#### Medicines Optimisation Innovation Centre

#### Your speakers

Cathy Harrison Deputy Chief Pharmacist Department of Health





Professor Mike Scott Director *Medicines Optimisation Innovation Centre (MOIC)* Director of Pharmacy and Medicines Management *Northern Health & Social Care Trust* 

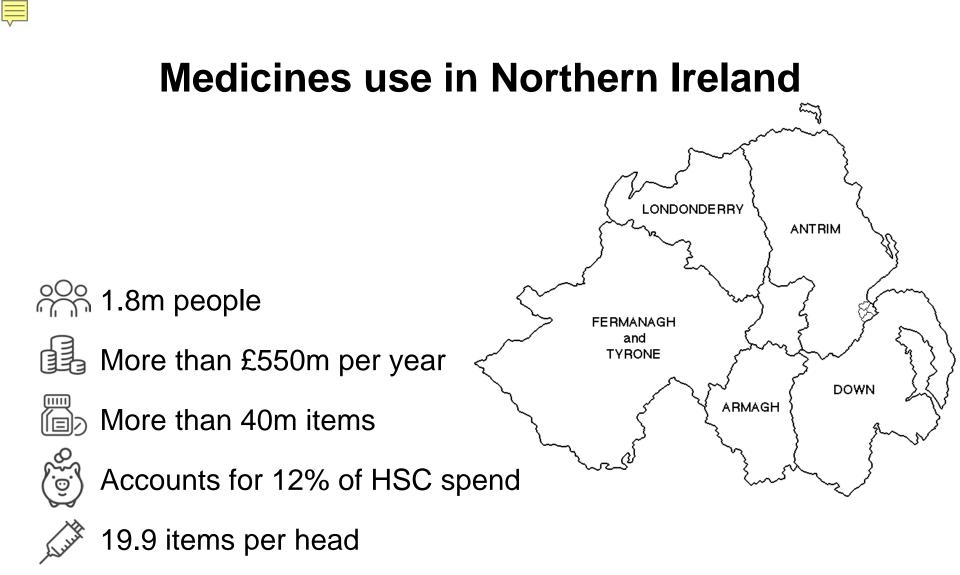


# Smarter Medicines Better Outcomes

#### to-reach

### **National Round Table Consultation**

Medicines Optimisation Innovation Centre



Increase of 5% each year



# **Sub-optimal outcomes from medicines**

3-6% of hospital admissions due to adverse effects, rising up to 30% in the elderly

1 in 15 hospital admissions are medicine related with two thirds being preventable

1 in 20 GP prescriptions contains an error

**30-50% non-adherence to prescribed medication** 

2.5 million doses are administered in the average acute hospital (215,000 errors)

In the UK it is estimated that such errors cost £770M\*

Variance of practice

\* 2007 figure



#### **Medicines Optimisation**

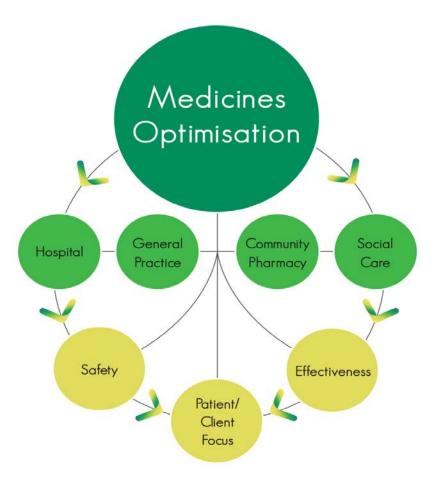
"a person centred approach to safe and effective medicines use to ensure the best possible outcomes from their medicines"

**Definition by NICE** 

Medicines Optimisation Innovation Centre

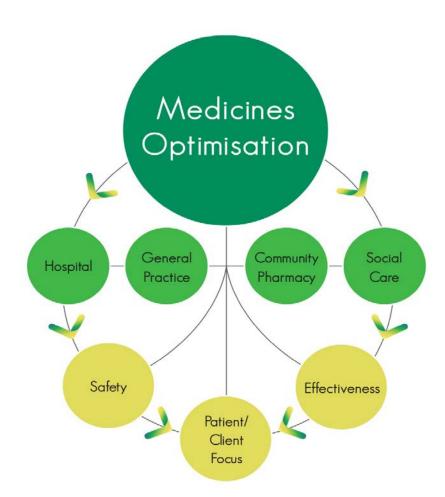
# **Medicines Optimisation Quality Framework**

Developed in response to the need to gain better patient outcomes from medicines and ensure effective use of healthcare resources, uses the Medicines Optimisation Model.





#### **The Model**







# Principles



- Big Scale system wide improvement
- Identify, test, scale up and spread good practices and reduce variance
- Seek solutions combining right people, right service, right technologies
- Agility evaluate -if it works accelerate
- Adopt an outcomes based approach
- Embed quality improvement and innovation
- Increase involvement



# Enablers



- Workforce development Pharmacists
- Service design
- Agile, evaluative processes
- Technology
- Co-production, partnerships and knowledge transfer
- Procurement
- Funding



# **Our priorities for implementation**

Support better adherence with prescribed medicines

Improve polypharmacy management

Reduce harm for high risk patients and medicines

Support safer transitions of care

Improve adverse drug event reporting and learning

Increase knowledge, capacity and skills in health literacy

Optimise the use of medicines resource within the HSC



### **Closing the gap**





## **Medicines Optimisation Innovation Centre**



Smarter Medicines Better Outcomes

- > Research
- Quality Improvement

- > Knowledge transfer
- Innovation



