

Managing the use of medicines in hospitals: A follow-up review

Summary impact report (3 month)

The report findings and recommendations

1. The Auditor General's follow-up report on *Managing the use of medicines in hospitals* was published on 16 April 2009. The report follows up key recommendations from Audit Scotland's 2005 report *A Scottish prescription – Managing the use of medicines in hospitals* and gives an overview of national developments since then. The report focussed on acute hospitals across all NHS boards and the State Hospital.
2. The report found that acute hospitals in Scotland spent £222 million on medicines in 2007/08 and that medicines with a high cost per patient are a particular pressure on acute hospital budgets. NHS boards are receiving better information for planning medicines budgets but the report identified areas where the NHS in Scotland could make further improvements. NHS boards are using formularies, antimicrobial prescribing guidance, adverse incident reporting systems, the Emergency Care Summary and methods from a new national patient safety programme to promote the safe and cost-effective use of medicines in hospitals. However, the NHS in Scotland has made limited progress towards developing a national electronic hospital prescribing system and developing a national approach to incident reporting. The report also found that workforce planning for hospital pharmacy staff was still not well developed.
3. The report contained 10 recommendations for the Scottish Government, NHS Quality Improvement Scotland (NHS QIS), NHS Education Scotland (NES) and NHS boards. The recommendations cover three areas:
 - improving information on the cost and use of medicines
 - improving patient safety
 - improving planning and development of the hospital pharmacy workforce.

Media interest in the report

4. Media coverage was in line with other reports considered likely to be low profile.

Coverage in the three months following publication was:

Coverage (April – July 2009)	Number of references
Press	9
Radio	4
TV	1
Web	4
Total	18*

* The average media coverage for reports marked as low profile prior to publication is 19.83

5. Most media coverage highlighted changes in hospital medicines expenditure over time, the pressure of high cost medicines and the lack of progress in developing a national hospital electronic prescribing system and a national approach to reporting adverse incidents involving medicines.
6. Web downloads from the Audit Scotland website in the three months following publication were:

Product	Downloads (April – July 2009)	3 month average*
Main report PDF	611	809.14
Main report RTF	256	169.50
Key messages	239	233.33
Podcast	80	146.57
Total	1186	

* The average downloads over the three-month post-publication period for reports marked as low profile prior to publication

Parliamentary scrutiny

7. The Auditor General first briefed the Scottish Parliament's Public Audit Committee (PAC) on 6 May 2009. The majority of the PAC's discussion focussed on rolling out a Hospital Electronic Prescribing and Medicines Administration (HEPMA) system across Scotland. On 14 May the PAC wrote to the Scottish Government's Accountable Officer with specific questions on HEPMA, patient safety and on patients' medicines being discarded when they are admitted to hospital. The PAC also requested that the Accountable Officer inform the committee how he planned to meet outstanding recommendations from Audit Scotland's 2005 report and take forward Audit Scotland's

2009 recommendations. The PAC noted the Accountable Officer's response at their meeting on 17 June 2009 and referred his response and Audit Scotland's report to the Health and Sport Committee for information.

Parliamentary Questions

8. After the report was presented to the PAC, Georges Foulkes MSP tabled a Parliamentary Question asking the Scottish Government which recommendations in the 2005 report have been implemented and when the others will be acted on. Nicola Sturgeon replied on 14 May, giving details of progress against the key recommendations in the 2005 report and expected timescales for other developments. She stated that the recommendations "have, wherever possible, been introduced into routine practice, are under active consideration or are part of ongoing work within a larger programme of work at Scotland or UK level".

Significant developments

9. The Audit Scotland report included a self-assessment checklist for NHS boards and the State Hospital. In his letter to the PAC, the Scottish Government's Accountable Officer indicated that the Chief Pharmaceutical Officer for Scotland had written to all NHS boards asking them to submit a progress report against Audit Scotland's self-assessment checklist to the Scottish Government by the end of June. The Scottish Government and the boards' directors of pharmacy will follow up on any areas of concern or non-compliance.

