

Integrating NHS Pharmacy and Medicines Optimisation into Sustainability & Transformation Partnerships and Integrated Care Systems

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Contact Details for further information	Office of the Chief Pharmaceutical Officer NHS England Skipton House, London SE1 6LH england.pharmacyintegration@nhs.net

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Integrating NHS Pharmacy and Medicines Optimisation into Sustainability & Transformation Partnerships and Integrated Care Systems

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Introduction

Medicines Optimisation¹ has a major influence on delivering better health outcomes for individual patients and for improving health at a population level as a process for reducing inappropriate prescribing and ensuring patient safety across care pathways. This document describes the background to the Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme. It describes the approach for “testing” the principles of a framework for NHS pharmacy and medicines integration within Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) pilot areas during 2018/19. The framework will highlight the collaboration and leadership needed across the system, and the governance required to support this.

Policy context

The NHS Five Year Forward View highlighted the need to create new models of care and break down the historical barriers between organisations². In December 2015, NHS planning guidance was published, providing a mandate for five year sustainability and transformation plans to be developed³. As a result, the NHS and local authorities in 44 areas came together to form plans to improve the health and care of their local population. Together they formed partnerships, known as Sustainability and Transformation Partnerships (STPs), to improve and coordinate services and agree priorities. The “Next Steps on the NHS Five Year Forward View” in 2017 solidified the future of STPs and the more advanced Integrated Care Systems (ICSs)⁴. In June 2018, the Prime Minister announced a commitment to developing a new ten-year NHS plan, building on the progress already made in safety, quality of care, mental health, cancer, prevention and integration of health and social care⁵. In July 2018, the Secretary of State made a commitment to focus on three priorities across the health and social care system; workforce, technology and prevention; highlighting the need to work differently across the system to deliver best outcomes⁶. All of this signals a move to work differently to deliver the best for patients.

Medicines are the most common intervention in the NHS, with 48% of adults having taken a prescription medicine in the last week⁷. As systems transform to deliver integrated care at STP, ICS and Primary Care Network level, the clinical and professional leadership to optimise medicines for their populations and for individual patients must be embedded, encompassing all specialties and healthcare professionals.

¹ <https://www.rpharms.com/resources/ultimate-guides-and-hubs/medicines-optimisation-hub>

² <https://www.england.nhs.uk/five-year-forward-view/>

³ <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

⁴ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/>

⁵ <https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan>

⁶ <https://www.gov.uk/government/speeches/matt-hancock-my-priorities-for-the-health-and-social-care-system>

⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016>

Medicines Value Programme

Within the Next Steps on the NHS Five Year Forward View document, Chapter 7 sets out how the NHS should aim to get better value out of the medicines prescribed for patients. The Medicines Value Programme⁸ aims to improve patient outcomes and ensure that the NHS obtains the best value from medicines across health and social care.

Medicines represent the second largest spend in the NHS - £17.4 billion⁹ with £1 in every £7 being spent on medicines. The NHS spend on medicines is rising steadily, with an 8% increase per year¹⁰. For this reason, STPs need a clear focus on drug expenditure now and in the years to come. But it's not just the cost that's a problem - 5-8% of hospital admissions are due to medication and 50% of people do not use their medicines as intended⁸. The Medicines Value Programme was set up to respond to these challenges by coordinating a strategic approach to getting the best value from medicines.

Optimising medicines for patients is a key enabler for achieving greater efficiency and actual savings. Regional Medicines Optimisation Committees (RMOC) were established in 2017 to provide advice and make recommendations on the optimal use of medicines for the benefit of patients and the NHS by bringing together decision makers and clinicians across the (then) four regions of England, to share best practice, understand the evidence base, coordinate action and to reduce variation thus improving outcomes and value¹¹. There are a number of priorities around medicines optimisation for the newly formed Regional Medicines Optimisation Committees (RMOCs). However, to realise the full benefits of medicines optimisation, delivery is best achieved at a local level, addressing the needs of the local population and their outcomes from medicines¹². This should extend beyond traditional medicines management and a focus on medicines savings, into population-level medicines optimisation focused on best patient outcomes.

