

Update on Digital Medicines

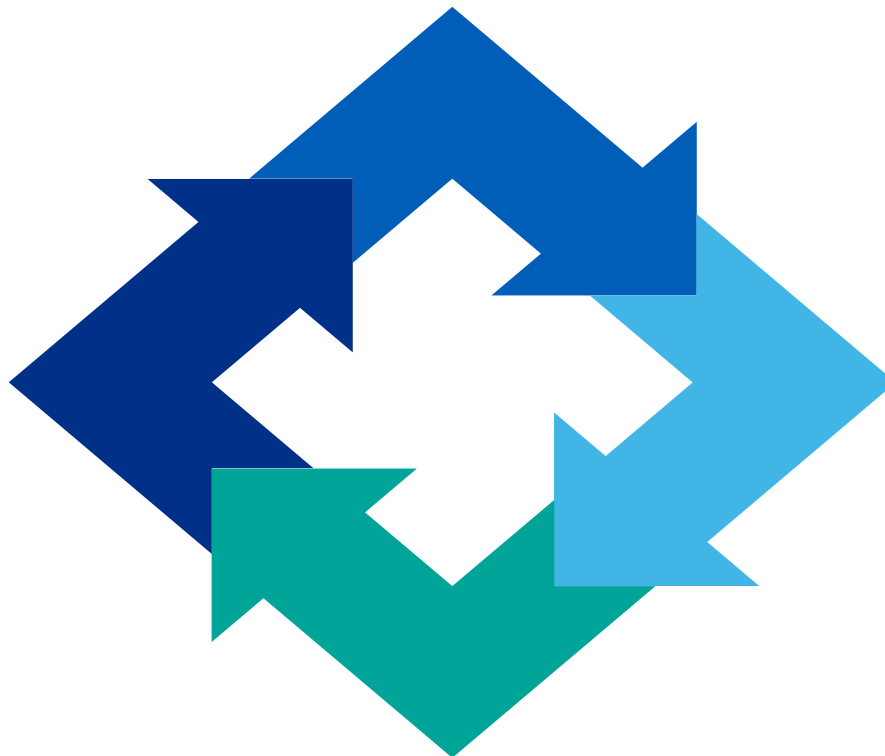
Ann Slee, Associate CCIO (Medicines)

