

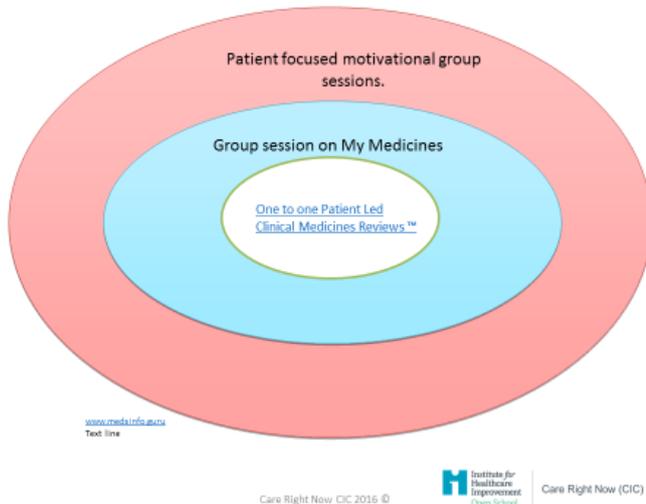
## My Medicines Project. Workshop Report January 2016

### Summary:

On 12<sup>th</sup> and 13<sup>th</sup> January 2016 we held two development workshops outlining the work of [Care Right Now CIC on Medicines Optimisation](#) and exploring how we can adapt and deliver this for the benefit of patients who access HIV and related services at the Royal Liverpool Hospital.

This is a draft document for discussion.

My Medicines model:



There are three elements to the [My Medicines projects](#) - empowerment sessions (which may be existing initiatives); the My Medicines Group sessions; and the (optional) [Patient Led Clinical Medicines Reviews™](#).

Benefits identified to date include improved adherence with medicines; improved quality of life; reduced unnecessary medicines; identification and actions on previously unreported patient safety issues; a potential reduction in 'bouncing' referrals, less missing information and fewer unnecessary contacts with services.

Click on underlined items for more.

### 1. The 'My Medicines' Project – our summary of the workshop findings:

#### a. What is the project, where do we start?

In order to build confidence and ensure everyone's engagement we will need a concise vision statement for the project.

For example: **'To provide additional integrated tailored learning and support for patients on how to make the most effective use of their medicines, through shared decision making and empowerment, in order to have the best possible quality of life. Success will be measured using a variety of methods, including looking at quality of life, outcomes, patient safety, reducing the need for unnecessary referrals and missed appointments, plus a reduction in wasted and unnecessary medicines. (In 2013/14 the cost of wasted antiviral medicines at the [Royal Liverpool and Broadgreen University Hospitals NHS Trust](#) was £1.3 million).'**

The workshop attendees felt that the approach used on the pilot projects undertaken in Somerset for people with long term conditions was transferrable to HIV services.

#### b. How will it be delivered?

We discussed a pilot project; including 3 half-day patient focused group sessions featuring inter-disciplinary learning around self- management and motivation, including complementary therapies. We will include a session on My Medicines as part of these workshops, which will help signpost people to existing sources of information and support, and include the offer of a one-to one Patient Led Clinical Medicines Reviews™ session for those who needed more input.

The preferred model was for Care Right Now to train staff to deliver the sessions and provide materials, resources and governance support. It was agreed that the Pharmacy Team involvement will be vital to the success of this project. In line with existing work in the South West this seems to best fit as a service evaluation project using action research. With the potential to later develop into a large scale research project.

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### c. What do we want to achieve?

The main drivers for this work are the paper on [Antiretroviral Drug Wastage \(Singh, Fenech, Anderson, Neary, Clough & Chaponda 2014\)](#) which identified wastage of £1.28 million in a one year period, and the motivation of the team to ensure patients are fully engaged in their treatment and are able to make informed shared decisions about their care and treatment following relevant guidelines, including the guidance on [Medicines Adherence \(NICE 2009\)](#).

### d. How will benefits be measured?

Care Right Now have completed an outline specification for evaluation of this type of project, based on work in progress for people with long term conditions. It comprises qualitative and quantitative measurements covering quality of life, medicine costs, use of services (including the impact on appointments and emergency contacts). Information which can be used for analysis includes prescribing or dispensing data, contact data, wellbeing questionnaires (e.g. [the Warwick Edinburgh Mental Wellbeing Scale](#)), qualitative feedback, case analysis and patient stories.

### 2. Pre-requisites for setting up the project and as part of the project plan include:

1. Type and scope of project confirmed – e.g. a very small pilot or a larger pilot covering several areas
2. A high level vision statement agreed and disseminated
3. Group(s) to work with first, identified and agreed (e.g. newly diagnosed patients, longstanding patients, known non-adherent patients, people who attend Sahir House etc...)
4. Reporting structure which uses existing committees, including high level project backing in place. Using the [Care Right Now engagement model](#). This focuses on, not reinventing the wheel and making the most of existing strengths
5. Resources needed, and any additional funding agreed and in place
6. Project roles identified and agreed
7. Governance arrangements agreed and in place
8. A Data Protection and Information Governance plan (making use of explicit consent)
9. Ethical approval (as required for a service evaluation project)
10. People to carry out the analysis and academic partners agreed and in place
11. Intellectual Property arrangements agreed and confirmed
12. A stakeholder map and stakeholder engagement plan agreed and in place

### 3. Actions needed / next steps to be agreed by 27<sup>th</sup> February 2016

- a. Care Right Now CIC [CRN] are preparing a short presentation on the proposal for delivery to those involved – **Action CRN**
- b. Discussion and agreement on the preferred approach, where to start, scope of the pilot project, setting up a project team and resources to be allocated – **Action RLBUHT and NW AHSN**
- c. Agree a concise vision statement for the project (meaningful to all involved) – **Action Project Team**
- d. Agree stakeholders and their roles (stakeholder map being produced) – **Action Project Team**
- e. Agree success criteria and how the evaluation will be conducted – **Action Project Team**
- f. Agree resources needed, including allocation of time, any additional costs including evaluation – **Action Project Team**
- g. Document project structure and plan – **Action Project Team**

Email for project: [info@carerightnow.co.uk](mailto:info@carerightnow.co.uk)

Open on-line Project resource: <http://ow.ly/XoHWe> or find this via the 'resources' tab at [www.carerightnow.co.uk](http://www.carerightnow.co.uk)

Document revision history:

Date	Version	Details: