Developing system leadership in medicines optimisation

Chair: Richard Cattell, Deputy Chief Pharmaceutical Officer, NHS Improvement

NHS England and NHS Improvement – Working together for the NHS
Agenda

• Introduction from Richard Cattell
• The patient perspective: Deborah Evans, Managing Director, Pharmacy Complete
• Integrating NHS Pharmacy and Medicines Optimisation into STPs/ICSs: Joint NHS England and NHS Improvement programme
• South East London STP case study:
  • Rahul Singal, STP Pharmacy and Medicines Lead, South East London STP
  • David Webb, Chief Pharmacist and Clinical Director, Guy’s and St Thomas’ NHS Foundation Trust
• Audience discussion
Medicines are an important part of NHS care and help many people to get well

However, quality, safety and increasing costs continue to be issues...

- Around 5-8% of hospital admissions are medicines related, many preventable
- Bacteria are becoming resistant to antibiotics through overuse which is a global issue
- Up to 50% of patients don’t take their medicines as intended, meaning their health is affected
- Use of multiple medicines is increasing – over 1 million people now take 8 or more medicines a day, many of whom are older people

We spend £17.4 billion a year on medicines (£1 in every £7 that the NHS spends) and they are a major part of the UK economy
The Medicines Value Programme has been set up to respond to these challenges.

The NHS wants to help people to get the best results from their medicines – while achieving best value for the taxpayer.

Savings will be reinvested in improving patient care and providing new treatments to grow the NHS for the future.

A whole system approach:
- Regional offices link with STPs, ICSs, CCGs, and providers
- Nationally coordinated with AHSNs, Getting It Right First Time, NHS Right Care and NHSCC
- Regional Medicines Optimisation Committees

The NHS policy framework that governs access to and pricing of medicines

The commercial arrangements that influence price

Optimising the use of medicines

Developing the infrastructure to support an efficient supply chain
# Medicines Safety Programme

## 1. Patients
- Improved shared decision making, including when to stop medication
- Improve information for patients and families, and access to inpatient medication information
- Encourage and support patients and families to raise any concerns about their medication

## 2. Medicines
- Increase awareness of ‘look alike sound alike’ drugs and develop solutions to prevent these being introduced
- Patient friendly packaging and labelling
- Ensure that labelling contributes to safer use of medicines

## 3. Healthcare professionals
- Improved shared care between health and care professionals
- Training in safe and effective medicines use is embedded in undergraduate training
- Reporting and learning from medication errors
- Repository of good practice to share learning
- New defences for pharmacists if they make accidental medication errors

## 4. Systems and practice
- The accelerated roll-out of hospital e-prescribing and medicines administration systems
- The roll-out of proven interventions in primary care such as PINCER
- The development of a prioritised and comprehensive suite of metrics
- New systems linking prescribing data in primary care to hospital admissions
- New research on medication error to be encouraged

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The patient perspective
“It’s ultimately the patient’s responsibility to get the best from their medicine, but without guidance from the right sort of people this can’t happen”

Ann Yates
The patient perspective
Integrating NHS Pharmacy and Medicines Optimisation into STP/ICSs

- 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

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An Integrating NHS Pharmacy and Medicines Optimisation into Sustainability & Transformation Partnerships and Integrated Care Systems Programme Briefing has been published on the NHSE website.

The Pharmacy Integration Programme has recruited seven pilot areas in 2018/19:

• Black Country STP (Midlands)
• Cumbria and North East STP (North East)
• Dorset ICS (South West)
• Hertfordshire & West Essex STP (Central & East)
• Lancashire & South Cumbria ICS (North West)
• **South East London STP (London)**
• Surrey Heartlands ICS (South East)
Audience vote

Go to [www.menti.com](http://www.menti.com)

Enter code **47 08 20**
Delivering system wide medicines optimisation in South East London STP

Rahul Singal, STP Pharmacy and Medicines Lead, South East London STP
David Webb, Chief Pharmacist and Clinical Director, Guy’s and St Thomas’ NHS Foundation Trust
Draft OHSEL Governance

**OHSEL Board**
- **Monthly**
- Meets with Strategic Planning Group membership in private once a month, and every other month with a second part in public.

**STP Leadership Group / ICS Steering Group**
- **Monthly**
- Made up of Quartet + CPB, ABC, CBC and EPB leads. Receives STP Programme updates and performance and organises the response of the programme through governance and implementation groups.

