

15. Managing medicines effectively and Pharmacy working in new ways

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across North Central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents and communities have told us is important to them.

This draft plan builds on existing plans and work already underway across NCL and sets out how we will deliver the commitments in the Long Term Plan. It has been developed by, and with the insights from, representatives working in NCL, including staff working in health and social care, and clinical leaders and managers, patients and residents, and our partner organisations from across the NHS, social care, voluntary sector and beyond. Local leaders across our partner organisations, including NHS trusts, general practice, commissioners and local authorities have been closely involved in shaping and overseeing the development of these plans. We are continuing to work closely with all of these groups as we refine the plans and move into delivery and implementation of the commitments.

If you would like to feedback or contribute to this work as we further develop our plans and implementation, please see the 'Listening to residents and communities' section for more details on how to get involved.

Moving to population health planning

The national expenditure on medicines in the NHS is £16 billion a year. The medicines spend across North Central London (NCL) in 2018-19 was more than £642 million (Provider Trusts accounting for approximately £481 million and NCL CCGs £161 million). This is a significant proportion of NHS spend and is the commonest intervention in managing patients' health.

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.

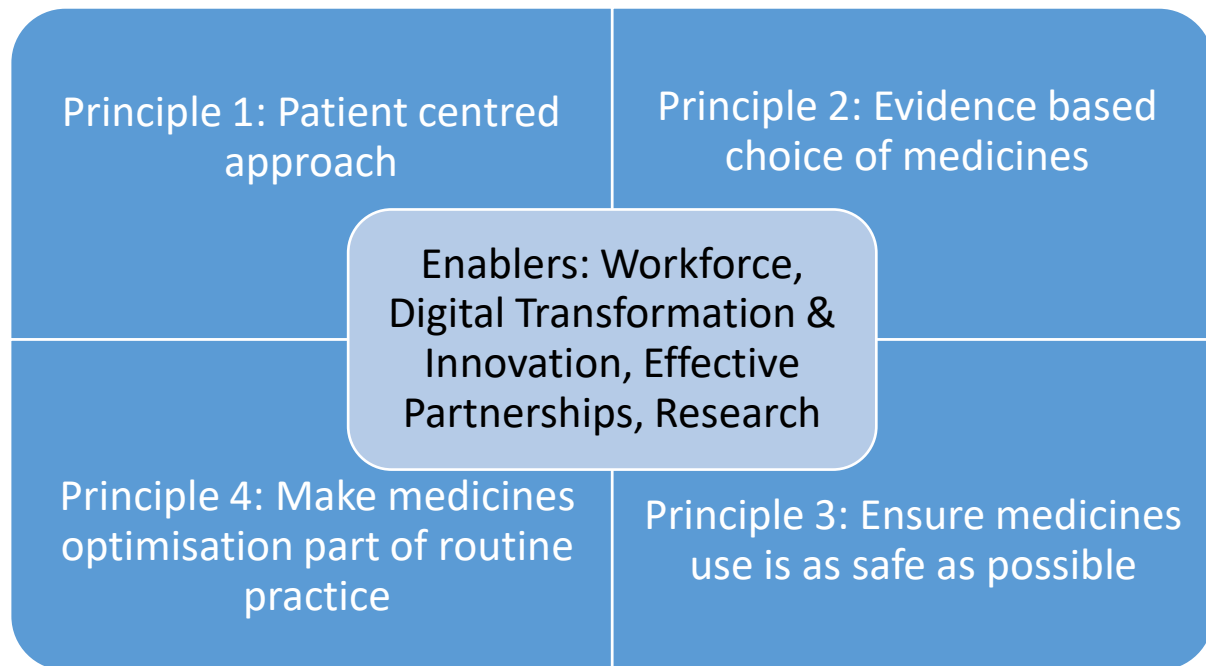
This focus on improving outcomes for patients will help ensure that patients and the NHS get better value from the investment in medicines.

