

**Portsmouth Hospitals NHS Trust  
Pharmacy Service**

**UPDATE ON MEDICINES MANAGEMENT ISSUES  
MEDICINE FOR OLDER PEOPLE, GOSPORT WAR MEMORIAL  
HOSPITAL JANUARY 2009**

**Introduction**

The CHI Action plan of 2002 for Gosport War Memorial Hospital (GWMH) contained 22 recommendations, of which four involved Medicines Management. In 2007, subsequent to the completion of actions following the CHI report, managerial responsibility for the Division of Medicine for Older Peoples' Services (DMOPs)+ has transferred to Portsmouth Hospitals NHS Trust. Prior to this change the pharmaceutical supply and support service was provided by Portsmouth Hospitals NHS Trust against a service level agreement agreed with Fareham and Gosport PCT. The clinical pharmacy service was provided by a pharmacist employed by Fareham and Gosport PCT, with limited support (staff development and mentoring) from Portsmouth Hospitals NHS Trust.

**Recommendation 3 To review all local prescribing guidelines to ensure appropriateness for current levels of patient dependency on elderly care service wards**

The agreed action was to:

- Establish Medicines Management Group as a sub group of the Area Prescribing Committee, to oversee the review and guideline development process where necessary - Group to be established by November 2002
- Carry out a review and revision of guidelines in 6 key areas - by March 2003
- Establish an ongoing audit programme and process for all prescribing guidelines developed to ensure prescribing practice reflects patient management plans/outcome - March 2003
- Audit prescribing against initial 6 revised guidelines and assess appropriateness in relation to patient dependency levels – by December 2003

**Progress at January 2009**

In May 2003 a Guidelines and Medicines Management Group was established, under the chairmanship of the PCT Medical Director to oversee the development of drug therapy guidelines within the Health Economy. Four guidelines were agreed as top priority:

- Confusion in the elderly:
- Fluid replacement in the elderly
- Sedation in terminal illness
- Pain control in the elderly

Subsequently, a drug therapy guidelines pharmacist 0.5 wte was established, funded by Fareham and Gosport PCT/employed by Portsmouth Hospitals and an active preparation and review process was introduced. This also involved the preparation and review of a Medicines Policy and a Controlled Drugs policy each of which has been subject to annual review and updating. In August 2006 the role of the Guidelines and Medicines Management Committee was split, the Guidelines

Management role being taken over by the Portsmouth Hospitals and East Hampshire Formulary and Medicines Group and the Medicines Management role being taken on by a newly formed Portsmouth and SE Hants Medication Safety Committee.

These committees are active. Currently there are 107 drug therapy guidelines on the local intranet and extranet websites. In 2007-8, 37 drug therapy guidelines were reviewed or approved (2006-7 = 29).

Responsibility for carrying out audits of compliance with Drug Therapy Guidelines at GWMH was the responsibility of the Fareham and Gosport Clinical Pharmacist.

**Recommendation 4 To establish comprehensive pharmacy service support to wards at Gosport War Memorial Hospital**

- Review the current level of pharmacy services provided based on the existing Service Level Agreement, and prepare a business case to enhance provision, which includes an explicit specification for Out of Hours cover – by October 2002
- Integrate additional investment /pharmacy activity into Service Level Agreement - January/February 2003
- Establish central point of reference for Pharmacy Staff working in satellite sites - in place
- Establish Pharmacy involvement in ward rounds undertaken on Dryad, Daedalus and Sultan wards - by March 2003

**Progress at January 2009**

A strategic outline business case for the development of pharmacy services to Fareham and Gosport and East Hampshire PCT wards was prepared in October 2002 linked to revised service level agreements (SLAs) for pharmacy services. This went through three iterations until March 2003. Fareham and Gosport PCT decided not to support this business case and to fund and employ 0.8wte clinical pharmacist for GWMH (in post from October 2003). Fareham and Gosport PCT did agree to fund 0.5wte Guidelines Pharmacist (see recommendation 3 above).

Portsmouth Hospitals continued to provide pharmacy based services against a revised SLA. This included provision of a central point of contact for GWMH wards (formerly St Marys Hospital Portsmouth, currently Royal Hospital Haslar following decanting of Daedalus and Dryad wards to RHH in 2008). The business case to upgrade clinical pharmacy services to DMOPs was resubmitted on several occasions between 2004 and 2006. Although additional funding was agreed this was not transferred to Portsmouth Hospitals. Following transfer of DMOPs to Portsmouth Hospitals an additional £105,462 was transferred in April January 2008 for development of clinical pharmacy and ward based pharmacy technicians services. The SLA was also updated in 2008 as part of this review. Currently DMOPs wards at GWMH are visited twice weekly by a pharmacist and band 6 pharmacy technician. There is little involvement in clinical ward rounds.

**Recommendation 5 To review and monitor prescribing of all medicines on wards caring for older people at Gosport War Memorial Hospital, including diamorphine prescribing on Sultan ward.**

- Carry out a retrospective audit of diamorphine prescribing on Sultan ward to ensure that current guidelines are implemented – by December 2002

- Establish a system for routine monitoring and auditing of narcotic analgesic prescribing on wards, including a baseline audit of all controlled drug prescribing on wards at Gosport War Memorial Hospital - by March 2003
- Carry out monthly analysis of this data and investigate sudden changes – by April 2003
- Ensure dissemination of prescribing data to medical staff to support rigorous routine review - May 2003

The retrospective audit of diamorphine prescribing was carried out by the Fareham and Gosport PCT clinical audit lead followed up in November 2003. A centralised system for monitoring requisitioning/ordering of a range of medicines liable to misuse, across the health economy was also introduced. This monitored the use of narcotic analgesics and longer acting anxiolytic/sedative medications across Portsmouth and South East Hants. Initially this involved retrospective analysis to pick up patterns of use and find outliers. GWMH wards did not appear to be outliers, although use subsequent to 2003 dropped away to virtually nothing. Initial monitoring was undertaken monthly. Thereafter, six monthly and annually as confidence grew that the usage of these products remained at low levels and was falling across the Health economy.

**Recommendation 6 To ensure that all-relevant staff, including GPs, in Fareham & Gosport and East Hampshire and PCTs are trained in prescription, administration, review and recording of medicines for older people.**

- Establish short life group (as a sub-group of the Medicines Management Group) to review and make recommendations for action regarding training and development -group established by November 2002 and plan developed - by March 2003
- Ensure the integration of prescribing training requirements into PCT training delivery programmes – April 2003
- Carry out an audit of the quality and legibility of prescribing notes to facilitate discussions between medical staff/GPs - audit by April 2003

#### **Progress at January 2009**

Training and Development Group established by Fareham and Gosport PCT and training and development plan produced. Audit of quality and legibility of notes was undertaken by Fareham and Gosport PCT and no further action was identified

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