April 2022



Transitions of care

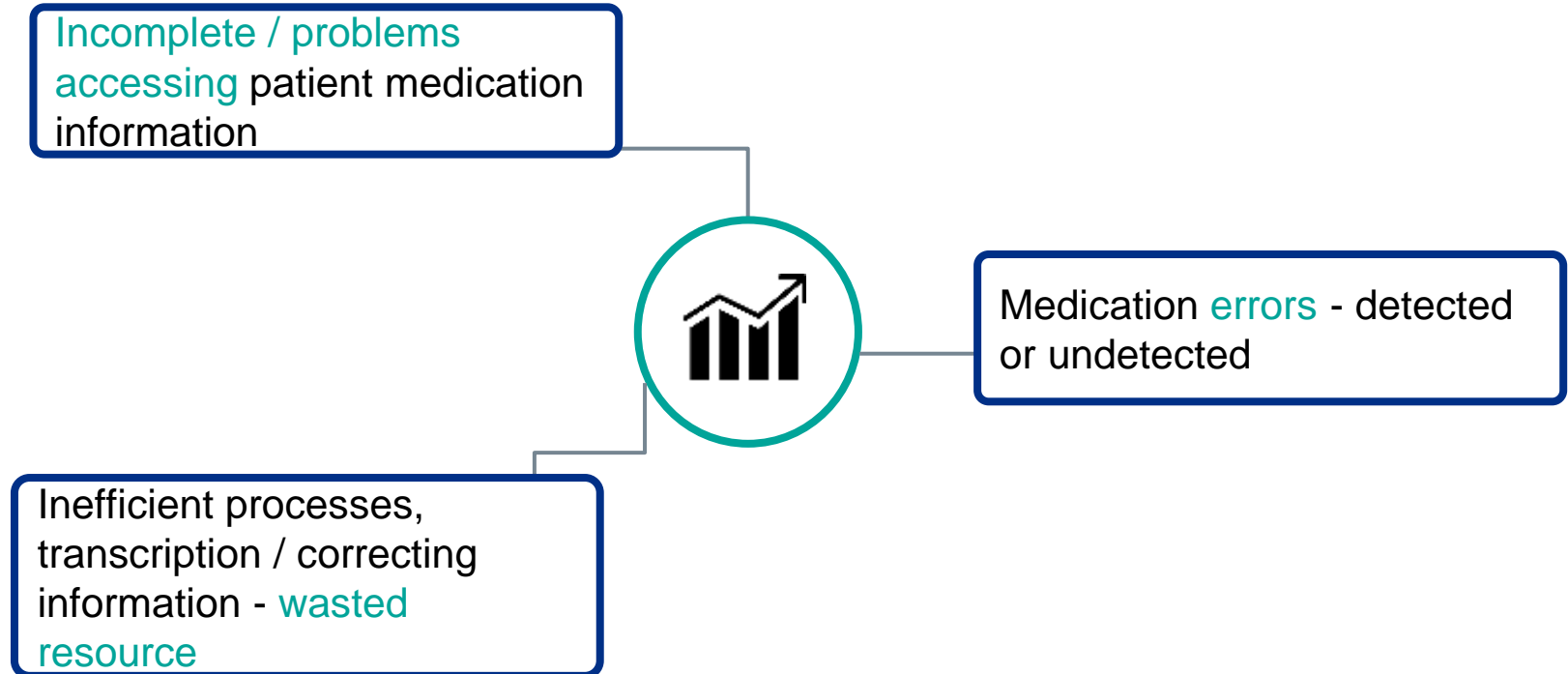
Patient access to
medicines



How we can help?

Improving patient
care

Daily transition challenges



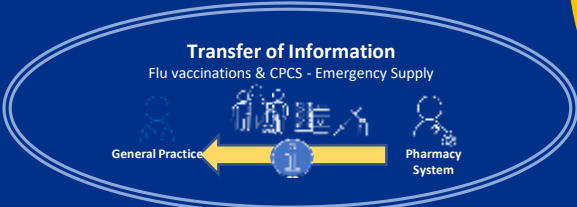
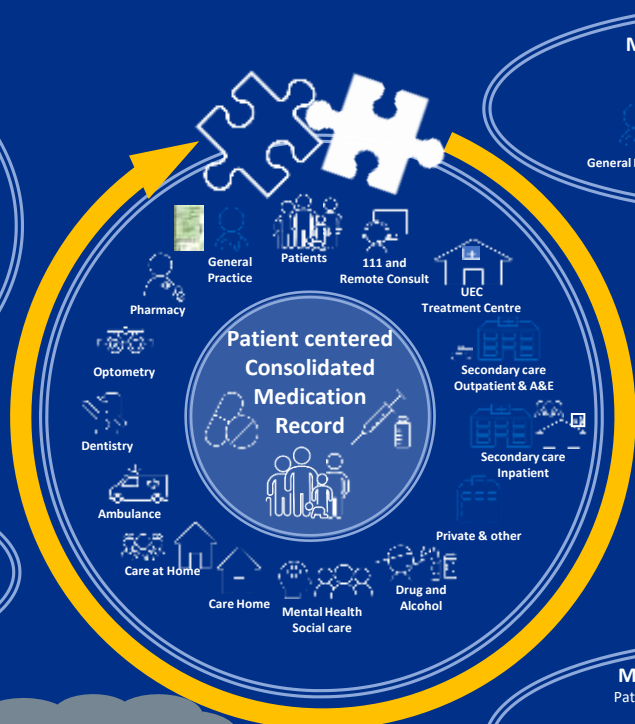
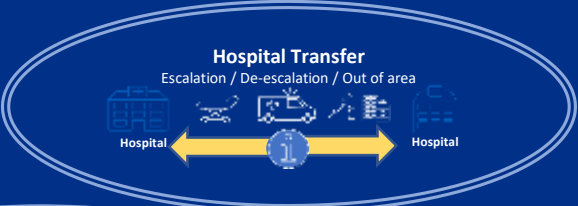
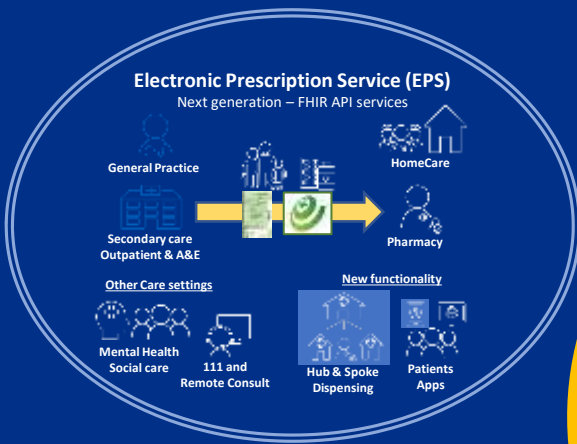
Care transition impact



Current *national*, annual burden of medicines transcription at transfers of care:



What are the common transitions.....