Pharmacy Integration Fund

The Pharmacy Integration Fund¹³ was set up in October 2016 to support the implementation of the health services transformation outlined in the NHS Five Year Forward View. The initial priorities for the fund were identified through consultation and were co-designed with key stakeholders including representatives from commissioning bodies, health and social care providers, regulators, professional bodies and patient groups. The Pharmacy Integration Fund has supported the deployment of pharmacy professionals into a number of new care settings including general practice, care homes and integrated urgent care (IUC) hubs. This forms the basis of a workforce that are well placed to work across primary care networks as

⁸ <https://www.england.nhs.uk/medicines/value-programme/>

⁹ <https://digital.nhs.uk/data-and-information/publications/statistical/prescribing-costs-in-hospitals-and-the-community/2016-17>

¹⁰ <https://digital.nhs.uk/data-and-information/publications/statistical/prescribing-costs-in-hospitals-and-the-community/2016-17>

¹¹ <https://www.england.nhs.uk/publication/regional-medicines-optimisation-committee-operating-guidance-and-recruitment-information/>

¹² <http://www.rpharms.com/promoting-pharmacy-pdfs/helpingpatients-make-the-most-of-their-medicines.pdf>

¹³ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/integration-fund/>

part of an integrated system. These pharmacists and pharmacy technicians add to the medicines optimisation activities undertaken by other healthcare professionals in primary care and in other care settings such as hospitals, mental health trusts, community NHS services and community pharmacy. Clinical commissioning groups (CCGs) are statutory bodies responsible for the health outcomes of local populations. However the changing NHS requires improved quality and new models of care; improved health and wellbeing; and improved efficiency of services; enabled by STPs. Aligning pharmacy and medicines activities with this landscape will support the delivery of these key areas.

Professional leadership is required to provide an inspirational and collaborative vision for pharmacy and medicines activities across the system, to develop a shared plan that brings organisations together in the use of medicines ensuring they focus on the needs of local populations. This professional leadership will also develop the roles of all individuals involved in medicines optimisation and provide expertise in pharmacy and medicines when interacting with the wider multidisciplinary team and the STP/ICS, patients and the public.

The Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme aims to develop a framework which will set out how to systematically tackle the medicines optimisation priorities for the local population in an STP/ICS footprint and use the expertise of pharmacy professionals in the strategic transformation of systems in order to deliver the best patient outcomes from medicines and value to the taxpayer.

For 2018/19, the programme seeks to “test and confirm” the principles of the framework to integrate pharmacy and medicines optimisation into STP/ICSs and primary care network level. In order to do this, NHS England and NHS Improvement have identified one pilot STP or ICS in each of the seven NHS regions to operationalise the principles and address key questions, to act as case studies for future roll-out.

Alignment with other programmes

Hospital Pharmacy and Medicines Optimisation programme to address unwarranted variation in NHS trusts – NHS Improvement

Lord Carter’s report into unwarranted variation¹⁴ in the English NHS published in 2016 led to the establishment of a programme of work in NHS Improvement to work with NHS trusts to transform hospital pharmacy and optimise its use of medicines. The report called for each non specialist acute trust to develop a Hospital Pharmacy Transformation Plan (HPTPs). These plans consolidate essential pharmacy infrastructure across organisations with the goal of releasing pharmacy staff time for patient facing roles. The most advanced of the HPTPs include workstreams across the provider sector in STPs or wider geographies to deliver productivity benefits for the system. The pilots will enable STPs and ICSs to build on the progress already made in infrastructure consolidation.

¹⁴ <https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>

Clinical pharmacists in General Practice, Medicines Optimisation in Care Homes and Integrated Urgent Care (IUC) Pharmacists programmes – NHS England

The NHS England GP Forward View (GPFV) programme supports the deployment of clinical pharmacists into General Practice and recognises the valuable role clinical pharmacists can play in supporting GP workload and improving the quality of patient care.¹⁵

The Pharmacy Integration Fund supports the NHS England Medicines Optimisation in Care Homes (MOCH) programme, focused on the deployment of dedicated clinical pharmacy teams to support care homes and their residents with medicines optimisation; and the Integrated Urgent Care (IUC) Pharmacists programme, focused on the deployment of prescribing pharmacists in Integrated Urgent Care Clinical Assessment Service (IUC CAS) contact centres and in NHS111 services to help reduce the pressure on urgent and emergency care and general practice^{16,17}.

