

KidzMed Project

Part 1

Part 2

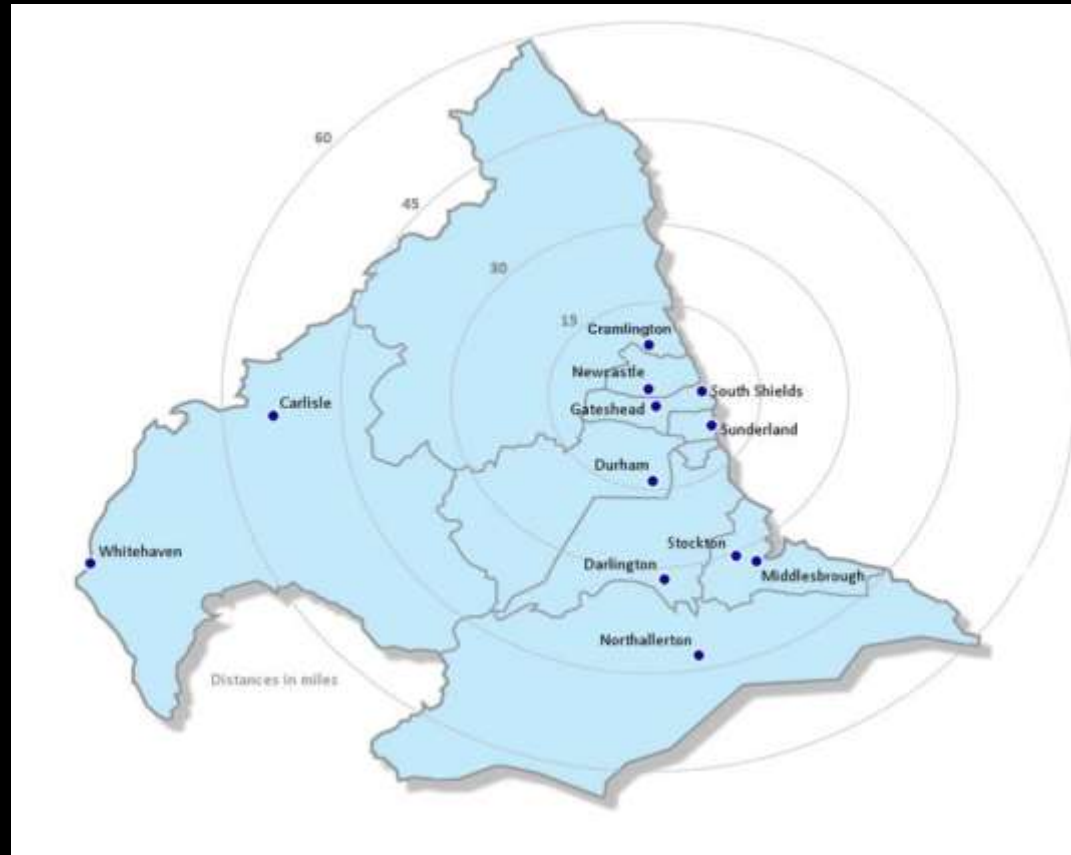
Part 3

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”

