| **Opportunity area** | **Aim** | **Medicines-related patient safety (M)** | **Productivity/ value/ efficiency (M)** | **Patient outcomes (M)** | **Equity of access (M)** | **Recovery (S)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Addressing problematic polypharmacy | Identifying and reviewing patients with problematic polypharmacy and reducing problematic polypharmacy | **x** |  | **x** |  |  |
| 2. Addressing low priority prescribing | Stop prescribing items that should not routinely be prescribed | **x** |  |  | **x** | **x** |
| 3. Improving uptake of the most clinically and cost-effective medicines | Support innovation |  |  | **x** | **x** |  |
| 4. Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements | Deliver value for the NHS and taxpayers |  | **x** |  | **x** |  |
| 5. Standardising product formulations of aseptically compounded medicines | Improve productivity, capacity and supply resilience | **x** | **x** | **x** |  |  |
| 6. Using best value biologic medicines in line with NHS England commissioning recommendations | Deliver value for the NHS and taxpayers |  | **x** |  | **x** |  |
| 7. Addressing inappropriate antidepressant prescribing | Reduce inappropriate long-term prescribing and avoidance of harmful and distressing symptoms associated with potentially harmful methods of discontinuation | **x** | **x** | **x** | **x** | **x** |
| 8. Appropriate prescribing and supply of blood glucose and ketone meters, and testing strips | Deliver value for the NHS and taxpayers |  | **x** | **x** | **x** |  |
| 9. Identifying patients with atrial fibrillation and using best value direct-acting oral anticoagulants | Support recovery and get the best value from medicines |  | **x** | **x** | **x** | **x** |
| 10.Identifying patients with hypertension and starting antihypertensives where appropriate | Support recovery and get the best value from medicines |  | **x** | **x** |  | x |
| 11. Improving respiratory outcomes while reducing the carbon emissions from inhalers | Improve medicines sustainability |  |  | **x** |  |  |
| 12. Improving valproate safety | Ensure valproate is only taken in line with the Pregnancy Prevention Programme | **x** |  | **x** | **x** |  |
| 13. Optimising lipid management for cardiovascular disease prevention | Reduction in clinical incidents associated with cardiovascular disease |  |  | **x** | **x** | **x** |
| 14. Reducing course length of antimicrobial prescribing | Reduce antimicrobial resistance | **x** | **x** | **x** |  |  |
| 15. Reducing opioid use in chronic non-cancer pain | Reduce the use of medicines associated with dependence and withdrawal symptoms | **x** |  | **x** |  | **x** |
| 16. Switching intravenous antibiotics to oral | Reduce antimicrobial resistance | **x** | **x** | **x** |  | x |