



# Automating 4 Better Care Forum: First Meeting

A Forum funded by BD and facilitated by Newmarket Strategy

April 2024

## Overview

On Monday 15<sup>th</sup> April 2024, The Automating 4 Better Care (A4BC) Forum held the first of three scheduled meetings on optimising connected medication management (CMM) automated technologies, bringing together a range of professionals to discuss the potential of the technology and discuss barriers preventing its uptake.

In their welcoming remarks the co-chairs highlighted the pressing need for investment and reform in pharmacy within the NHS. They acknowledged that there has been slow growth in the field but highlighted significant benefits observed in areas where automated technologies had been adopted by the NHS by the NHS and private healthcare sector. However, they noted the existence of evidence gaps in the UK. This document brings together the discussions by the group on the challenges of adopting CMM and the role of A4BC Forum.

As the first of the scheduled meetings, this meeting focused on the challenges of adopting CMM automated technologies in the NHS, to help focus policy efforts. The following two meetings will start to focus on solutions and initiatives to drive a more coordinated national adoption strategy that will help improve patient safety and efficiency.

## Challenges of Adopting CMM automated technologies.

### 1. Evidence Gaps and Communicating the Strategic Case for Adoption.

The UK's evidence base for CMM automated technologies across the NHS is currently lacking in quality and depth, making it challenging for policymakers, commissioners, and clinicians to draw definitive conclusions and make the business case for adoption. Building a stronger business case, backed by robust evidence, is crucial – *'evidence base makes the business case.'* Some participants reflected that it is often a Chief Pharmacist, an operationally focused role and responsible for driving the business case, and there can be a lack of experience in articulating benefits for a major programme to board members to secure investment. A more team-based approach to developing the business case was needed, drawing in nursing and finance professionals.

Beyond the patient safety benefits, there needs to be a practical and realistic view of the financial case. For some Trusts, there might be a delicate trade-off between addressing concerns about job losses, but also noting that sometimes job losses and savings might be part of the investment discussion. In other Trusts, staffing may not be up to the required level for optimal safety and efficiency, and so job losses will not be a welcome part of the discussion, and the focus should be on enabling individuals to use their time more effectively and raising standards.

It was noted in areas that had adopted some of the technology, that well-designed pilots can help convince clinical staff and management of the benefits, who then drive the case for further adoption. Demonstrating tangible benefits is the key, and if they can be demonstrated effectively, then there is potential for engagement. The real challenge is prioritising the implementation amid competing priorities that demand immediate attention.

## **2. Implementation Challenges**

Participants noted that the implementation of CMM automated technology is resource-intensive in terms of time and finances. In past procurement of electronic prescribing and medicines administration (EPMA) systems, there was an assumption that productivity and efficiency benefits were inherently included. Consequently, there may be hesitancy among individuals to commit to future products if there is apprehension about additional costs down the line, or the sense that they will be procuring the same thing over and over. During the process, new issues will also be encountered that were previously unforeseen, and it is important also to articulate the new risks posed by these interventions and address those when implementing new systems.

## **3. Technical and Interoperability Challenges**

Participants noted that the use of Electronic Patient Records (EPRs) across the NHS is providing a solid foundation of digital infrastructure, some of the benefits of which remain to be realised. Despite potential benefits such as saving nursing time and streamlining the supply chain, ongoing interoperability issues persist. Therefore, for CMM automated technologies, compatibility issues with EPRs and NHS IT systems pose significant obstacles. It was noted that US-based systems have a precedent for not seamlessly adapting to NHS workflows. However, the NHS should be aware it is one small part of the global addressable market for companies and so they will be unlikely to build what is required unless there is significant appetite for a specific product. There have also been historical issues with the NHS being sold products that do not work, which can disrupt commercial conversations.

Participants reflected that overcoming interoperability challenges, particularly at the ward level, is critical for seamless integration. Collaboration between solution providers like BD, Omnicell, and EPR providers like Oracle Cerner and Epic is essential for integration success.

## **4. A lack of Understanding the Nursing Perspective**

It was highlighted that nursing perceptions and concerns about CMM's impact on patient care and workflow efficiency need to be addressed. The RCN sees CMM as a low priority currently - they need to see evidence of CMM releasing time and improving safety of medicines administration. Involving nurses in the co-design process from the outset is essential for successful implementation, and future meetings should include nurses from national and regional roles. This importance was highlighted by a story brought to life by one member, who said the most vocal champion for the value of CMM technologies at one site was the Chief Nursing Officer. Going forward, clearer articulation of the nursing narrative and the case for nurses is necessary.