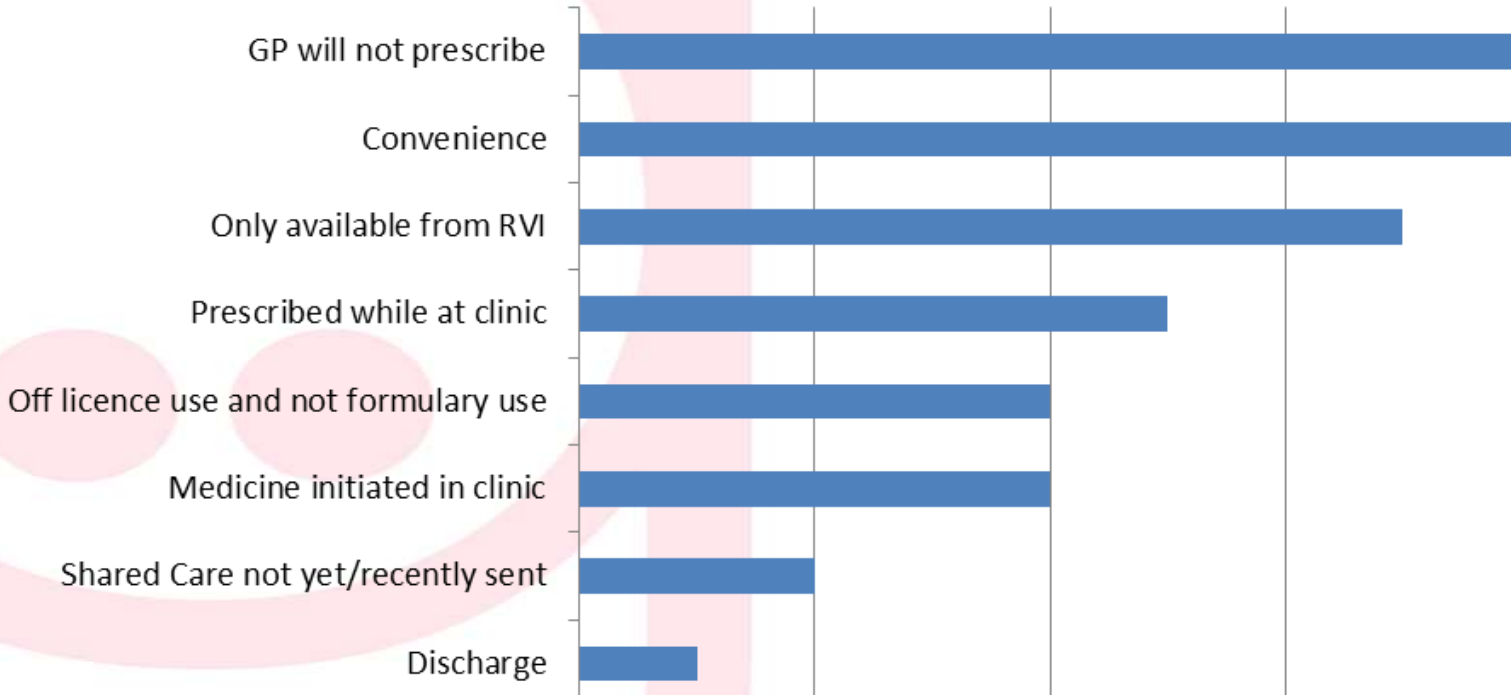
Timeline

- 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



68% Nephrotics, 82% Transplants
Up to 3 hours travel
Shared care guidelines for 1/4 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