Integrating Pharmacy and Medicines Optimisation

NHS England and NHS Improvement have established an Integrating Pharmacy and Medicines Optimisation (IPMO) programme with the vision of creating a collaborative and integrated approach to the provision of patient care with medicines across a local system - a single system focused on delivering the best outcomes for patients and best value for the taxpayer. This involves many healthcare professionals including pharmacists, pharmacy technicians, assistant technicians and support staff, who should provide leadership in the optimal use of medicines.

As part of the North Central London Medicines Optimisation Network, a group of Pharmacy Leaders have developed a **vision** as well as a common set of **principles** and **enablers** (Appendix A) to guide the integration, development and transformation of pharmacy and medicines-related services and to drive the delivery of better outcomes from medicines in North Central London. The pharmacy community will continue to liaise with STP Programme Leads to support and enhance the system response to the Long Term Plan, Medium Term Financial Strategy and local priorities.

Vision: To improve the health and wellbeing of our population through the best use of medicines and pharmacy



We will do this by developing the pharmacy profession, using technology and population level data, and increasing awareness of medicines optimisation and medicines safety across the wider health and social sector.

Governance

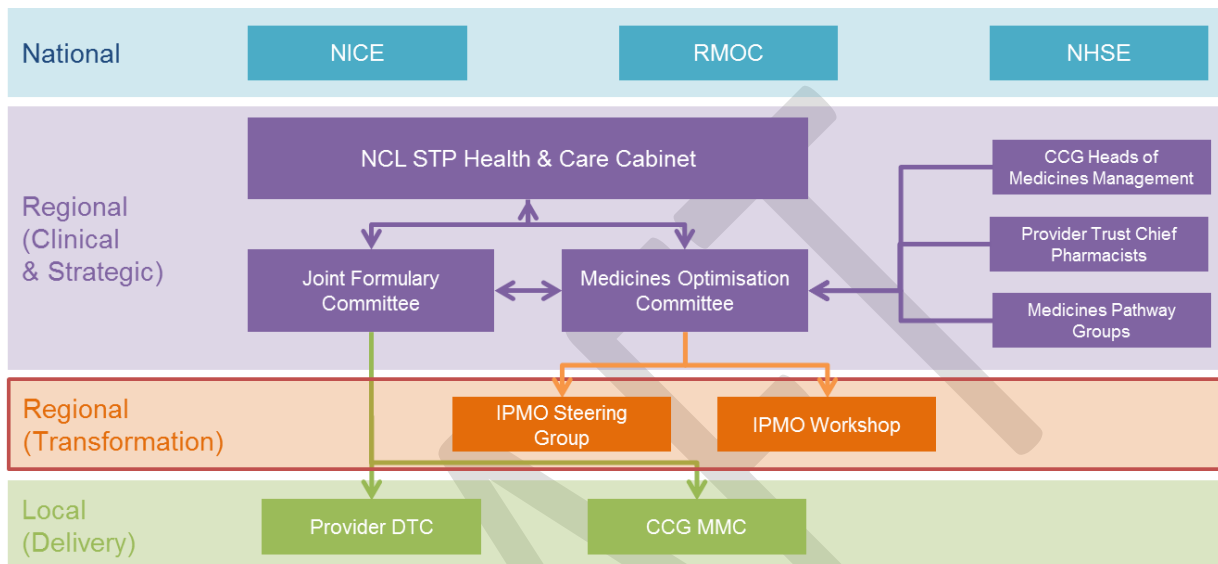
The NCL region is very unique from a healthcare provider perspective as it hosts 8 Provider Trusts (6 Teaching/Specialist, 2 Acute), 2 Mental Health Trusts and 2 Community Health Trusts with many specialist services being provided to residents outside of NCL. There are 1.42 million residents of NCL across 5 Clinical Commissioning Groups (CCGs) / Local Authorities, with access to 209 General Practices and 309 Community Pharmacies.

