

Automating 4 Better Care Forum: September Meeting

A Forum funded by BD and facilitated by Newmarket Strategy.
September 2024

Overview and reflections

1. On September 24th, 2024, the Automating 4 Better Care (A4BC) Forum held the third of three scheduled meetings for 24/25 on optimising connected medication management (CMM) automated technologies. The aim is to bring together a range of professionals to discuss the potential of the technology and discuss barriers preventing its uptake.
2. In their opening remarks, the co-chairs described some of their recent engagement. On nursing engagement, the co-chairs had met with NHS England's Chief Nursing Information Officer, Helen Balsdon. Helen confirmed broad support in principle for CMM initiatives. However, there is a need for alignment across NHS England, the Nursing Directorate, and the Pharmacy Directorate to ensure cohesive priorities. Helen committed to identifying CNIOs to come to future A4BC Forum meetings, and she is currently in talks with other nurses with special interests in the topics to bring diverse perspectives to the table.
3. It was also noted that healthcare services in prisons may be a future opportunity to improve patient care and staff safety, through the management of Controlled Drugs. Similarly, in mental health Trusts, CMM deployment is advancing, with some Trusts beginning to adopt a variety of technologies. The primary focus in these trusts is patient safety, particularly in relation to reducing the risk of self-harm. CMM is seen as a valuable tool for improving security and freeing up nursing staff in these unique settings. However, it was noted that in the hierarchy of security risks on a mental health ward, medication management might not be ranked at the top of the priority list.
4. The A4BC Forum also explored the potential of hub-and-spoke models in pharmacy services; it is believed that the UK is lagging behind other countries. Community pharmacies, once resistant to this model, are now showing greater openness due to the increased demand for clinical trials and services. Factors such as the VAT considerations between hospitals and community pharmacies may be a topic to watch in future, however both co-chairs noted that VAT regulations are unlikely to change in the near future. The growth in outpatient dispensing, especially post-COVID, adds another layer of significance to these developments, and the A4BC Forum recognised the potential for increased collaboration between NHS Trusts under this evolving model.
5. Lord Carter also discussed the publication of Lord Darzi's 100-Day Review. He suggested the publication poses two central questions:
 - a. What will happen next?
 - b. In what direction will these changes take the sector?
6. It was emphasised that the government is keen to be seen as supportive of innovation and intends to demonstrate its commitment to progress by investing in interesting projects by next summer. This would show that the government is following through on its promises and the recommendations outlined in the review. However, Lord Carter expressed concerns about how the review overemphasised the lack of investment as a cause of low productivity. He pointed out that there is a significant productivity problem, which could be addressed by improving investment but also highlighted the potential of utilising incentives more effectively. Furthermore, he suggested that expanding the role of pharmacy in primary care could help alleviate some of the current backlogs. He also predicted an increase in Payment by Results (PbR) tariffs, noting that these tariffs would expose sectoral shortfalls, forcing hospitals to improve cost management, especially in pharmaceutical coding and costing models.
7. Furthermore, he stressed the importance of adopting new technologies and software that can integrate smoothly with existing systems. This would require better funding streams within the NHS and called for improved management practices. He suggested that more data and information are essential for

managers to make informed decisions, helping to overcome some of the managerial challenges the NHS faces. Finally, he underlined that although policymakers will be focusing on controlling staff and labour costs, there is a need to ensure safety remains a priority as new technologies are implemented.

Update on the SoS ePMA Directions to NHSE

8. The A4BC Forum members heard an update about the SoS ePMA Directions to NHS England. From December 2024 NHS England will collect medicine data every week from each secondary care provider in England who use an ePMA system to record the medicines they give to patients.
9. The intended purposes of this data collection are to:
 - a. To provide a comprehensive and comparable national patient level dataset about medicines use in secondary care which can be used for planning, commissioning and research purposes.
 - b. To support patient care improvement enabling the monitoring of medicines utilisation, weighing the cost and benefits of using treatments in comparison with others, and research into the safety and effectiveness of medicines.
 - c. To support the monitoring and the use of antimicrobials.
 - d. To improve consistency of medicines recording in secondary care settings (NHS England will assess how well they are following the NHS standard for recording medicines and devices - the dictionary of medicines and devices [dm+d]).
10. Dr Ridge provided an update on NHS England's request for information from prescribing systems, noting this as a positive step forward. Representatives from NHS England acknowledged that while this is a lengthy process, it is a worthwhile effort. However, it was stressed that the importance of ensuring that the data is used correctly, given the extensive work involved in reaching this point. He pointed out that issues with legacy GP data were a major hurdle to publication, and they must ensure the current data collection is not wasted. It was also noted that data is already being received from over 35 hospitals, and it is crucial to learn from these early adopters on how best to collect, handle, and utilise the data effectively.

Achieving Interoperability

11. The last meeting highlighted that the lack of interoperability presents a significant barrier to developing exemplar sites. A key frustration identified is the cost and complexity involved in creating user interfaces between different components of a supplier's systems. A principal concern is the NHS's lack of confidence in suppliers' ability to fulfil their commitments, based on past experience with different suppliers. Building trust in the industry is essential and could be achieved through engagement with NHS England and other key stakeholders. Demonstrating successful exemplar sites and providing tangible evidence of suppliers is paramount to restoring trust between the NHS and system suppliers. As a result, the A4BC Forum held a session on interoperability, with presentations from two suppliers, BD and System C.
12. In the introduction led by Ann Slee, the emphasis was placed on the fact that the current system integration challenges are not solely about technology, but also about people, relationships, and how information is utilised. She pointed out that a "them and us" mentality exists between industry and the NHS, and this hampers collaboration. Additionally, technology not designed with the NHS/users in mind makes integration difficult. Ann mentioned that efforts to achieve greater interoperability have been ongoing since 2016, but there is a need to prioritise more effectively, particularly in areas like medicines, which she believes could show promising progress if focused on nationally.
13. Ann also noted that an opportunity to engage with legislation that could have strengthened the cause was missed. Looking ahead, she feels the A4BC Forum can play a key role in fostering future adoption and progression. Qualitative research conducted by Newmarket Strategy on thematic issues revealed significant issues, and Ann believes that collaboration between the industry and other stakeholders can help identify where efforts should be concentrated moving forward.

Discussion

14. The discussion on medication management interoperability highlighted several key perspectives on the challenges and opportunities in achieving a cohesive system within healthcare. BD presented its vision for interoperability, emphasising both horizontal and vertical integration to ensure visibility and efficiency across Trusts. Representatives provided an overview of the complexity BD faces with multiple partners and products, while stressing the importance of supporting patients and embedding staff in Trusts to improve care delivery. Long-term engagement with clients is necessary to foster better collaboration and avoid a "them and us" mindset. The idea of unifying processes across organisations, particularly in IT and pharmacy departments, was also raised as a way to streamline workflows and reduce delays.
15. Another supplier, System C Connecting Care discussed the need for a measured approach to integration, focusing on the appropriate level of integration for each system to avoid unnecessary complexity. He suggested creating a prioritisation list based on complexity and benefits, which could help determine which systems should be integrated first. It was raised that concerns about how interoperability is often seen as a burden rather than an opportunity, due in part to a lack of IT training in Trusts and a disconnect between healthcare professionals' needs and the solutions provided by the industry. He also highlighted the importance of patient safety data and called for a more structured approach to supporting healthcare professionals in adopting new technology.
16. The conversation also touched on the challenges of securing funding and overcoming the operational barriers to integration. NHS and industry leads discussed the significant infrastructure required for large-scale interoperability efforts, particularly the need for collaboration across IT, pharmacy, and nursing departments. It was suggested that a digital investment maturity framework of some sort managed by NHS England could help prioritise efforts to maximise the value of implementation. The importance of vendor collaboration was also highlighted, as systems from different suppliers—and even different versions from the same supplier—are not always compatible. This lack of standardisation complicates integration efforts, underscoring the need for a unified approach to interoperability.
17. Finally, the group agreed on the need for a clear and achievable roadmap for suppliers on interoperability. Lord Carter emphasised the importance of not over-promising and making realistic suggestions that would improve safety and performance. There is a need to ensure that any proposals are deliverable, cash-releasing, and aligned with current healthcare priorities. The discussion concluded with a call for validation within the wider community and the next steps for developing a prioritisation process to guide future integration efforts.

The roadmap from here and the future of the A4BC Forum

18. The discussion on the roadmap and future of the A4BC Forum highlighted the progress made in CMM deployment and the need for further development. Dr Ridge noted that the initial reason for the A4BC Forum to be created was identifying the problem for CMM deployment, and now the plan is beginning to take shape. A key priority is the establishment of Exemplar sites, and this may be realised soon with two NHS Trusts:
 - a. Using one Trust as an exemplar, the importance of addressing risk was stressed. It was suggested that a proper research piece, rather than just data collection, is necessary to examine the impact of eliminating paper registers and improving data integration.
 - b. Using another exemplar trust as a case study, they are also exploring how the deployment of ADCs could create a closed-loop system for, but concerns over capital investment remain, and strategies to overcome these hurdles, such as bending capital rules, were discussed.
19. Looking ahead, Dr Ridge proposed forming two subgroups – one for supplier interoperability and one for evaluation. The forum's role in championing technology remains crucial, and Dr Ridge believes it is transitioning from phase one to the next stage. Lord Carter echoed this sentiment, noting the importance of balancing both bottom-up and top-down approaches to avoid pilot projects and ensure proper

implementation. Updates from exemplar sites are expected by mid-November, with a follow-up meeting set for early December to maintain momentum.

Actions

20. There were several actions that arose from the discussion. These included:

- *Schedule 3 Forum meetings over the next 12 months, with one in mid-November and propose dates for the other two*
- *Review updates from exemplars at the mid-November forum meeting*
- *Forum to initiate 2 subgroups (one for interoperability and one for evaluation)*
- *Forum membership and ToR need to be critically reviewed*
- *BD to schedule a call with SystemC to focus on refining the framework with the following key deliverables:*
- *Plan a roadmap – what are the key deliverables for medicines interoperability*
- *Create a process which can be bounced around for validation by suppliers.*
- *Dr Ridge to engage with key leaders within prisons, mental health trusts, etc to bring their insight to the forum to inform future directions of the forum.*
- *BD to confirm if sufficient nursing representation and buy-in is available in the nursing.*

Letter to Paul Corrigan Actions:

- *Newmarket to develop a draft letter / elevator pitch for Paul Corrigan to deliver after A4BC Forum to draw attention to the Forum and the work it is doing (in order to do this, there needs to be internal agreement about which areas should be prioritised) ** the aim is for ministers to understand that patients would be safer if systems were more interoperable***
- *Include completed prioritisation matrix idea presented by System C in note to Paul Corrigan to highlight priorities*
- *Develop further details and content for the letter to Paul Corrigan*

About BD and Newmarket Strategy

BD has been at the forefront of healthcare safety and technology leadership for over a century. Leveraging their extensive experience and global presence, BD is a pioneer in ensuring the safety of patients and healthcare workers. Additionally, they excel in developing technologies that support medical research and enhance clinical laboratory capabilities.

Newmarket Strategy are a bespoke consultancy whose expertise spans across all the key sectors in healthcare, life sciences and health-tech. They offer the full spectrum of strategic advice and technical support to clients across the whole innovation value-chain.

For the avoidance of doubt, BD is supporting and funding the development of the A4BC Forum and has commissioned Newmarket Strategy to provide secretariat and guidance. However, the objective of the A4BC Forum is to seek independent views and advice, ensuring an unbiased and inclusive platform for discussion and decision-making.

Contact information

- > For more information from BD, please contact Nancy West, Country Leader for Medications Management Solutions, BD UK&I: nancy.west@bd.com
- > For more information from Newmarket Strategy, please contact Ed Jones, Senior Partner, and co-founder: ed.jones@newmarket-strategy.com

Attendees

	Name	Role	Organisation
1	Lord Carter of Coles	Co-Chair	House of Lords
2	Dr Keith Ridge CBE	Co-Chair	Former Chief Pharmaceutical Officer for NHS England
3	Dr Rahul Singal	Chief Pharmacy & Medicines Information Officer & Senior Responsible Owner for Digital Medicines	NHS England
4	Rob Duncombe	Chief Pharmacist	The Royal Marsden NHS Foundation Trust
5	Vinodh Kumar	Chief Pharmacist	St George's NHS Foundation Trust
6	Kandarp Thakkar	Chief Pharmacist	Plymouth Hospitals Plymouth NHS Trust
7	Pippa Roberts	Chief Pharmacist, Clinical Director for Medicines Optimisation	Liverpool University Hospitals NHS Foundation Trust
8	Michael Pace	Managing Director (formally managing director of NHS London Procurement Partnership)	ZCJ Consulting
9	Anne Slee	Health IT and ePrescribing Specialist	PSC Health Ltd
10	Mike Fairbourn	VP GM UK & Ireland	BD
11	Fraser Young	VP/GM, MMS, EMEA.	BD
12	Professor Stefan Schragg	Director Medical Affairs	BD
13	Nancy West	Northern Europe Hub Director – Medication Management Solutions	BD
14	Dipak Duggal	Director of Medical Affairs International	BD
15	Matt Robinson	Senior Manager	Newmarket Strategy

Apologies

1	David Campbell	Clinical Director of Medicines Optimisation	Northumbria Healthcare NHS Foundation Trust
2	Sue Ladds	Hospital Pharmacy Modernisation Lead	NHS England
3	Ed Jones	Senior Partner	Newmarket Strategy
4	Dr David Webb	Chief Pharmaceutical Officer	NHS England
5	Professor Bryony Dean Franklin	Research & Director, Centre for Medication Safety and Service Quality	Trust & Co-Editor-in-Chief, BMJ Quality and Safety
6	Dr Raliat Onatade	Chief Pharmacist – Director of Medicines and Pharmacy	NHS North East London and Bards Health NHS Trust
7	Will Johnson	Head of Strategic Finance	The Royal Marsden NHS Foundation Trust
8	Tanya Serebryanska	Market Access and Development Pharmacist UK&I and Nordics	BD

Attendees for Interoperability Discussion

1	Guy Lucchi	Healthcare Managing Director	System C Healthcare
2	Daniel Hinchley	Product Manager - Pharmacy	System C Healthcare

3	Caroline Gibbons	Head of Customer Success UKI & Nordics	BD
4	Phil Sharp	Northern Europe Connectivity and Solutions Manager at BD	BD

Observers

1	Patrick Wilkinson	Health IT and ePrescribing Specialist	BD
2	Donna Atkins	Marketing Manager MMS	BD
3	Andy Platten	Senior Market Access Manager	BD