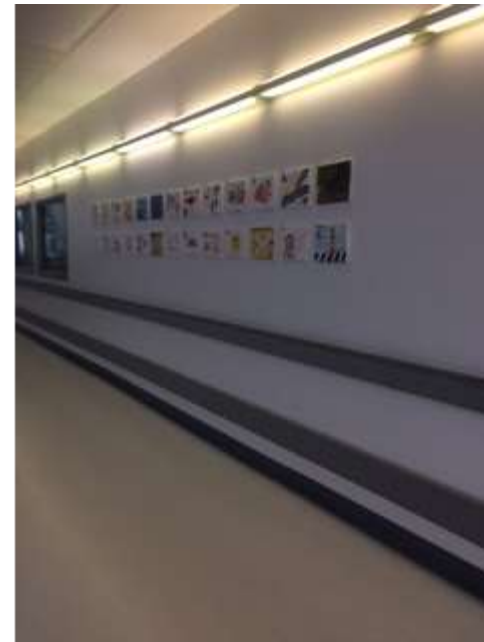
What GPs & commissioners* say

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

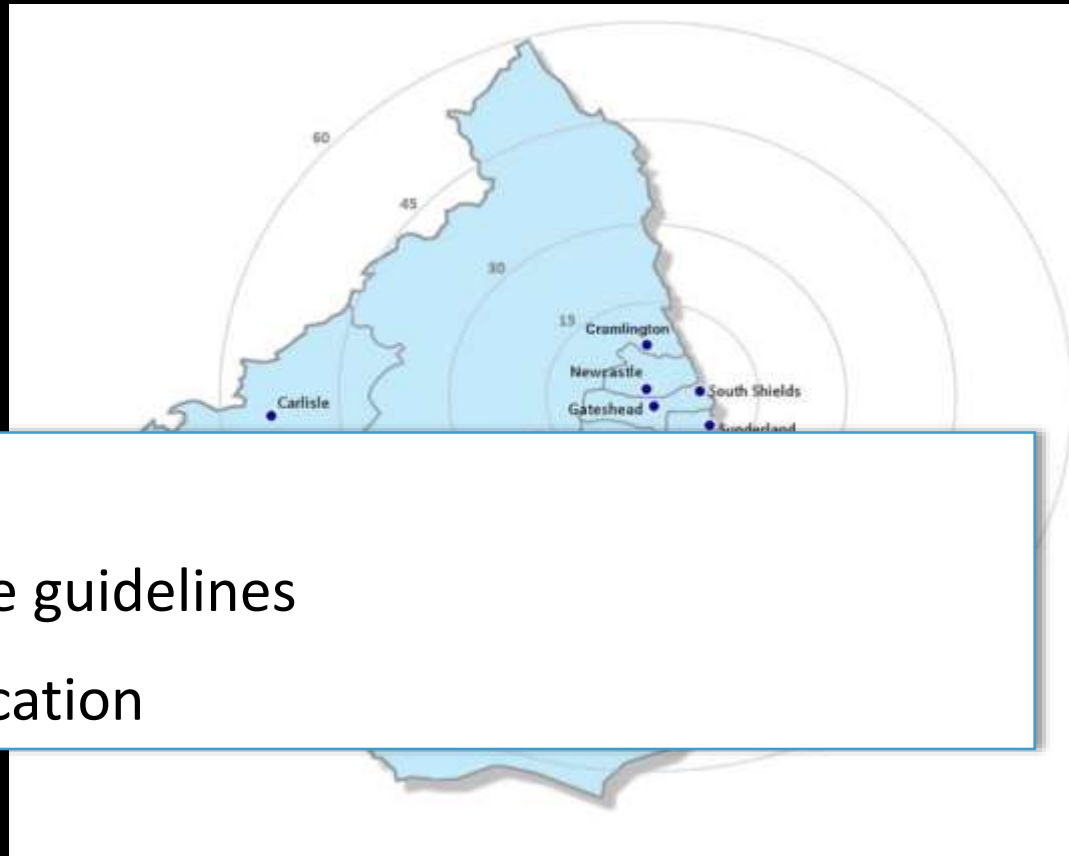
- Cheaper centrally with **economies of scale**
 - procurement, specialist knowledge
 - Pharmacies buy in bulk then waste remainder
- Need change in contract

**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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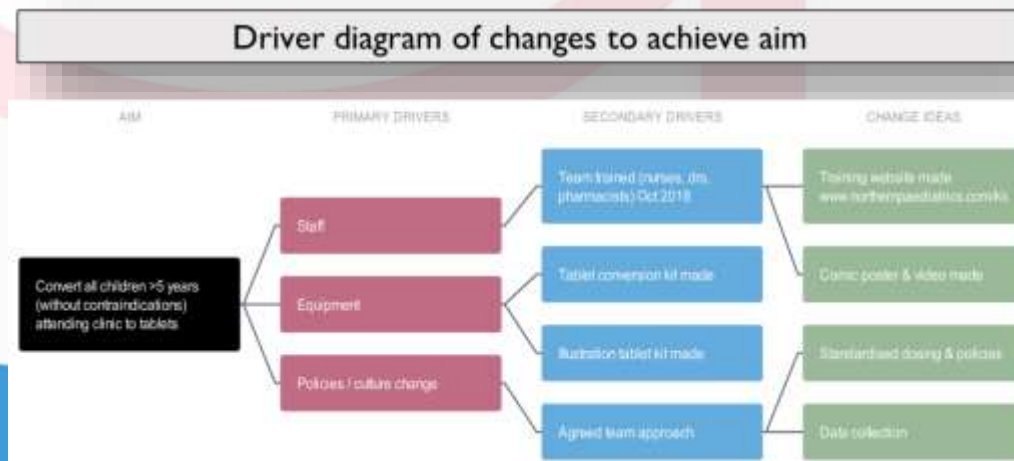
Part 1: Pill Heroes