The Pharmacy and Medicines Management community have a long history of collaborative working across these organisational boundaries. The region hosts a NCL Medicines Optimisation Network (NCL MON) which is underpinned by the multidisciplinary area prescribing and new medicines forum (NCL Joint Formulary Committee (JFC)), which provides evidence-based guidance for implementation across the system, and a medicines governance forum (NCL Medicines Optimisation Committee (MOC)) which leads on the contractual and implementation models. The aim of the MON is to support all organisations to work collaboratively. The MON is integrated within NCL STP via the Provider Productivity workstream (operationally) and the Health & Care Cabinet (strategically). A jointly funded

team of pharmacists have been established to lead on cross-sector medicines efficiencies and to co-ordinate support to NCL STP programmes from across pharmacy and medicines optimisation teams across NCL.

The development of the IPMO program is being achieved through the NCL MOC with the scoping of transformational activities via the IPMO Steering Group, and consultation via the IPMO Workshops.

Figure 1: NCL Medicines Optimisation Network



Medicines Optimisation Priorities for Patients in North Central London

Opportunities and challenges for integrating pharmacy and medicines optimisation in NCL were identified through review of data and dashboards on prescribing, NCL STP programmes, the Long Term Plan and Five Year Forward View and building on the England Chief Pharmaceutical Officer vision for an integrated pharmacy team and the delivery of medicines optimisation. This has informed our medicines optimisation priorities for patients.

Integration of Pharmacy Services

The collaborative working across organisational boundaries within NCL is fully established across the Provider Trusts and CCGs. In order to fulfil the vision described above, further integration within the Pharmacy community needs to be undertaken, specifically with the Mental Health and Community Health Trusts as well as the Community Pharmacy Networks. This is being progressed through the IPMO Workshops and Steering Groups.

Improving Clinical Outcomes

Pharmacy and Medicines Optimisation is recognised as being a cross-cutting theme, as evidenced by NHSE GIRFT (Get It Right First Time). We will work with Long Term Plan programme leads to develop integrated medicines care pathways and work towards the seamless movement between primary and secondary care seamlessly. A key feature of this collaboration will be the development of integrated medicines care pathways and models of working which recognise that patients may have multiple conditions (physical and mental).

Pharmacists are recognised experts in medicines and are ideally placed across the system to support these pathways. Through the STP plans to develop fully integrated community based health care, we will work towards extending the current pharmacy workforce working with community teams to identify patients who may benefit from a medicines review e.g. falls risk and better co-ordinate their care. We will learn from others who have deployed successful models.

Ineffective use of medicines is a recognised problem that has an impact on the economy, society, healthcare system and patients and people want to be more involved in decisions about their health and care. Shared decision making ensures that people are supported to be as involved in the decision making process as they would wish and it is important that patients are supported to get the best possible outcomes from their medicines, through the adoption of a patient-focused approach to medicines use. Four practice based pharmacists in each NCL CCG involved in the atrial fibrillation patient demonstrator program have taken part in a Shared Decision Making (SDM) pilot, training them in the skills needed to hold SDM conversations with patients. The SDM skills will be applicable to conversations with patients with any health condition. We will explore how we can facilitate the wider development of these skills across the workforce.

Integrating pharmacy and medicines optimisation into STP/ICSs supports the concept of “population health”, where the accountability for health outcomes of the population is shared between different organisations across the community. Improving outcome from medicines is a key component of population health and prevention, both of which can be optimised by the increased use of pharmacy. This requires the contribution of all sectors in all parts of the system.

Self Care and Prevention

We will work with public health, community pharmacies and patient groups to promote awareness of self-care as well as increase access to prevention services including vaccination programmes. We will engage with patients to ensure they know where to access information about maintaining optimal health and advice on minor illnesses by promoting the community pharmacy services.

Community pharmacies are now expected to be the first port of call for minor illness and health advice in England as part of the new contract. It expects all community pharmacies to be a “Healthy Living Pharmacy” by April 2020. This will require all community pharmacies to have trained health champions in place to deliver interventions on key issues such as social prescribing (including smoking and weight management, providing wellbeing and self-care advice) and signposting people to other appropriate local services. We will work with community pharmacy teams to raise public awareness of cancers and their causes and play a part in improving prevention and early detection of cancers.

