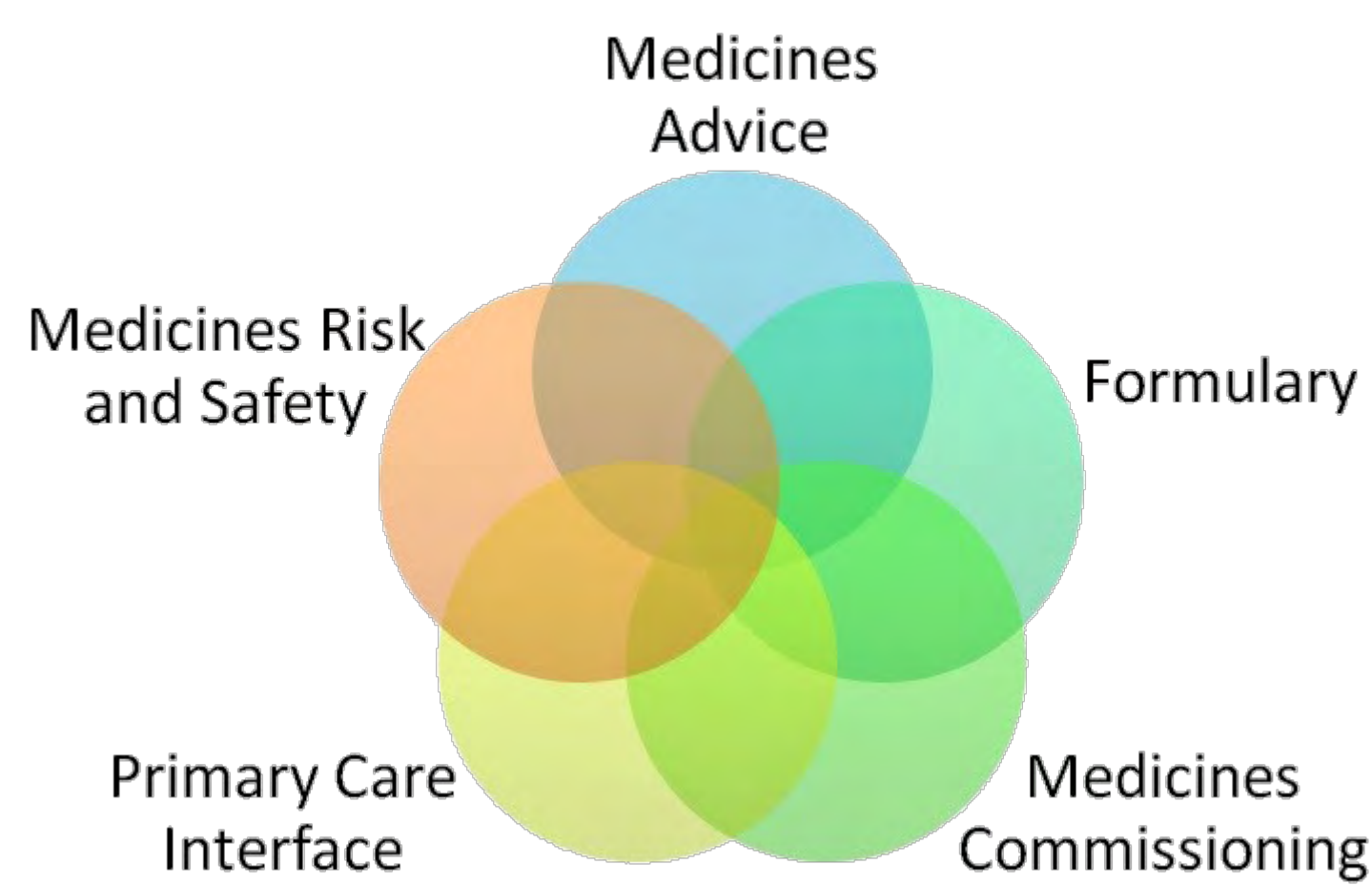


The Birth of the Leeds Medicines Advisory Service

Emily Turner, Dave Abbott, Keri Murphy, Jane Otter, Sue Parkinson, Helen Taylor, and Helen Thorp. Leeds Medicines Advisory Service. Leeds Teaching Hospitals NHS Trust.

Background

In September 2017 staff changes in the Leeds Medicines Information personnel prompted us to look differently at the way we work. We took the opportunity to amalgamate Medicines Advice, Medicines Risk and Safety, Medicines Formulary and Drug and Therapeutics (DTG), Medicines Commissioning and the Primary Care Interface into the Leeds Medicines Advisory Service (LMAS).