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



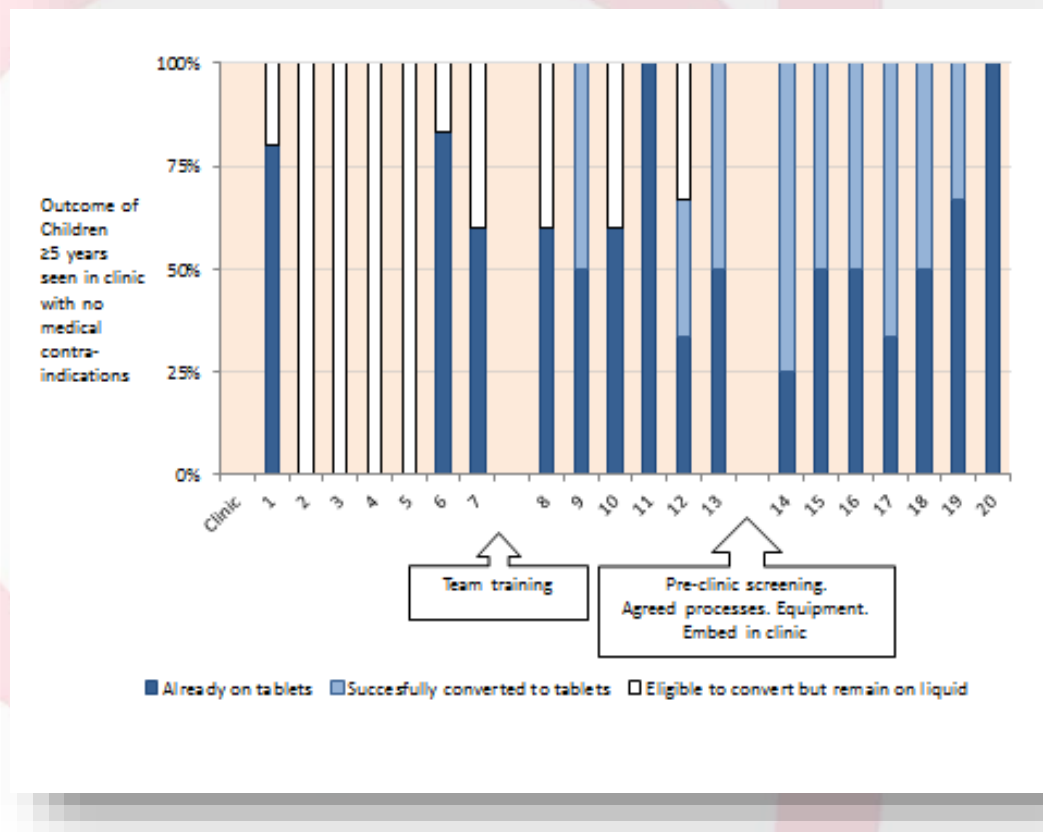
Dummy capsules filled with sweets



Tablet illustration kit



Switching kit



3 months project

21 children converted

5 years youngest

36 medicines

£42,000 per year saved (approx)

Spread

Nov 18	Renal
Jan 19	Video, poster and website 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

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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’Connell, 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