Medicines Interoperability Standards

What are your priorities

Reconciled medication list – 10:32am 17/01/2022

Last medication update: 17/01/2022

Change History: Last 30 days

Providers: All

Dispense History: Last 90 days

Repeat / Ongoing Prescriptions: 3 Active, 1 Historic

Unchanged

	Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd) DOSE 2 dose – Inhalation – 2X per day	Musgrove Health Centre Last Update: 14/01/2022	Taunton Pharmacy Last dispense: 15/01/2022
--	---	---	---

Changed

	<p>Ramipril 2.5mg capsules DOSE 10 mg – Oral – Morning</p> <hr/> <p>Change history DOSE 2.5 mg → 10 mg</p> <p>REASON Change of dose/route/time/frequency - Dose titration to response</p>	Somerset NHS FT Last Update: 14/01/2022	<p>Taunton Pharmacy Last dispense: 12/12/2021 <i>Not dispensed since change.</i></p>
--	---	--	--

	<p>Levothyroxine DOSE 75 microgram – Oral – Morning</p> <hr/> <p>Change history DOSE 50 microgram → 75 microgram</p> <p>REASON Change of dose/route/time/frequency - Dose increase clinically indicated</p>	Somerset NHS FT Last Update: 14/01/2022	<p>Taunton Pharmacy Last dispense: 12/12/2021 <i>Not dispensed since change.</i></p>
--	---	--	--

Stopped

	<p>Omeprazole 20mg gastro-resistant capsules - GR DOSE 20 mg – Oral – Morning</p> <hr/> <p>REASON Clinical reason (please specify) - No longer clinically indicated</p>	Musgrove Health Centre Last Update: 21/12/2021	Taunton Pharmacy Last dispense: 29/10/2021
--	--	---	---

Acute / Short term Prescriptions: 0 Active, 0 Historic

0 Results within last 30 days across selected providers

SMITH, Jane 17 Feb 1945 - 76y 12m | MRN 9 | Not hospitalized | ▲ Known allergies

Prescribe medications

Medication search - Enter at least 3 characters...






[Switch to order set search](#) [Show all order sets](#)

▼ Medication on admission

-  Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)
 DOSE **2 dose** - Inhalation - 2X per day
 X ⓘ ⚙️ 🗑️
-  Ramipril 1.25mg tablets
 DOSE **1.25 mg** - Oral - 2X per day
PATIENT'S OWN MEDICATION
X ⓘ ⚙️ 🗑️
-  Paracetamol 250mg/5ml oral suspension sugar free
 DOSE **1,000 mg / 20 mL** - Oral - Every 6 hours - When needed
INDICATION For Back Pain
MAX DOSE IN 24 HOURS 4,000 mg
X ⓘ ⚙️ 🗑️
-  Citalopram 20mg tablets
 DOSE **20 mg** - Oral - Morning
 X ⓘ ⚙️ 🗑️
-  Atonvastatin
 DOSE **20 mg** - Oral - Evening
 X ⓘ ⚙️ 🗑️

▼ Suspended / Stopped on admission

INPATIENT THERAPIES (View active)

-  Atonvastatin
 DOSE **20 mg** - Oral - Evening
FROM 19-Jan-2022 20:00
⋮
-  Citalopram 20mg tablets
 DOSE **20 mg** - Oral - Morning
FROM 20-Jan-2022 19:00
⋮
-  Paracetamol 250mg/5ml oral suspension sugar free
 DOSE **1,000 mg / 20 mL** - Oral - Every 6 hours - When needed
FROM 20-Jan-2022 01:00
INDICATION For Back Pain
MAX DOSE IN 24 HOURS 4,000 mg
⋮
-  Ramipril 1.25mg tablets
 DOSE **1.25 mg** - Oral - 2X per day
FROM 20-Jan-2022 07:00
PATIENT'S OWN MEDICATION
⋮
-  Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)
 DOSE **2 dose** - Inhalation - 2X per day
 ⋮

WARNINGS

Number of warnings: 0 high severity / 114 other

No high severity warnings found.