From October 1st, as part of their new five-year contract, community pharmacists will start to develop and test an early detection service to identify people who may have undiagnosed high-risk conditions like high blood pressure for referral for further testing and treatment. We will work towards early implementation of these services in NCL. Pharmacists will case-find and offer blood pressure tests to people showing symptoms, provide clinical and lifestyle advice or referral, and record the data, joining up services and treatment with GPs and other local services, to speed up access to care.

Community pharmacy may also be used to test a range of prevention and detection programmes e.g. detecting undiagnosed cardiovascular disease. As programmes report on the outcomes we will assess how they may benefit local residents.

Polypharmacy and Deprescribing

Polypharmacy is described as the concurrent use of multiple medicines by one individual and is common in the elderly or those with multiple morbidities. Polypharmacy can be problematic where there is an increased risk of medicines interactions or adverse reactions.

Polypharmacy is very common in England. In 2017, a study into medication use in older people, including both prescribed medicines and over the counter products, showed that there had been a dramatic increase in use over the last two decades, with a quadrupling in the number of people taking five or more medicines (from 12 to 49%). The number of people taking no medicines reduced from 1 in 5 to 1 in 13¹. One third of people aged over 75 now take at least six medicines, and over 1 million people now take 8 or more medicines a day².

In North Central London CCGs the percentage of patients aged over 75 and prescribed 10 or more unique medicines ranges from 11.6% to 14.8% (July 2019) which is significantly higher than the England average of 9.6%. We will support the national review of problematic polypharmacy and overprescribing and lead on implementing changes across the system and local level to ensure patients are prescribed medicines appropriately. Appropriate polypharmacy can extend life expectancy and improve quality of life.

This will be achieved through:

- Training and development for all health and social care staff including support workers involved in the medicines optimisation pathway
- Patient centred structured medication reviews as required to be delivered in primary care networks.

¹ Gao et al. Medication usage change in older people (65+) in England over 20 years: Findings from CFAS I and CFAS II. *Age and Ageing*. 47. 1-6

² Health and Social Care Information Centre. Prescriptions dispensed in the community, statistics for England, 2004 – 2014. www.hscic.gov.uk/catalogue/PUB17644

- De-prescribe in consultation with the patient where clinically appropriate e.g. medicines of limited clinical value
- Improved use of technology including electronic prescribing and shared access to records by staff and patients
- Roll out of the Transfer of Care of Medicines (T-CAM) programme whereby community pharmacists receive referrals from Acute Trust pharmacists for patients with a high need for pharmacist support post discharge. This programme has been shown to reduce hospital readmissions.
- Medicines reconciliation as recommended in the NICE guidance and part of the new community pharmacy contract.
- Integration with community health services and local authority staff supporting patients post discharge or living independently in their homes.
- Development of pharmacists working in care homes.
- Contributing to the wider NHS research portfolio on deprescribing by supporting EdEN (English Deprescribing Network)

Best Value Medicines

The NHS programme of ensuring that patients receive improved health outcomes from medicines whilst deriving best value from the medicines bill is being supported across NCL via the Medicines Efficiency Programme (MEP). This programme consists of a jointly funded workforce, accountable to the Senior Responsible Owner of the Provider Productivity STP programme, to enhance the execution of cross-sector projects.

On behalf of the Provider Trust Chief Pharmacists and the CCG Heads of Medicines Management, the MEP supplement the activities of the NCL JFC / MOC, feed work up to and translate outputs from the RMOCs, support the roll out of best value biological medicines and de-prescribing of medicines of low clinical value, and work with the Commissioning Support Unit to develop pathways which can release savings on the cost of these medicines to the NHS. The MEP will also continue to support the STP in meeting their Medium Term Financial Strategy (MTFS).

