The campaign is currently being adapted in collaboration with a number of CCG's throughout our region and we aim to evaluate its' success prior to autumn, 2016.



Open up about medicines



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**Medicines Reconciliation:** Previous research has documented that there are few recent data on epidemiology of adverse drug reactions (ADRs) [1], yet preventing avoidable harm from medications remains a top priority [2]. This project aims to capture hospital ADR figures, highlight and reduce variation through the feedback of information to clinical teams and increase medicines reconciliation rates to reduce harm. A service to monitor reconciliation rates was successfully implemented in March, 2015 with 6/7 Trusts currently completing the database on a monthly basis. Data collection will be completed by March, 2016 and the service evaluated as soon as possible thereafter.

For more information about medicines reconciliation, please contact [david.tutcher@optropharm.com](mailto:david.tutcher@optropharm.com)

1. Wiffen P, Gill M, Edwards J, Moore A. Adverse drug reactions in hospital patients. A systematic review of the prospective and retrospective studies. *Bandolier Extra* 2002; June: 1-16.
2. Resar R, Midelfort L. Medication Reconciliation Review. Institute for Healthcare Improvement, 2004.

Further Information:

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[www.oxfordahsn.org](http://www.oxfordahsn.org)

**Safer Use of Subcutaneous Insulin:** Harm to patients associated with errors in subcutaneous insulin use has been recognised as a significant and increasing problem. We have been working with the Patient Safety Collaboration ([www.patientsafetyoxford.org](http://www.patientsafetyoxford.org)) to investigate areas for improvement and models of best practice to scope the project remit and deliver a percentage harm reduction in the region over a finite time period. View our first poster publication presented at the Patient Safety Federation here: <http://tinyurl.com/pd5fuan>



**Falsified Medicines Directorate (FMD):** The first European-wide project aimed at equipping a hospital with a system to detect counterfeit/falsified medicines in preparation for the 2018 FMD deadline. Linking each pack of medicines to the patient improves medicines safety. The work is forming a Ph.D. qualification and to-date, Aegate software has been successfully integrated with Trust pharmacy software with critical tests completed to highlight important obstacles to pharmacy practice. In addition, recent work has been published in *The Journal of Generic Medicines*, *European journal of Hospital Pharmacy* and formed a book chapter in *EU Fundamentals of Regulatory Affairs* by the Regulatory Affairs Professionals Society. For more information, please contact [bernardnaughton@nhs.net](mailto:bernardnaughton@nhs.net).

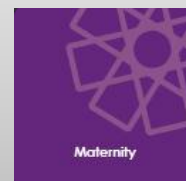


**Transfer of Care:** We are working to provide additional medication support to patients in the community through uptake of the Medication Use Review (MUR) service. **Following successful launch this year, hospital pharmacists can now refer patients for an MUR with a community pharmacist when they leave hospital through the PharmOutcomes secure site.** Through this enhanced 'Transfer of Care' service between care settings, we hope to improve adherence to medication, patient outcomes and reduce medicines waste and hospital re-admission rates.

If you are a **hospital or community pharmacist** and would like to refresh your memory on the service and support enhanced transfers of care...Please visit: <http://tinyurl.com/og25ecg>  
For all other queries and/ or team training needs, please get in touch with Lindsey!

**Safer Use of Intravenous (IV) Magnesium Sulfate in Maternity:** This work seeks to implement a standard approach to prescribing, preparing and administering IV magnesium sulfate to treat/prevent seizures in patients suffering from eclampsia. Through supporting the Maternity Clinical Network, progress so far includes the following;

- Stoke Mandeville, Royal Berkshire and Great Western Hospitals have agreed the guideline and ordered the 20ml 20% vials.
- Milton Keynes Hospital have implemented the guideline and the vials are now available on the wards.



For more information, please contact [Katherine.Edwards@obs-gyn.ox.ac.uk](mailto:Katherine.Edwards@obs-gyn.ox.ac.uk)

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