The IPMO programme will facilitate local systems and professional networks to bring together pharmacy professionals working in these new (and existing) settings to focus on a common local vision for medicines optimisation shared between all professions, across the footprint for the STP or the ICS.

Medication errors

The World Health Organisation has challenged the global health community to reduce avoidable medication-associated harm by 50% over the next 5 years¹⁸. Research commissioned by the former Secretary of State indicated that 22,000 people annually may be dying as a consequence of medication errors, with in excess of 60 million harmful medication errors per year¹⁹. Consequently, the Secretary of State has established a medication safety programme being led by the NHS Patient Safety Director. Local coordination of medication safety priorities is required and will be enabled by the local leadership developed through the Integrating NHS Pharmacy and Medicines Optimisation programme.

Seven day Clinical Pharmacy Services

*Transformation of Seven Day Clinical Pharmacy services in acute hospitals*²⁰ sets out the vision for access to clinical pharmacy service in hospitals every day of the week. Key recommendations in this report highlight the need for chief pharmacists to work more collaboratively with providers and commissioners across STP footprints – to

¹⁵ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/clinical-pharmacists/>

¹⁶ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/medicines-optimisation-in-care-homes/>

¹⁷ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/urgent-care/>

¹⁸ <http://www.who.int/mediacentre/news/releases/2017/medication-related-errors/en/>

¹⁹ Eliot, R. et al. (2018) Prevalence and Economic Burden of Medication Errors in The NHS in England: Rapid evidence synthesis and economic analysis of the prevalence and burden of medication error in the UK. Policy Research Unit in Economic Evaluation of Health and Care Interventions (EEPRU) [online]

²⁰ <http://www.eepru.org.uk/wp-content/uploads/2018/02/eepru-report-medication-error-feb-2018.pdf>

²⁰ <https://www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf>

reduce unwarranted variation, develop clinical services and promote workforce planning of pharmacists; and for commissioners to co-commission clinical pharmacist posts between primary and secondary care. The Academic Health Science Networks are leading a medicines optimisation programme²¹ of work to develop the transfer of medicines data at discharge to support discharge of patients. This initiative needs to be part of an integrated approach to discharge to reduce admissions related to medicines. The IPMO programme will create the necessary leadership in the footprint to drive this forward.

The Programme

Objectives

- To develop and test a core set of principles that set out how NHS pharmacy and medicines optimisation can be best integrated into STP/ICSs
- To define the functions of leadership for NHS pharmacy and medicines that should be undertaken at system level and describe how these would be delivered
- To ensure visible professional expertise and leadership in NHS pharmacy and medicines at system level
- To identify and accelerate strategies to achieve medicines optimisation at scale to improve patient outcomes and value for money across primary and secondary care
- To explore the approach to developing an integrated, flexible, clinical pharmacy workforce that can deliver high quality and sustainable medicines optimisation at scale, across a local system
- To inform the national priorities on how best to support systems in unlocking the barriers that will increase opportunities for effective medicines optimisation in STP/ICSs

Funding

This programme will fund seven STP/ICS areas to operationalise their NHS pharmacy and medicines leadership and deliver agreed outputs during 2018/19. There is up to £150,000 available for each pilot STP/ICS. The funding may be used to appoint a dedicated senior pharmacy and medicines optimisation programme manager who will facilitate the necessary processes on a STP/ICS level to deliver agreed outputs.

STP/ICSs will propose their intended model which will influence how any remaining funds are distributed such as backfill time for pharmacy leader(s), administration time, consultation/involvement events, project management, research, communications or analytical support. The principles in the framework will describe what should be met, and areas will decide how to best deploy resources to demonstrate this.

The programme will also support the cost of action learning sets, organisational development and personal development for pharmacy system leaders.