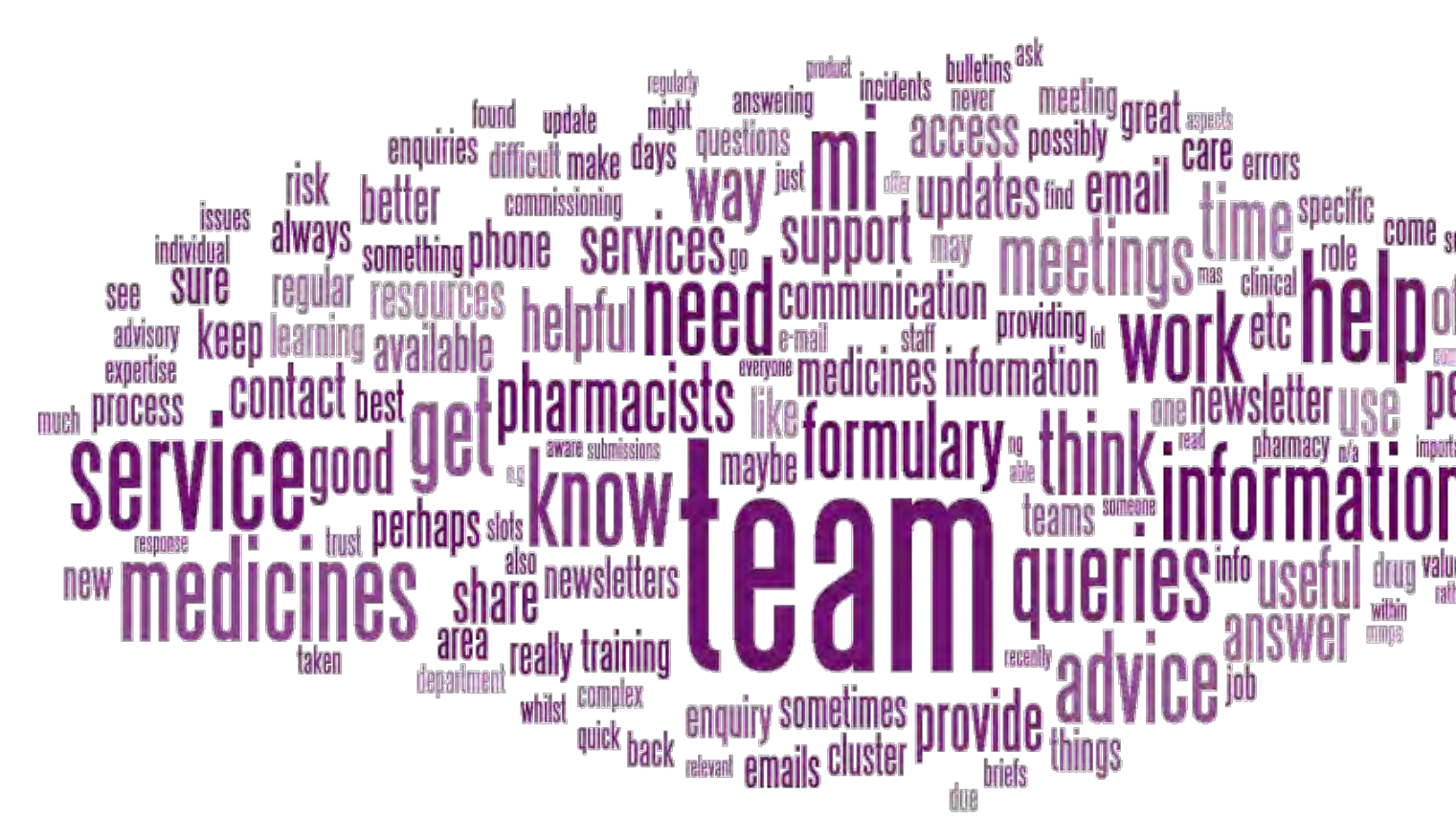
Aims

- To explore cross-overs in work to find efficiencies.
- To utilise the diverse skills of the wider team in different ways to improve outputs.
- To improve succession planning, and development of people with skills for senior roles.
- To improve cross-site equity of access to our services.

All within the existing budget for the service

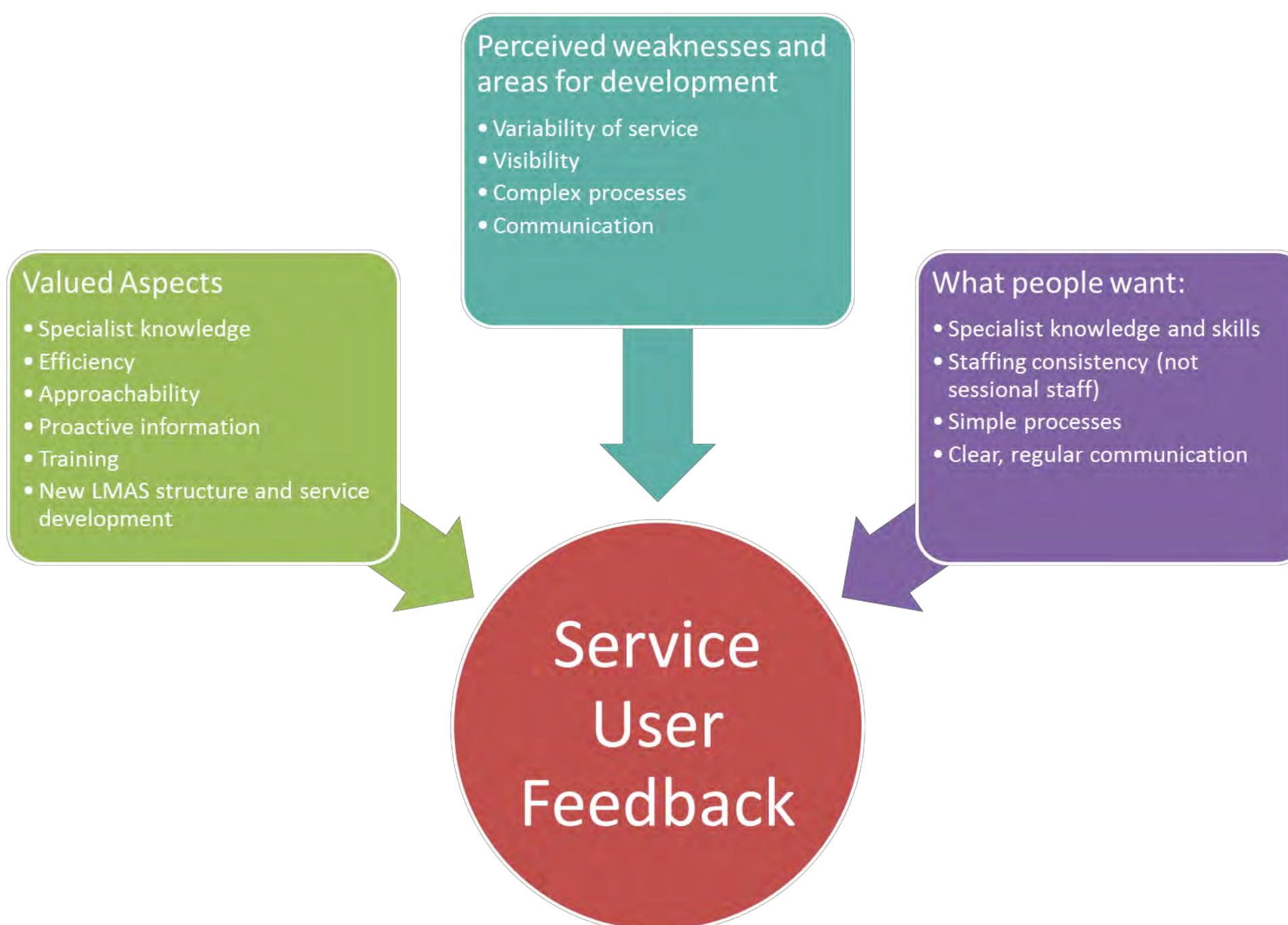
Our Vision

To improve consistency and communication whilst making processes leaner to meet with the needs of our service users.



Methods

- Using the 'Leeds Way' Methodology we set up a number of projects throughout the year; those which were successful were pushed forward.
- We held open forum events within the team to discuss our strategy and future direction.
- We surveyed the wider pharmacy team, as our main stakeholders, and found that the changes we were making were recognised as improving our service.
- We did a thematic analysis of the feedback to produce themes within 'valued aspects', 'perceived weaknesses' and 'areas for development'.



Areas for development

Communication

- How do we tell people what we do and how we can help them?

Simplification / clarification of processes

- Can we make processes leaner? If not, can we make processes clearer?

Reduce variation

- Can we standardise our outputs / messages, regardless of who is working?

Maintain ease of access

- As the most commonly cited valued attribute of the service, access needs to be maintained.

Maintain expertise and make it more available

- Ensure that contact is made with the most appropriate person, and potentially expand the pool of expert members.

Projects and Outputs

Communication

- Production of a leaflet explaining the roles of staff working in LMAS to new and existing pharmacy staff.
- Regular, succinct digest e-mail with important updates and information.
- Increasing face to face engagement via attendance at other team meetings and embedding in clinical teams.
- Developing a pathway to improve communication of patient safety issues.

Simplification / clarification of processes

- Processing different work streams onto overarching pathways.
- E.g. medicines related alerts, sharing of 'MI', DTG, Commissioning and Risk updates.
- Review of the DTG processes.

Reduce variation

- Review of skill mix in the query answering Service.
- Improvement in our training provision and utilisation of 3rd year Foundation Pharmacists:
 - Training them across all areas of the LMAS service.
 - Aim to improve our succession planning.

Maintain ease of access

- Secondment of non-registrant staff to triage patient helpline calls.

Maintain expertise and make it more available

- Introduction of pager access to experienced advisory staff.



Tri-fold leaflet shared with Pharmacy Staff about the LMAS service