Longer-term impact

10. We will assess the longer-term impact of the report by reviewing the progress reports that the boards submit to the Scottish Government and by reviewing developments by the Scottish Government, NHS QIS and NES.
11. **Appendix 1** lists the recommendations in the report against Audit Scotland's impact framework and highlights how we plan to follow them up one year after publication.

Appendix 1 – Summary of anticipated report impact by Audit Scotland’s framework for measuring impact

Rec	Audit Scotland recommendation	Assessing impact/plans for follow-up work	Assurance & accountability	Planning & management	Economy & efficiency	Quality & effectiveness
1	The Scottish Government should work with boards to develop a plan and timescales to ensure that a Hospital Electronic Prescribing and Medicines Administration system is implemented across all boards in Scotland as soon as possible and that the data can be centrally collated and analysed to support planning and monitoring across Scotland.	<p>Update from the Scottish Government:</p> <ul style="list-style-type: none"> • Whether national contract signed (due August 2009) • Whether plans are in place to implement HEPMA across all boards 		●	●	●
2	NHS QIS should develop criteria to assess whether the introduction of new SIGN guidelines has a high risk of additional cost. Where a high risk is identified, NHS QIS should estimate the budget impact on the NHS.	<p>Update from NHS QIS:</p> <ul style="list-style-type: none"> • Whether SIGN council has accepted the proposal for assessing guidelines for budget impact (programme to be available end 2009) <p>Review of recent guidelines that relate to medicines.</p>		●		
3	The Scottish Government should work with boards to encourage GP practices to ensure that the patient information in the	<p>Update from the Scottish Government:</p> <ul style="list-style-type: none"> • Whether further guidance has been issued 		●		●

	Emergency Care Summary (ECS) is as accurate, complete and up-to-date as possible.	NHS board action plans against the self-assessment checklist.				
4	The Scottish Government should consider widening the information in GP records that feeds into the ECS to include medicines prescribed by supplementary prescribers, as part of its ECS development plan.	Update from the Scottish Government: <ul style="list-style-type: none"> What development option was agreed and whether this will permit this information to be entered 		●		●
5	NHS QIS should work with the boards to develop a system to share learning and action points from medication incidents and near misses across Scotland, supported by trend analysis and consistent local reporting.	Update from the Scottish Government and NHS QIS: <ul style="list-style-type: none"> Whether a proposal has been developed (due November 2009) 	●	●		●
6	The Scottish Government should work with NES, ISD Scotland and the boards to develop national pharmacy workforce planning information that supports boards in taking forward workforce plans and workforce development.	Update from the Scottish Government, NHS NES and ISD Scotland. <ul style="list-style-type: none"> Whether the Scottish Government's Action Plan for Pharmacy and Medicines includes recommendations to develop pharmacy workforce planning (due autumn 2009) Whether the Scottish Government 		●		

		and NHSScotland have produced a plan to develop pharmacy workforce planning, including modelling				
7	The Scottish Government should work with NES and the boards to develop a national framework for recognising and accrediting extended roles and setting training standards for pharmacy technicians.	<p>Update from Scottish Government and NHS NES:</p> <ul style="list-style-type: none"> • Whether statutory registration of pharmacy technicians is in place (due to happen in 2009) • Whether the General Pharmaceutical Council is in place (due 2010) to set standards for education and practice for registered technicians 	●	●		
8	The Scottish Government and boards should ensure that the Agenda for Change assimilation and review process for pharmacy staff is completed as a matter of urgency.	<p>Update from the Scottish Government:</p> <ul style="list-style-type: none"> • Whether assimilation complete • Whether all reviews complete <p>NHS board action plans against the self-assessment checklist.</p>	●	●		●
9	NHS boards should ensure that pharmacy workforce plans are based on an assessment of need, which considers the appropriate numbers, skill mix and other	NHS board action plans against the self-assessment checklist.		●	●	●

	resources such as automation, to meet future needs for dispensary, clinical and other work.					
10	NES should assess workforce needs for pre-registration pharmacist placements and ensure that placements are matched to assessed needs.	<p>Update from the Scottish Government and NHS NES:</p> <ul style="list-style-type: none"> • Whether a needs assessment has been done • Whether the number and location of placements is matched to needs 		●		