Background

• Great North Children’s Hospital
  – 246 beds
  – Tertiary referral
  – Large variety of specialties
  – Cover large geographical area

• Large groups of children where families have problems obtaining ongoing supplies of their children’s medicines
  – High risk & complex medicines
  – Liquids
  – Unlicensed
  – Off label
  – Expensive
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“For all children to get the right medicine at the right dose at the right time with the right monitoring with minimum fuss wherever they live”
Timeline

2016  Identification of problem

2017  Funding applied AHSN & GNCH foundation
       Obtained funding

2018  Pharmacist Technician 1 day / wk
       Unable to obtain nurse or doctor
       Process map of needs – patient engagement

2019  Demonstrated effectiveness pill swallowing
       Applying funding Part 2
Scoping exercise

1. Patient feedback in clinic
2. Staff feedback
   - GNCH teams, pharmacy
   - Local GP
   - NENC Rx forum (NHS North England Commissioning Support Unit)
3. Real time clinic issues
4. Real time prescribing data
   - Neuro, renal teams
   - GP CCG
   - RVI Dispensary
Reasons for GNCH dispensing

- GP will not prescribe
- Convenience
- Only available from RVI
- Prescribed while at clinic
- Off licence use and not formulary use
- Medicine initiated in clinic
- Shared Care not yet/recently sent
- Discharge

68% Nephrotics, 82% Transplants
Up to 3 hours travel
Shared care guidelines for ¼ of region
What families said they want

Prescribing
• Dose or medication changes they are told about in clinic to be what is dispensed
• Minimum fuss to get repeats without families needing to repeatedly give excessive explanation or professional expressing system negativity

Medicine
• No change in preparation unless by prior notification
• Reasonable expiry duration and restriction on number of days supplied (not fortnightly)
• Minimise different bottles expiring on different days
What families said they want

Dispensing

• All medicines from one pharmacy
• Collection to be reasonable distance from home
• Collection from pharmacy or home delivery with flexible timing so they do not have to wait in all day
• Medicines to be available when they go and collect
• Safety netting for running out or mishaps on weekends
What GPs & commissioners* say

- ‘Wicked problem’, useful to hear parents voices
- Safety concern – rare, complexity & knowledge
- IT prevents prescribing
- Not unique to paediatrics

- Cheaper centrally with economies of scale
  - procurement, specialist knowledge
  - Pharmacies buy in bulk then waste remainder
- Need change in contract

*NENC Prescribing forum (NHS North England Commissioning Support Unit)
Corridor Conversation

• Corridor conversations can have potential for opening more than doors
• Don’t be defensive if you’re challenged
1. Tablet swallowing
2. Shared care region-wide guidelines
3. Centralised liquid medication

“For all children to get the right medicine at the right dose at the right time with the right monitoring with minimum fuss wherever they live”
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Part 1: Pill Heroes
What did we do?

All children ≥5 years old should try tablets unless contraindicated (e.g. neurodisabilities)

Test of change – chronic kidney disease clinic, GNCH
Training session – team bonding

Dummy capsules filled with sweets

Tablet illustration kit

Switching kit
3 months project
21 children converted
5 years youngest
36 medicines
£42,000 per year saved (approx)
Nov 18   Renal
Jan 19   Video, poster and website [https://northernpaediatrics.com/kidzmed/](https://northernpaediatrics.com/kidzmed/)
          British Association for Paediatric Nephrology Annual Conference
Feb     Research nurses
        BMT / oncology
        North of England Paediatric Society
Mar     Annual British Paediatric Nephrology Nurses meeting
Apr     Paediatric Pharmacists, BMT Ward, Children’s OPD & play therapists
        Yogi QI Prize winner
June    Northern Paediatric Pharmacist Training Day
        Submit for publication: ADC
Future  Northumbria nursing school curriculum
        Newcastle Medical & Pharmacy student curriculum
Part 2
- Centralised liquid medication hub
- Visited GP prescribing hub - Heaton Road Surgery
- Applying for more pharmacist funding

Part 3
- Shared care regional guidelines
- Vanguard – Niamh O’Connoll, pharmacist
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QI Learning

• Need project management esp. staffing
• Funding – consumables, change of plan
• Team, time, motivation
• Project → mainstream infrastructure
What have I learnt?

• Think flexibly
• Problem larger than recognized; fix will take longer
• Solutions to problems aren’t always what you envisaged
• Scenic pathways have unforeseen opportunities
• Make the most of peers and colleagues; don’t work in silos