[Show all warnings](#)[Confirm](#) [Cancel](#)

Medicines interoperability - the challenge

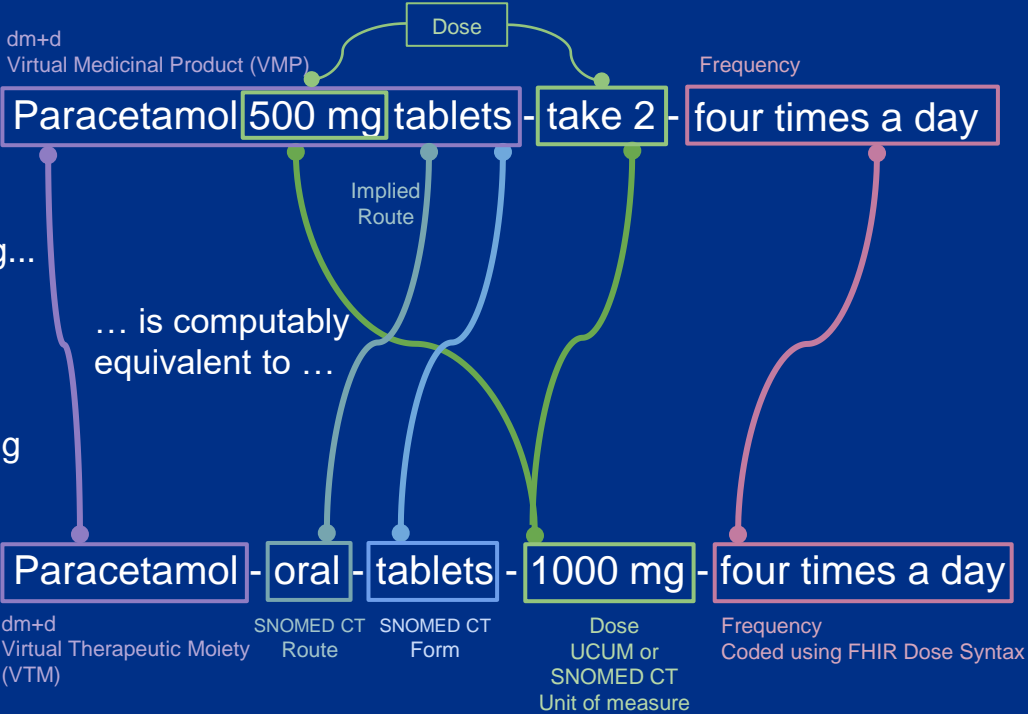


Primary care systems: Product based prescribing. Specific for dispensers and clear for patients to understand / take.



Product based Prescribing...

... Dose based Prescribing



Secondary care systems: Dose based prescribing. Flexible dispensing and options for administration e.g. Form

Information Standard Notice published 1/10/2021



New common standards to support the transfer of medicines information between settings, enabling safer and more efficient medicine reconciliation.



Systems that provide electronic transfer of patient medication and allergy/intolerance data will need to be checked to ensure compliance.



Deadline: 31 March 2023



Email medicinstandards@nhs.net with any queries

Requirements of specification:

www.digital.nhs.uk/isce/publication/dapb4013

Standard developed in consultation with:

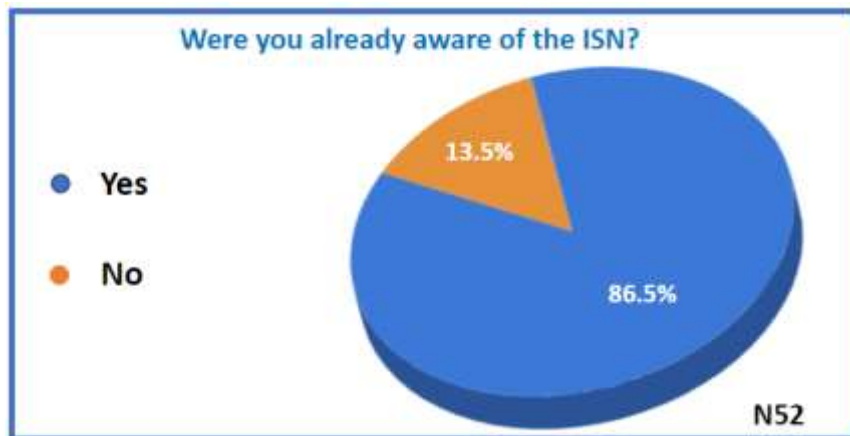
INTEROPen

PRSB

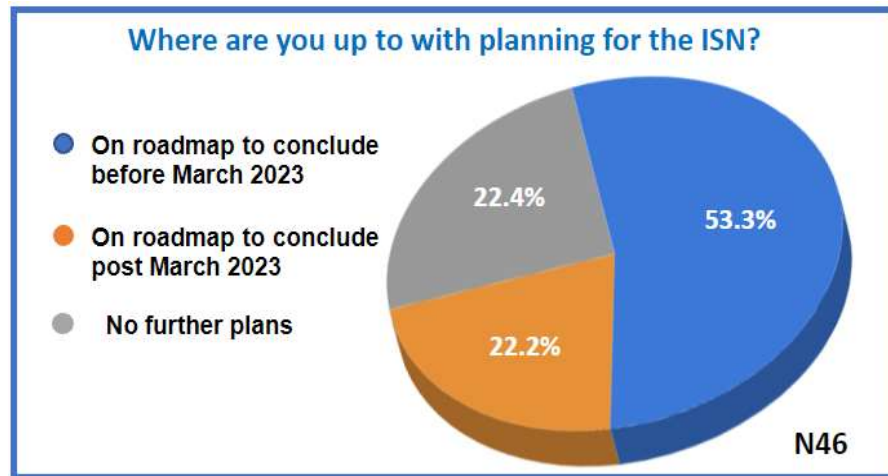
UK FHIR

The Interoperable Medicine Standards Working Group, consisting over 150 NHS members including users, developers, and IT system suppliers

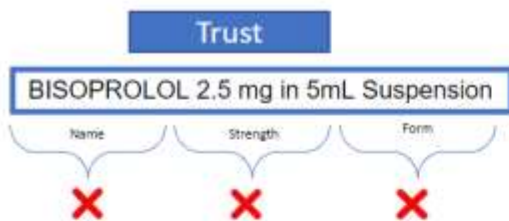
System supplier reported uptake



Where is your system supplier up to?



Use of dm+d



**dictionary of
medicines + devices**



What has been done?



CMM Secondary Care System

June 2021
25 Trusts



Feb 2022

What does this tell us?

Feedback on
expired dm+d codes



Feedback on mismatched
dm+d codes



Feedback on
volume of dm+d mapping



dm+d adoption is improving



Trusts providing English ePMA data nationally:

- average dm+d coverage increased from 60% to 70%
- >95% dm+d coverage increased from 3 Trusts to 6
- Two implemented dm+d support (both now have >95%)
- Use of up to date code for over 95% increased from 0 to 11



Scotland average dm+d coverage for February 97.11% vs England 70.16%

England uses the most up to date dm+d codes 93.86% while Scotland is at 84.3%

**dictionary of
medicines + devices**

Electronic Prescription Service (EPS)



Utilise latest standards and technology



More secure and flexible, easier to make changes in the future

Reduce paper prescribing



Save time for staff and improve patient experience

Patient centric prescription management



Improve patient experience

- Work complete to support outpatients, FP10(HP) & homecare
- Suppliers engaging - significant development to do
 - Speak to your supplier
- dm+d is a core requirement - product based prescribing
- Need to consider how to use at local/ICS level
 - which services can benefit/transform
 - impact on meds expenditure - work out policies now
 - community pharmacy engagement
 - patient understanding
- First of type testing in progress - due to complete May

EPS Next Generation roadmap



Development commences



Q1

Initial documentation available to suppliers



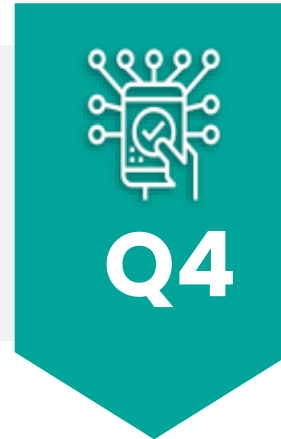
Q2

Development New Features



Q3

Development Improvements



Q4

Supplier assurance commences



Q1

- Single Item
- Improved Tracker API
- NHS App Prescription Tracking

- FP10 MDA
- Antimicrobial Stewardship Support
- Improved security

April 23 →

Enhancing population health data - across all care settings

Prescribing data required for;