²¹ <http://wessexahsn.org.uk/programmes/11/medicines-optimisation>

Pilot models

The seven pilot STP/ICS areas will implement a framework for integrating NHS pharmacy and medicines optimisation into STPs/ICSs. This will set out:

- the impact of implementation
- the accountability and responsibility of the pharmacy leadership structure to the wider multidisciplinary team (MDT) and STP/ICS
- the governance structures and processes for working across the system and with RMOCs
- the principles to integrating NHS pharmacy and medicines optimisation into STPs/ICSs
- stakeholder involvement mechanisms.

Through the implementation, the pilots will address key questions with respect to the necessary accountability and governance arrangements, the models for delivery at primary care network, ICS and STP levels, flexibility of the workforce, resource needs and barriers and opportunities.

Pilot STP/ICS areas must agree to:

- identify a dedicated senior NHS pharmacy and medicines optimisation programme manager who will facilitate the necessary processes on a STP/ICS level to deliver the outputs required
- Establish a NHS pharmacy and medicines leadership group (with appropriate protected time and resource) that reports into the STP/ICS structure and has board level sponsorship
- Demonstrate the process for identifying a Professional Lead for Pharmacy and Medicines, ideally already working at clinical director level
- Develop and implement a NHS Pharmacy and Medicines Optimisation Transformation plan addressing key national and local priorities ensuring it is fully integrated into wider STP/ICS plans
- Involve stakeholders.

The pilot STP/ICSs will be expected to produce the following outputs in 2018/19:

- a) A description/organogram demonstrating the wider structure of the STP/ICS and how pharmacy interacts with each part of the system
- b) An organogram describing a pharmacy and medicines leadership structure, lines of accountability and job descriptions for new roles that enable this
- c) A “plan on a page” for delivery of national priorities related to pharmacy and medicines optimisation (e.g. medicines value programme and medicines safety programme) and contribution to STP/ICS priorities and workstreams over the next two years
- d) A “plan on a page” for developing a flexible clinical pharmacy workforce over the next two years
- e) A stakeholder engagement plan.

Pilot sites are also required to produce an evidence-based case study of a project that demonstrates delivery of the leadership model. It is anticipated that some areas will focus on particular aspects of delivering medicines optimisation, e.g. developing a system wide medicines dashboard, facilitating primary care network development,

developing workforce models that supports transferable skills, integrated clinical pathways across a system that delivers medicines optimisation. The case study should be completed in 2018/19.

The above outputs should be developed through close links with pharmacy leaders within the STP/ICS, STP/ICS Leads, and the regional NHS England/NHS Improvement leadership team (Including the regional directors, regional medical directors and regional pharmacists).

Pilot sites

The programme of work is centrally funded and will be supported centrally through an action learning set approach. This will provide learning that can be shared across England to the benefit of all STPs and ICSs. The sites have therefore been selected and programme outline developed in which the central team work in partnership with regional and STP / ICS leaders in testing and implementing best practice.

In order to progress the programme at pace, seven STP/ICS areas (one in each NHS region) have been identified for allocation of funding.

The following criteria were applied:

- Performance for delivering against the Hospital Pharmacy Transformation Plans
- Aggregate Single Oversight Framework scores for acute Trusts within the relevant footprint
- Involvement and progress with existing Pharmacy Integration programmes for GP Clinical Pharmacists, IUC/NHS 111 Pharmacists, Medicines Optimisation in Care homes
- STP/ICS leadership maturity
- STP/ICS overall progress

Where criteria were similar for STP/ICS areas in a region, other factors were considered such as existing leadership in pharmacy and medicines optimisation, pharmacy and medicines workstreams in the STP/ICS plans and STPs/ICSs which feature new models of care that may alter pharmaceutical service delivery in the future.

The implementation of the programme in each of the pilot STP/ICS areas will be regionally led. Spread and adoption following the pilot phase will also be regionally driven.

Next Steps

The first phase of the pilots will run until January 2019 with regularly reporting to the Pharmacy Integration Fund and Regional Medicines Optimisation Committees. The outputs of the pilots will then be reviewed, with consideration given to further roll out in the following months.