Medicines Safety Improvement Programme

There are an estimated 237 million 'medication errors' per year in the NHS in England, with 66 million of these potentially clinically significant. 'Definitely avoidable' adverse drug reactions collectively cost £98.5 million annually, contribute to 1700, and are directly responsible for, approximately 700 deaths per year³

We will work towards the delivery of the new national patient safety improvement programme including the medicines safety improvement programme which aims to increase the safety of those areas of medication use currently considered highest risk and address the continuing threat of antimicrobial resistance. At a system level we will provide technology and tools to reduce risk but we recognise patient safety is improved locally at the point of care and must be everyone's responsibility.

³ <http://www.eepru.org.uk/prevalence-and-economic-burden-of-medication-errors-in-the-nhs-in-england-2/>

We will do this by:

- Implementing new technologies including electronic prescribing and medicines administration (EPMA) (Epic implemented at University College London Hospitals and Great Ormond Street Hospital in 2019, Cerner Millennium implemented at Royal Free Hospital and Barnet & Chase Farm Hospital in 2018, System C implemented at North Middlesex University Hospital and Whittington Health, Open-EP being implemented by Royal National Orthopaedic Hospital by April 2021).
- Implementing automated dispensing (robots/cabinets) and Scan4Safety/ closed loop medicines administration systems (HIMSS EMRAM stage 6)
- Implementing electronic prescribing risk and safety evaluation (ePRaSE) and linking to medication safety research
- Lead the implementation of a sector-wide single medicines formulary platform to reduce unwarranted variation
- Supporting the roll out two STP-wide platforms being implemented to integrate primary, secondary and social care:
 - Health Information Exchange (HIE) – enables the real time viewing of patient data from multiple disparate sources (launched in 2018 between BCF and NHS Barnet CCG with a view to incorporate data from all Provider Trusts and CCGs by April 2021)
 - HealthIntent (HEI) – analysis of population level data to undertake health management analytics
- Support the Provider Trusts that are part of the Global Digital Exemplar (GDE) or Fast Follower (FF) on their plan via the STP Digital Programme to:
 - Deliver HIMSS EMRAM stage 5 by 2022 (includes discharge summaries in use by at least 50% of the hospital with capability within the Emergency Department)
 - Deliver HIMSS EMRAM stage 7 within 10 years (including no paper charts in the delivery of patient care and sharing of clinical information via standardised electronic transactions i.e. HIE; noting that the BCF site is already at stage 6 with an aim to reach stage 7 by 2020)
- Support the STP Digital Programme (where medicines are involved) on:
 - The use of remaining Health System Led Investment (HSLI) funding beyond HIE and HEI platforms where enhancements to medicines information or transfer of medicines related information is considered within EPMA and EHRS systems
 - The utilisation of data to predict improvements in prevention and early intervention
 - Artificial intelligence projects
- Lead on the implementation of programmes in primary care (working in conjunction with UCL-Partners AHSN) which identifies patients at risk of medicines issues e.g. PINCER
- Lead the implementation of programmes that supports effective transfer of medicines related information on discharge from Provider Trusts to primary care (e.g. T-CAM) through close working between secondary and primary care colleagues, prioritising patients at high risk of medication related harm following discharge from hospital and implement medicines optimisation interventions to prevent readmissions
- Support contractually aligned patient safety quality indicators in general practice and community pharmacist e.g. review of sodium valproate use in pregnancy, and lithium monitoring

Access to NHS mail, summary care records and electronic prescription services (EPS) will enable community pharmacists to assess relevant clinical information quickly and

communicate more easily with patients and other healthcare professionals. NHS111, GPs and hospitals will be able to refer patients to local pharmacies through the new community pharmacy consultation service which will relieve the pressures on GPs, speed up hospital discharge and ensure patients have the support they need once they arrive home.

Technological advances in dispensing systems e.g. robots enable community pharmacists to provide additional clinical services.

Mental Health

We will support the Mental Health STP programme in their ambition to ensure that individuals (adults and children & young persons) and communities across NCL have access to improved models of care which addresses significant areas of unmet need and enables each person to live well.

