

Outpatient Medicines Pathway Transformation

Phase One

Outcomes Summary

Introduction

In response to the rapid transformation of outpatient care, there is a pressing need to review the ways in which medicines are provided following an outpatient consultation. UCLPartners, in collaboration with Pfizer & Alliance Healthcare have worked with key stakeholders and patients from across North Central London (NCL) to explore and co-develop a new outpatient hospital medicines provision model. Phase One involved local engagement and stakeholder roundtables over a period of 6 months, allowing for system input, co-design and sourcing of partners interested in piloting alternative medicines provision models across three different medicine pathways. All roundtables and workshops involved representation from our patient and public involvement and engagement (PPIE) network.

<p>Routine Medicines</p>	<p>Medicines which are prescribed in outpatients but are also more commonly prescribed and continued in primary care. Do not require additional monitoring and reimbursement processes are in place to support provision via community pharmacy.</p>
<p>Shared Care Medicines</p>	<p>Medicines considered suitable for shared care are those which should be initiated by a specialist, but where prescribing and monitoring responsibility may be transferred to primary care. Due to their potential side effects, shared care medicines usually require significant regular monitoring and/or regular review by the specialist is needed to determine whether the medicines should be continued.</p>
<p>Specialist Complex Medicines (Home Care)</p>	<p>Medicines that are provided by specialist services who retain responsibility for prescribing and monitoring. They are predominantly provided via homecare companies who provide medicines and other healthcare products and services to patients in their own homes. Homecare services have been defined as:</p> <ul style="list-style-type: none"> • Low-tech (self-administration of oral therapy excluding oncology products). • Mid-tech (self-administration of injectable therapies which require training/competency assessment and often have special storage requirements). • High-tech (intravenous infusions or products requiring administration by a healthcare professional) and complex care (bespoke homecare solutions for individual patients).

An opening workshop brought together key stakeholders and patients to discuss challenges and opportunities that exist within the current outpatient medicines pathways and prioritise areas for improvement. The session was intentionally problem focussed and aimed to understand the issues with the current pathways and identify barriers to change. Attendees from this opening workshop formed a Community of Practice who are engaged and eager to support transformation in the space of outpatient medicines provision

Separate mapping and solutions sessions were held for each of the three medicine groups, at which patients and key stakeholders from the system met to explore the current pathways and gain a shared understanding of the existing challenges. The high-level pathways for each medicine group were mapped; an explanation of current processes can be found within the final report. Based on the outcomes of the mapping sessions, key priority areas for each pathway, as well as next steps were agreed:

Pathway	Priority areas	Next Steps
1. Routine medicines	<ul style="list-style-type: none"> a) Electronic Prescribing Service (EPS) b) London Procurement Partnership (LPP) Prescribing guidance c) NCL Consensus document 	NCL System to lead.
2. Shared care medicines	<ul style="list-style-type: none"> a) Development of shared care guidance b) Effective and efficient transfer of care c) Access to clinical information and advice 	NCL System to lead with support from Pfizer in running a stakeholder engagement workshop
3. Specialist complex (homecare) medicines	<ul style="list-style-type: none"> a) Exploring new models of supply/ care for homecare patients, including “low tech” medicines (which may release capacity to manage “mid/high tech” medicines). b) Multiple bespoke platforms have been developed to manage homecare patients. Explore potential to streamline transfers of care and communication. c) To promote collaboration between National Homecare committee and providers. 	To be explored within Phase Two, where a proof of concept for alternative pathway for ‘low-tech’ medicines will be developed.

A second phase may be initiated where individual medicines pathways are mapped and a proof of concept for transformation is developed, and all relevant parties are in agreement.