

## Good Practice Case Study

# Derby City Council: Lead the drive to increase standards of Medication Management ▼



**East Midlands**  
Improvement and  
Efficiency Partnership



## Medication Management policy transformation: Safer and more efficient ▼

Derby City Council has helped lead a turnaround in the approach and delivery of medication management across the East Midlands. This has resulted in a changed approach from top management through to care staff, driven by the establishment of the East Midlands Medicines and Social Care Management Group, and a new medicines management policy.

Other initiatives include; over 800 staff who handle and distribute medicines have been trained and a part-time pharmacist has been appointed to provide a support between Community Pharmacists,

the local NHS and people who administer medicines.

The successful implementation of the new Medications Management Policy and subsequent formation of the East Midlands Medicines and Social Care Management Group, has not only improved the standard of care, but has assisted with lowering re-admissions to hospital, plus better prescribing and management of medicines. All of this saves money as well as making non-cashable savings such as time efficiencies, through the streamlining and standardising of policies.

*“This was by no means an easy task; changing the medication management policy and culture has been a truly transformational process which has taken the hard work and dedication of many people. It has greatly assisted with an increased awareness of dispensing medicines, solid working partnerships, an increase in awareness and responsibility from staff, and some great partnership working. Most*

*importantly the East Midlands Medication Management board members do not rest on their laurels, continuously striving to improve the quality of care provided across the East Midlands.”*

Darren Allsobrook  
Corporate Health and Safety Adviser  
Derby City Council

## Identifying the opportunity to improve ▾

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As part of general Safeguarding strategies, it has been identified that medicines are an area in which adults are vulnerable; if staff are not sufficiently trained and informed this can lead to potentially life-threatening errors.

The Care Quality Commission (CQC) requires errors be reported to them if it results in a service user being hospitalised or given medical treatment as a result of an error.

In 2006 the Commission for Social Care Inspectorate (CSCI) published two reports; ‘Handled with Care’ and ‘Time to Care’ which found that national minimum standards were not being met; 200,000 people were still living in homes that failed to meet medication standards alongside evidence of poor record-keeping due to a lack of training.

Identifying this as an opportunity to restructure Derby City Council’s Medications Policy, the Departmental Management Team at Derby City Council tasked the Head of Adult Learning Disability Service to revise Derby’s in-house medicines policy. As medicines have an obvious health and safety implication, the Health and Safety Adviser at the Council worked alongside them.

Understandably, this was by no means a small task as the policy had not been revised for some time and was in need of updating. It was imperative that consideration was given to the impact changes would have on all areas linked to medication including; care providers, health and pharmacy services and GPs. The whole process took approximately two years, significantly longer than the initial timescales outlined but necessary for devising the best strategy possible.

## Inspiring regional change ▾

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The next step was taking the opportunity to change Medication Management policy across the East Midlands. A regional meeting was held with all nine local authorities attending;

- Derbyshire, Nottinghamshire, Leicestershire, Lincolnshire, Rutland and Northamptonshire County Councils
- Nottingham and Leicester City Councils
- Plus representatives from the Commission for Social Care Inspectorate and Care Services Improvement Partnership (CSIP)

Policies and ideas from all attendees were shared and the event was received with much enthusiasm as authorities could use Derby's revised policy and adapt it according to their authority's individual needs, saving considerable time in comparison to writing one from scratch.

The decision was taken to outline a regional strategy to acknowledge the work that had resulted from these shared lessons. The Regional Change Agent for Adult Social Care from CSIP, who led the Medical Management group, commissioned Derby City Council's Health and Safety Adviser to write a report on behalf of the group based on the Royal Pharmaceutical Society's (RPS) guidance; 'The handling of

medicines in Social Care.'

The East Midlands report outlined five recommendations, that authorities should use as a benchmark:

1. Meet national minimum standards
2. Policies should include eight principles from the RPS' report
3. Share best practice across the East Midlands
4. Create closer working links with Primary and Secondary care agencies
5. Use nationally recognised standards and programmes of training

### **Launching the new regional medication policy**

November 2008 saw the launch event for the new regional strategy with all levels and backgrounds of social care providers attending. It was used as:

- An opportunity to encourage social care providers to use the new strategy
- An opportunity for social care providers to pick up the new report as well as medication policies from different councils across the East Midlands showing examples of good practice as inspiration

- Incentive for providers to take action in their area

For example, people were asked to fill out postcards outlining three key objectives for their department to

act on and then contacted after six months to see the progress they had made. This highlights the importance of sharing lessons and monitoring progress and actions on a regular basis.

## Positive impact on Social Care ▾

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With local authorities able to devise a medicines policy that was both consistent with national standards as well as other policies in the East Midlands, and adaptable for individual authorities to use within their region, councils could feel confident when implementing the policy with their staff. Additionally with a Management Board overseeing the work, councils could rest assured they were part of a bigger network for support and advice.

### **Joint delivery of excellent medication management**

Derby City Council and Derby Primary Care Trust jointly funded a part-time Pharmacy Adviser who sits in both social and health care and has a '3D' understanding of medical management. Having someone who has this understanding of medicines as a point of reference has proven to be a key resource for Derby City Council as it helps bridge the gap between pharmacists, who have a greater understanding of pharmacology, and care providers.

### **Training**

As part of Derby City's learning and development strategy, free training is given to anyone who is contracted or employed. So far, approximately 800 staff have been trained.

The training does not create an additional cost to independent agencies and is led by the Health and Safety Adviser and the part-time Pharmacy Adviser. This training is linked to Safeguarding, the protection of vulnerable adults, also included on the same training day.

The impact of this training has shown numerous benefits:

- Managers and staff are clear about their responsibilities and ensure that medicines are only administered where Medication Administration Record Sheets are in place
- As working for care agencies can be fairly transient, a great benefit of standardised training across the region is that people do not have to retrain if they move

agencies, providing both cash efficiencies and consistency of care

- Incidents are being reported more frequently in line with guidance, which was previously rare within the independent sector
- People are more aware of systems in place and procedures to follow so they feel more supported
- Improved risk management: Staff feel supported due to official

procedures in place to protect service users, as well as themselves, particularly with a 'Fair Blame' system in place. This means staff dispensing medication have the responsibility but also have the right to receive support

- Improved competency and knowledge for care staff

## Continuously striving for improvement ▾

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### Medication Management assessment

As mentioned earlier in the study, a key issue with regards to reporting errors was the lack of training for record keeping, which is done using Medication Administration Record Sheets. When dealing with independent pharmacies and care providers it was proving to be challenging to have standard assessments when different bodies were using different Medication Administration Record Sheets. Thus a standard form was devised, available to all care providers in the region.

Currently, independent assessors audit medicine administration using Medication Administration Record Sheets as a point of reference. It has been identified that the current system may not deliver a

standardised external assessment procedure or be as cost-effective. Derby City Council is instead researching the possibility of alternative forms of assessment within residential homes, such as carrying out assessments in-house rather than contracting independent assessors.

### Responding to national research

A report published in 2010 on Care Homes' 'Use of Medicines' carried out on 55 care homes across the UK shows key areas of weakness:

- Residents (mean age 85 years) are taking an average of 8 medicines each
- On any one day, 7 out of 10 patients experienced at least one medication error

- Whilst the mean score for potential harm was relatively low, the results did indicate opportunity for more serious harm

As a result, local authorities have been asked to work with local Primary Care Trusts to identify and action issues.

Having the East Midlands Medication Management Strategy in place

greatly facilitates responding to and resolving issues.

Derby City Council has built some excellent partnerships with authorities, care providers, pharmacists and GPs which creates a solid foundation upon which to further improve medication management and national requirements.



Members of the Medication Management Group from Derby City Council

## Lessons learnt to date ▾

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*The process takes time:* To change culture and processes and build solid working partnerships effectively is lengthy but ultimately delivers better results.

*Ongoing project:* Whilst the Medication Management's core policy has been outlined it does,

and will, need updating in line with government initiatives in the future.

*Monitor and audit on a regular basis:* The Medication Management Group meets every two months and relays everything discussed to all members which allows for sharing experiences, identifying opportunities

to improve and keeping everyone informed of any changes. The board then reports in to the East Midlands Joint Improvement Partnership (JIP) to share ideas, policies, and procedures.

*Improved standards can result in more reports of errors:* It may feel counter-intuitive but the more awareness is raised, the more people feel encouraged to come forward and report errors, so figures are increasing. It would be understandable to construe this as negative, but in actual fact, it supports the impact that communications has had on personal responsibility for administering medication.

*It's vital to have support from top level management:* There is inevitably a risk associated with contracting new suppliers which may cause apprehension amongst authorities, however having drive from the top helps instil confidence in any plans and actions.

*Partnerships:* Local authorities are clearly reliant upon the involvement and engagement of partners and professionals. Building good relations allows for issues to be identified and resolved quickly and new innovation to occur. Additionally, it's essential to work with local medical committees and PCTs to ensure a rounded understanding and to create the best strategy possible.

## The future of Medication Management ▾

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Positive actions and results in Medication Management policy have been inspiring councils across the East Midlands, for example:

- 1.** Nottinghamshire County Council has taken on a full time pharmacist and both Nottingham City and Derbyshire County Council are looking to appoint a similar role.
- 2.** Derby City Council is now working with Derby University for an online web-based training programmed to be actioned as part of 'refreshment' training courses for medication

administrators, following actions from an incident. Derby University has already created one for Nursing and is part of the Skills for Care strategy.

- 3.** Primary Care Trusts have recognised the need for more work on pharmacy advice going into care and residential homes. This is an action to report back to the Department of Health and could result in a full time jointly-funded pharmacist for Derby City Council.

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### East Midlands Improvement and Efficiency Partnership Case Studies

The launch of the East Midlands regional Medication Policy was part-funded by the Joint Improvement and Efficiency Partnership (JIEP), of which the East Midlands Improvement and Efficiency Partnership (EM IEP) is a member.

The EM IEP Support Team publish case studies showing how East Midlands councils are improving services, and delivering significant improvements and efficiencies.

The case studies are intended to inspire councils in the region, and indeed nationally, to transform services and benefit from the processes developed by those councils that have pioneered the way forward.

For all the latest news, guidance, good practice case studies and video case studies visit our website:

[www.eastmidlandsiep.gov.uk](http://www.eastmidlandsiep.gov.uk)