With the guiding principle to shift care from being delivered in an acute setting to an integrated community setting, including home treatment where service users can have their mental, physical and social needs met in a coherent and coordinated way, the pharmacy community will consider relevant modifications required from its workforce and treatment pathways to ensure effective holistic support.

This will be achieved through:

- Development of a framework to consider the medication needs of patients with dementia, learning difficulties and mental health issues. This will include improvements to medicines reconciliation, adherence issues, poor communication, drug errors, and the need for integrated specialist advice.
- Scoping out opportunities to develop and embed specialist mental health pharmacist role in community settings (i.e. community mental health teams, early intervention service, perinatal services, GP surgeries) as well as in general hospitals (i.e. psychiatric liaison pharmacist).
- Training for all pharmacy staff involved in the medicines optimisation pathway in the newly formed Primary Care Networks, developed in partnership with mental health service providers

Antimicrobial Resistance

The rise and spread of antimicrobial resistance (AMR) is creating a new generation of 'superbugs' that cannot be treated with existing medicines. The impacts of leaving AMR unchecked are wide-ranging and extremely costly, not only in financial terms but also in terms of global health, food sustainability and security, environmental wellbeing, and socio-economic development. Reducing antimicrobial resistance (AMR) is a WHO priority.

AMR is already estimated to contribute on average to over 2,000 deaths annually and cost the NHS approximately £95 million each year in the UK. The National Action Plan aims to reduce AMR in the UK and has a specific focus on reducing healthcare-associated infection (HCAI), in particular aiming to reduce healthcare-associated Gram-negative blood stream infections (GNBSIs) by 50% by 2023/24.

NCL have an established Antimicrobial Pharmacists Group which will evolve to become a multidisciplinary Antimicrobial Resistance (AMR) Strategy group. There is a newly appointed Senior Responsible Officer for AMR, who along with the AMR group will provide system

leadership for delivery of the 5-year national action plan. It is our ambition going forwards to focus on

- Prescribing of broad spectrum antibiotics in General Practice, Urgent and Emergency Care
- Healthcare associated Gram-negative blood stream infections and reducing UTI infections,
- Establishing and improving antifungal stewardship
- Education & training – patients, public, healthcare workers
- Scoping work across NCL – including emerging out-of-hours services, walk-in centres, community pharmacies, care homes
- Continue to develop relationships with Primary care networks and community pharmacists to support delivery of our ambitions
 - Support research in effective use of antimicrobials (e.g. surgical prophylaxis in orthopaedic patients)

Developing One Pharmacy Workforce

The NCL Workforce programme is focused on three strategic priorities, which align with the themes set out in the Interim People Plan.

- Retention and development of the existing workforce within NCL's health and Social Care: to support NCL health and social care organisations to be excellent employers, committed to developing and supporting the wellbeing of staff and thus retain their staff
- Recruitment of staff, including local staff, to the NHS and Social Care sectors: to attract people to live and work in North London so we have the best possible and diverse workforce to deliver high quality services to our community.
- Care and system changes including integrated care and other workforce modernisation: to support NCL health and social care organisations to plan their workforce and its development needs to deliver new care models in new settings, including in integrated care systems.

The Long Term Plan highlights the importance of pharmacists, pharmacy technicians and assistants across all healthcare sectors. The national framework for IPMO challenges pharmacy to develop an integrated, flexible, clinical pharmacy workforce that can deliver high quality and sustainable medicines optimisation at scale, across a local system. Having one pharmacy workforce will enable staff to share their expertise and spread learning, provide seamless care for patients wherever they present and offer improved access for patients.

Pharmacists are qualified recognised experts in medicines use and we will develop the profession to enable pharmacists, pharmacy technicians and support staff to work at the top of their competence, conduct research and deliver more patient facing clinical services in the places most appropriate for patients. We have started to map the pharmacy workforce and will need to capture the skills and competencies of staff. We are aware that we have a growing cohort of pharmacists who have qualified as independent prescribers, yet a number of our staff are not using these skills to their potential; we need to explore the barriers and identify opportunities for these pharmacists to better support the needs of the system and our patients.