**Enabler Programme Board (EPB)**
- **Bi-Monthly**
- Providing oversight of Provider Productivity, Workforce, Digital and Estates programmes.

**Clinical Programme Board (CPB)**
- **Monthly**
- Acts as a clinical reference group to inform and recommend STP decision making and oversee implementation of plans. No longer carries out an assurance function.

**Acute Based Care (ABC) Programme Board**
- **Monthly**
- Including Specialised Commissioning

**Community Based Care (CBC) Programme Board**
- **Monthly**
- Including Primary Care Transformation

**Enablers**
- **Financial Strategy**
- **Digital**
- **Workforce**
- **Estates**
- **Provider Productivity**

**Main Programmes**
- **Cancer alliance**
- **Pharmacy & med optimisation**
- **CYP**
- **UEC**
- **Elec. Orthopaedics**
- **Prevention**
- **Mental Health**
- **Pathology**
- **Maternity**
- **TCP**

**Update and address feedback from...**
- Provider/Commissioner meetings to test/inform STP work
- Provider Federation (Monthly) SEL Exec
- Patient/public groups
- HWBB
- GP Federation Board
- Clinical Summits/network events

**Accountable to**
- Patient/ public groups
- HWBB
- GP Federation Board
- Clinical Summits/ network events

**Makes asks of...**
- Provider Federation (Monthly) SEL Exec
- Provider/ Commissioner meetings to test/inform STP work
- Patient/ public groups
- HWBB
- GP Federation Board
- Clinical Summits/ network events

**Reports to/ is assured by...**
- Education
-_sel Exec
- Provider Federation (Monthly)
- STP Leadership Group / ICS Steering Group
- Provider Federation (Monthly) SEL Exec
- Patient/ public groups
- HWBB
- GP Federation Board
- Clinical Summits/ network events

**Advises/ recommend**
- Provider Federation (Monthly) SEL Exec
- Patient/ public groups
- HWBB
- GP Federation Board
- Clinical Summits/ network events

**Makes asks of...**
- Provider Federation (Monthly) SEL Exec
- Patient/ public groups
- HWBB
- GP Federation Board
- Clinical Summits/ network events

**Accountable to**
- Patient/ public groups
- HWBB
- GP Federation Board
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**70 YEARS OF THE NHS 1948 - 2018**
Key Themes

**MEDICINES SUPPLY CHAIN**
- Options appraisal complete, now at business case stage
- Consolidated model of medicines procurement and distribution
- Opportunities for a joint project with STP clinical supplies procurement services

**PHARMACY ASEPTIC SERVICES**
- Options appraisal complete, now at business case stage
- Consolidated model of pharmacy aseptic services
- Opportunities to increase level of automation for chemotherapy and CIVAS
- Capacity and workforce planning

**IPMO**
- Framework to align national and local priorities across system
- MOCH Project
- Reduce variation in care pathways
- Medicines expenditure collaborative
- Integrating physical and mental health
- GP / Hospital integrated models

**WORKFORCE**
- First Foundation Pharmacist Vocational Training Scheme
- Consultant Pharmacist Mapping across STP
- Pharmacy Network to give wide access
- Pharmacy Technician development strategy
Integration approaches

- Leadership governance
- Relationships
- Framework to align priorities
- Foundation Pharmacist VTS
- Integrated model of clinical pharmacists working between GP and acute trusts
- Integrated model of clinical pharmacists working between MH trusts and acute trusts
- NHSE MOCH Project – Medicines Optimisation in Care homes
- Centre of Medication Adherence and Research “CARE”

Business case phase:
- Pharmacy Medicines Supply Chain Project
- Pharmacy Aseptic Services
Our next opportunities

• Strengthen the programme and take forward what works
• Broaden engagement with multidisciplinary team, primary care and local authority stakeholders
• Improve leadership visibility
• Embed medicines optimisation principles within all clinical programmes of work across the STP
• Collaborate on a workforce model that enables all patients and health care professionals to have reliable access to and understanding of pharmacy services
• Share data and analytics
Making it happen

- Involve patients, public and professionals in setting and achieving goals
- Alignment at STP level of priorities that are delivered by each organisation and profession
- Build on strengths
- Move away from things that have demonstrated limited value
- Robust foundation level training
- Improved messaging on value from pharmacy teams that all can easily understand
- Changes in employment models to allow better flexibility
- Visibility of medicines spend across the STP to expedite opportunities for better value

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Audience discussion

Medicines Optimisation priorities

Workforce challenges and opportunities

Local plans and activity