- Antimicrobial Resistance Agenda (AMR) / Stewardship
- Overprescribing
- Clinical Safety - Valproate, opioid use etc
- Health Inequalities
- Medicines optimisation

Opportunities for clinical decision support/pathway improvements

COVID Collection ePMA Data

PHASE 1 PILOT DATA

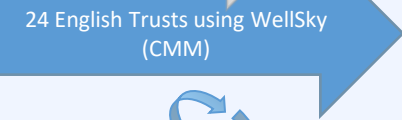
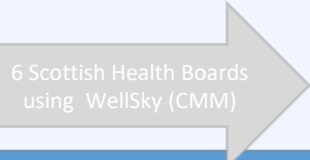


WellSky (CMM) complete summer 2020
Cerner pilot data available for analysis summer 2021

To support
COVID-19 use cases

EPMA data from
1st Jan 2019

PHASE 2 COVID COLLECTION



Available Now
via DARS

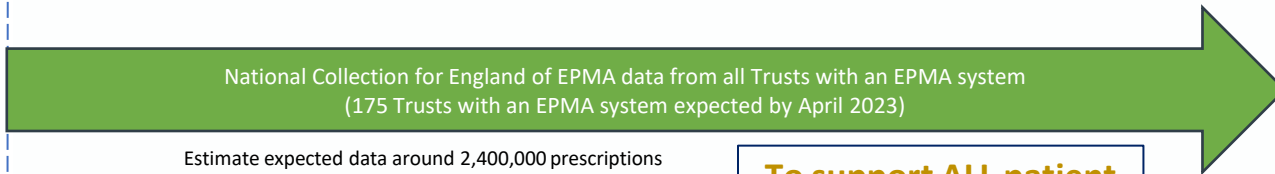


Feedback Loop to Trusts on dm+d mapping

CMM (CareFlow Medicines Management) DATA	English Data Landed (19/04/22)
Prescriptions	60,564,490
Administrations	297,325,078

CMM data represents around 9.2%
of total prescribing in secondary
care and 10.8% of prescribing in
acute trusts

PHASE 3 EPMA SECONDARY CARE COLLECTION



National Collection for England of EPMA data from all Trusts with an EPMA system
(175 Trusts with an EPMA system expected by April 2023)

Estimate expected data around 2,400,000 prescriptions
and 11,000,000 administration per week once all the
Trusts live, implementing, funded flow data

To support ALL patient
level use cases

EPMA data from
1st Apr 2015

Available from
April 2023

How can we help?



Website and Bulletin

Business cases
- benefits toolkit,
strategic drivers,
case for change

**Education &
awareness**
eLearning,
Talking Heads

**Technical
guidance**

**Support
team**

<https://digital.nhs.uk/services/interoperable-medicines>

e-PRaSE

“Helping us optimise our systems”

Web based tool to help NHS Hospitals assess & evaluate e-prescribing systems

- ✓ *support optimisation*
- ✓ *reduce harm caused by adverse drug events*
- ✓ *improve medication safety*

- Presents a set of ‘fictional’ patients which users set up in their live or test prescribing environments.
- Provides randomised prescribing assessments to complete against specified patients to challenge system responses to risk.
- Assessment report provided in real time

Second iteration of an annual assessment programme with updated scenarios, improved user interface and reporting

Version 2022...coming soon!



EPS User Research



**Improve services
- across all health
and care settings**

**One hour remote
sessions over
next 12 months**



**If you would like to
help:**

https://feedback.digital.nhs.uk/jfe/form/SV_eu4jQRNbJooQxoO

Connect with us

Structured Medications Collaboration Group

Teams page set up for system suppliers, developers, trusts.

Weekly working group - 3pm
Mondays

For general medicines interoperability enquiries, access to Teams site, or to join group email:

medicinesstandards@nhs.net



Visit our website at:

<https://digital.nhs.uk/services/interoperable-medicines>

Sign up to our newsletter

[News Bulletin - Sign up here](#)

Make an enquiry

[Contact us enquiry form](#)

Masterclasses

Share your learning and learn from others: [Masterclass - Sign up here](#)

Hackathons & Learning events

<https://www.interopen.org/>

Is technology the barrier?



"It's not a faith in technology. It's faith in people."
Steve Jobs, Co-founder of Apple