The national Pharmacy Integration Fund was set up 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 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. We will continue to develop and embed these roles in care homes, urgent care and primary care networks.

The new GP Contract and the support it gives to primary care network (PCN) development will put in place important new capability and capacity in primary care. In the context of the growing complexity of medicines use, the Government and NHS have looked to clinical pharmacy practice to deliver better outcomes and value. This means expanding the numbers of clinical pharmacists in new patient facing roles. By 2023/24, a typical PCN of 50,000 patients could choose to have its own team of approximately six whole-time-equivalent clinical pharmacists. For the 30 PCNs in NCL this could be 180 clinical pharmacists.

The first cohort of multi-sector Vocational Training Scheme Foundation Pharmacists will commence in 2020/21. We will use the learning to develop similar multi-sector training schemes for pharmacy technicians and pre-registration pharmacists to build the pharmacy workforce in line with Health Education England London and South East [strategies](#).

We aspire to deliver a cross sector pre-registration and post graduate training programme for pharmacy professionals. Community pharmacists will provide expertise to enable patients to manage minor illnesses and live healthier lives. Consultant and specialist pharmacists will provide specialist services across the system and support training to expand expertise in others.

We will support integration of community and primary care pharmacists and pharmacy technicians in the primary care networks. We will facilitate professional development within PCNs. We will support models where pharmacy professionals can work flexibly within joint management structures but across different settings. We will provide professional and clinical leadership through the senior pharmacy support in the ICS.

We will work with the STP Workforce programme and continue to refresh our delivery plan, informing our thinking by building our evidence base and analysis, with a view to maximise opportunities for greater impact enabled with any additional funding from the Spending Review:

Next Steps

This response to the Long Term Plan builds on the strong collaborative work on medicines optimisation in NCL, taking into account feedback from workshops, a steering group and a conference on Integrating Pharmacy and Medicines Optimisation and sets a direction of travel for the next 5 years.

The plans are a work in progress. We will continue to refine these plans in line with ongoing engagement with partners across the system and feedback from wider stakeholders, including patients. We are also expecting a national framework for Integrating Pharmacy and Medicines Optimisation to be published in the near future, alongside a recommendation

for the appointment of an ICS Professional Lead for Pharmacy and Medicines working at clinical director level.

We acknowledge that there are some areas where further work is needed to develop our approach and that more detailed work on implementation of the plans is needed.

If you think we have missed important points relating to any of the sections or would like to contribute to the planning of future refinements of the plan please contact paulinetaylor4@nhs.net or pritesh.bodalia@nhs.net

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Appendix A. Vision, Principles & Enablers

Vision

“To improve the health and wellbeing of our population through the best use of medicines and pharmacy”

Principles

1. To have a patient centred approach

To ensure the best possible outcomes from medicines, there is an ongoing, open dialogue with the patient and carers about the patient’s choice and experience of using medicines to manage their condition; recognising that the patient’s experience may change over time even if the medicines do not.

2. Evidence based choice of medicines and health interventions

Ensure that the most appropriate choice of clinically and cost effective medicines (informed by the best available evidence base) are made that can deliver best outcomes meet the needs of the patient.

3. Ensure medicine use is as safe as possible

The safe use of medicines is the responsibility of all professionals, healthcare organisations and patients, and should be discussed with patients and/or their carers. Safety covers all aspects of medicines usage, including unwanted effects, interactions, safe processes and systems, and effective communication between professionals.

4. Make medicines optimisation part of routine practice

Health professionals routinely discuss with each other and with patients and/or their carers how to get the best outcomes from medicines throughout the patient’s care.

Enablers

1 Workforce

We will support development of a highly skilled workforce, in line with local integrated service needs.

2 Digital Transformation & Innovation

We will support development and implementation of evidence-based technologies and processes to help delivery of high quality care.

3 Effective Partnership

To integrate and promote working relationships between patients, carers, pharmacy staff and all health and social care professionals.

4 Research

To promote and support research across all settings, including the translation of research evidence to improve patient outcomes.