## **5. Patient Involvement and Safety**

Integrating patient perspectives and leveraging patient voices can enhance safety initiatives and drive system improvements. Although policymakers and politicians cannot ignore the evidence of harm to patients, patients themselves often take medication safety for granted. There is a gap in patient awareness as they are often not informed about medication errors. Therefore, patient involvement is not only about increased awareness of medication errors, but also on other benefits that matter to patients, including patient experience and improved discharge processes. Ensuring patient safety beyond the hospital and wider system integration efforts could also be of interest. Patients are also rightly concerned about reducing waste and medicine shortages in the NHS. Inventory management can be facilitated and better managed across a Trust and an ICB with the right use of technology.

## Clarifying the Purpose and Outcomes of the A4BC Forum

A discussion was held on how the A4BC Forum could act as a positive force to support patients and the NHS by driving the adoption of CMM automated technologies. The following points were suggested.

1. **Clarifying Evidence Needs:** – The A4BC Forum could work with academics, the NHS, and industry to identify evidence gaps and support data generation to address those gaps. This process should emphasise the demonstration of time-saving benefits and ensuring safety in adopting new practices.
2. **Broadening Productivity Benefits:** The A4BC Forum could work to expand the understanding of productivity of CMM automated technologies to encompass factors beyond labour and costs, including improvements in patient flow. This may involve articulating productivity benefits for different audiences, i.e., ICS commissioners, the nursing workforce, Trust C-suite, and procurement and estate leads. This may include focusing on connectivity with care homes, adult social care, virtual wards, and primary care.
3. **Development of Novel Commercial Structures:** Building on the above asks, the A4BC Forum could explore frameworks for better articulating and delivering the business case and return on investment, as well as developing with industry novel commercial structures which share risk and outcomes.
4. **Co-designing with Nursing Benefits:** The A4BC Forum also identified a need to co-design messaging with nursing to ensure nursing leaders and staff become strong advocates for the technology. This might consider nursing ratios, improved quality of care, and time releasing aspects.
5. **Examining Practice Models:** The A4BC Forum could also discuss and develop models of practice for hospital pharmacy for the future particularly focusing on workflow considerations. This is likely to be a significant endeavour.
6. **Building Confidence around Interoperability:** The A4BC Forum could work to foster confidence in CMM automated technologies by establishing a roadmap which shows when different suppliers and electronic health systems will be interoperable by when. At the same time, the A4BC Forum could advocate for a more consistent approach across NHS organizations in the adoption and implementation process of CMM automated technology.
7. **Patient Experience:** The A4BC Forum could consider how best to engage patients in the development and use of CMM technology.

## Asks of the A4BC Forum Members

The discussion noted the need to engage finance and nursing colleagues. The problem is that the finance professionals do not feel connected to medications and patient safety in the same way as clinicians and patient safety advocates do. Therefore, the co-chairs of the A4BC Forum would like to ask members to share this briefing and A4BC Forum Meeting papers with their nursing and finance leads, and if possible invite them to the next A4BC Forum.



## 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. BD will be able to provide rich insights to the discussion, as demonstrated by their inclusion on [Fortune's 2024 list of American's Most Innovative Companies](#).

## Contact information

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- For more information from Newmarket Strategy, please contact Ed Jones, Senior Partner and co-founder: [ed.jones@newmarket-strategy.com](mailto: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
4	David Webb	Chief Pharmacist	NHS England
5	Rahul Singal	Chief Pharmacy & Medicines Information Officer & Senior Responsible Owner for Digital Medicines	NHS England
6	Sue Ladds	Hospital Pharmacy Modernisation Lead	NHS England
7	David Campbell	Clinical Director of Medicines Optimisation	Northumbria Healthcare NHS Foundation Trust
8	Raliat Onatade	Chief Pharmacist – Director of Medicines and Pharmacy	NHS North East London and Bards Health NHS Trust
9	Rob Duncombe	Chief Pharmacist	The Royal Marsden
10	Vinodh Kumar	Chief Pharmacist	St George's
11	Professor Bryony Dean Franklin	Executive Lead Pharmacist Research & Director, Centre for Medication Safety and Service Quality	Imperial College Healthcare NHS Trust & Co-Editor-in-Chief, BMJ Quality and Safety
12	Anne Slee	Health IT and ePrescribing Specialist	PSC Health Ltd
	Rose Gallagher MBE	Professional Lead Infection Prevention and Control	Royal College of Nursing

	Mike Fairbourn	Vice President & General Manager, UK & Ireland	BD
14	Nancy West	Northern Europe Hub Director – Medication Management Solutions	BD
15	Dipak Duggal	Director of Medical Affairs International	BD
16	Andy Platten	Senior Market Access Manager	BD
17	Dee Noel	PR & Comms Leads, UK/I	BD
18	Ed Jones	Senior Partner	Newmarket Strategy

## Observers

	Name	Role	Organisation
1	Greg Quinn	Director, Public Policy & Advocacy	BD
2	Patrick Wilkinson	Marketing Manager	BD
3	Tom Ward	Head of Sales	BD
4	Matthew Robinson	Senior Manager	Newmarket Strategy
5	William Knight	Analyst	Newmarket Strategy