Fast-acting medicine

Implementing EPMA at scale and pace

Dr Alastair Bishop

eHealth SDPM – Safer Medicines

NHS Greater Glasgow & Clyde

Overview

- Context
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  - Why EPMA? Why now?
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  - The right people round the table
  - The pros and cons of scale
- Implementation
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  - Back in the real world…
  - What's next?

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Context

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Welcome to Glasgow

Welcome to Glasgow

- NHSGGC is a territorial Health Board in central Scotland
- Acute, mental health, primary care and community
- Annually:
  - 500K emergency attendances
  - 215K inpatient/day case
  - 1.2M outpatient appointments
  - 7.5M GP attendances
  - 24M prescriptions dispensed

- 9 acute hospital sites
- 6,000 hospital beds
- 10 mental health inpatient sites
- 61 health centres and clinics
- 300 GP practices
- 6 Health and Social Care Partnerships

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Why EPMA? Why now?

Why EPMA? Why now?

- Safety
- Efficiency
- Joining up care, processes, data
- Missing piece of the EPR jigsaw
- Digital maturity

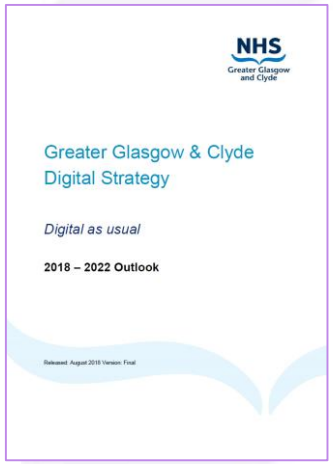
Strategy and policy

National

- All NHS Boards expected to implement EPMA
- National funding
- Focus is shifting to maximising use of data

Local

- Broad Safer Medicines portfolio
- EPMA is a key enabler of safety and efficiency benefits



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Preparation

Preparing not to fail: realistic business case

- How far do we go? **(scope)**
- How long do we have? **(time)**
- So what do we need? **(resources)**
- What approach will work best? **(quality)**
- What will it give us? And when? **(benefits)**

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Preparing not to fail: scope

- HEPMA replaces the paper drug chart (“kardex”)
- Initial implementation: inpatient wards and theatres
- 330 wards and 120 theatres; 12-18,000 users
- Pilot then rapid rollout: 18 months rollout in total

Preparing not to fail: implementation

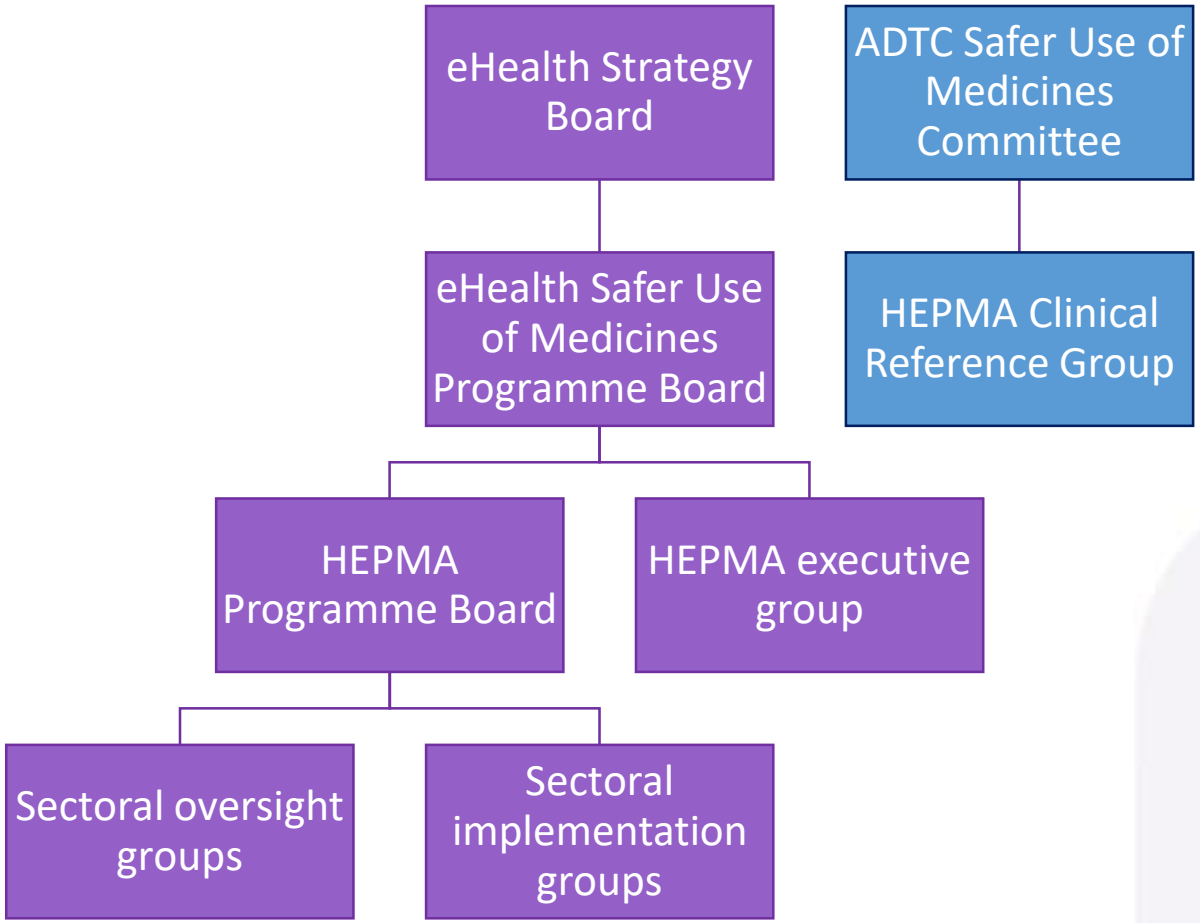
- Building the team
- Building the system
- Building momentum & good will
- Build on what others have achieved

The right people round the table

- NHSGGC has prioritised Digital enablers of safer medicines practice
- Mature, functional overarching eHealth Safer Use of Medicines Programme Board
- Nurses, doctors, pharmacy, service management, staff-side, eHealth
- HEPMA Programme Board, sectoral oversight groups, weekly operational meetings
- Key roles are clinical: HEPMA PB Chair, sectoral leads

- **Buy-in and engagement are essential** at strategic, clinical and operational levels

NHSGGC HEPMA Governance



The pros and cons of scale

- Experience with other large implementations of digitally-enabled clinical change
- Leverage with suppliers

- Large scale requires faster rollout
- Otherwise implementation could take 5-10 years!
- System is being used at unproven scale
- Many very high acuity wards
- Many complex and highly specialised services

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Implementation

Want different results? Do different things.

- **Clinical ownership** in each sector i.e. Chiefs of Nursing and Medicine plus local directors
- Enough **resources** to have a big enough support team
- "**On the floor**" support, not classroom-based training
- **Short** period of **intense** support for each group of wards
- **Start at biggest**, most complex, highest acuity sites
- Within each site, **start at the front-door** units and work inwards following lines of patient flow

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Back in the real world…

- Currently live in 190 wards and 64 theatres
- >14,000 users
- >1.4 million prescriptions
- >10 million administrations

- Users like the system and learn it quickly
- Support/training approach VERY positively received
- Speeds up drug administration rounds & reduces missed doses
- Decision support positively influences prescribing decisions

What's next?

- HEPMA
  - Complete inpatient rollout by Autumn
  - Piloting use in day case units
  - Piloting medicines reconciliation
  - Proof of concept for outpatients
  - Agree phase 2 scope: e.g. rolling out to outpatients, day case areas
- eMedicines Programme
  - Medicines informatics: dashboards for clinicians
  - HEPMA in care homes?

Summary

- National and local strategic **policy drivers** to introduce EPMA
- Essential to implement **safely and effectively**
- Challenges of large **scale**
- Need to roll out **rapidly**
- **Different approach** to training, support, rollout order
- Feedback is positive: **this approach has worked for us** and will be used for future programmes

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Thank you