

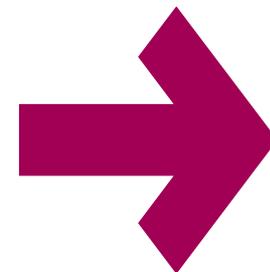
# H&J Medicines Optimisation

Update and plans  
for 2016/17



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Adviser NHS England H&J  
(Central and East)

April 2016



# Medicines Optimisation ?

*“The right patients get the right choice of medicine at the right time .... it focuses on outcomes and patients.....”*

*“Medicines optimisation looks at how patients use medicines over time. It may involve stopping some medicines as well as starting others, and considers opportunities for lifestyle changes and nonmedical therapies to reduce the need for medicines”.*



ROYAL PHARMACEUTICAL SOCIETY

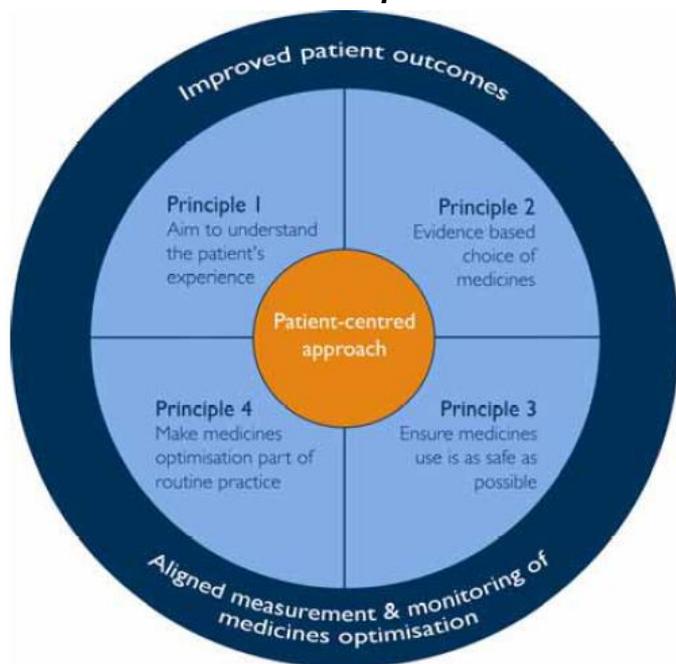
Medicines Optimisation: Helping patients to make the most of medicines

NICE National Institute for Health and Care Excellence

NICE guideline

Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

NICE guideline  
Published: 4 March 2015  
nice.org.uk/guidance/ng5

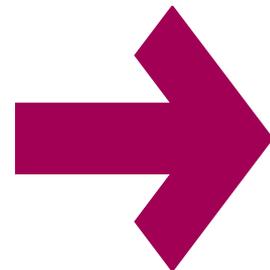


## Four Principles

- ➔ Aim to understand the patients experience
- ➔ Evidence based choice
- ➔ Ensure medicines use is as safe as possible
- ➔ Make medicines optimisation part of routine practice

# 2015/16 Headlines: Thank you!

- Deployment of new e-prescribing and e-administration IT module & planned improvements in HJIS
- Safety publications for hyoscine and methadone access
- Medicines in service specifications (e.g. police custody)
- Publication of prison pain formulary
- Mainstreaming H&J MO by:
  - Partnership working across NOMS, HO, PHE & DH
  - Collaboration with CQC, HMIP, Specialised Commissioning
  - Cajoling NHS England Chief Pharmaceutical Officer and senior pharmacy leaders
  - Strong clinical networks- RCGP, Pharmacy SEGs and Nurse forums



# Medicines Optimisation- Wider Context

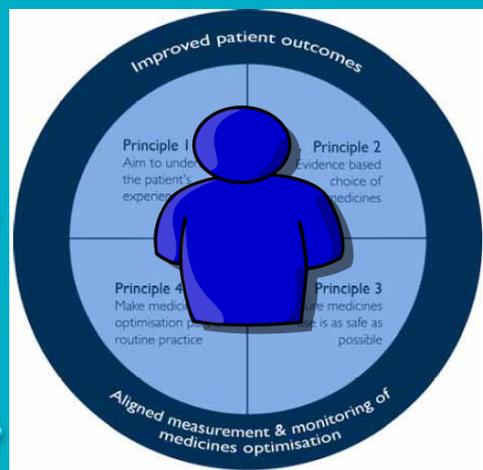
NHS England: Right Care Programme: Commissioning Quality and Value  
Sustainability and Transformation Plans: Place based commissioning

## Carter Report :

Minimising variation  
and effective  
pharmacy functions  
and workforce

## Clinical Priorities:

Mental health  
Urgent care  
Antimicrobials  
↑ Clinical Pharmacy



NHS Medicines  
Optimisation  
Dashboard

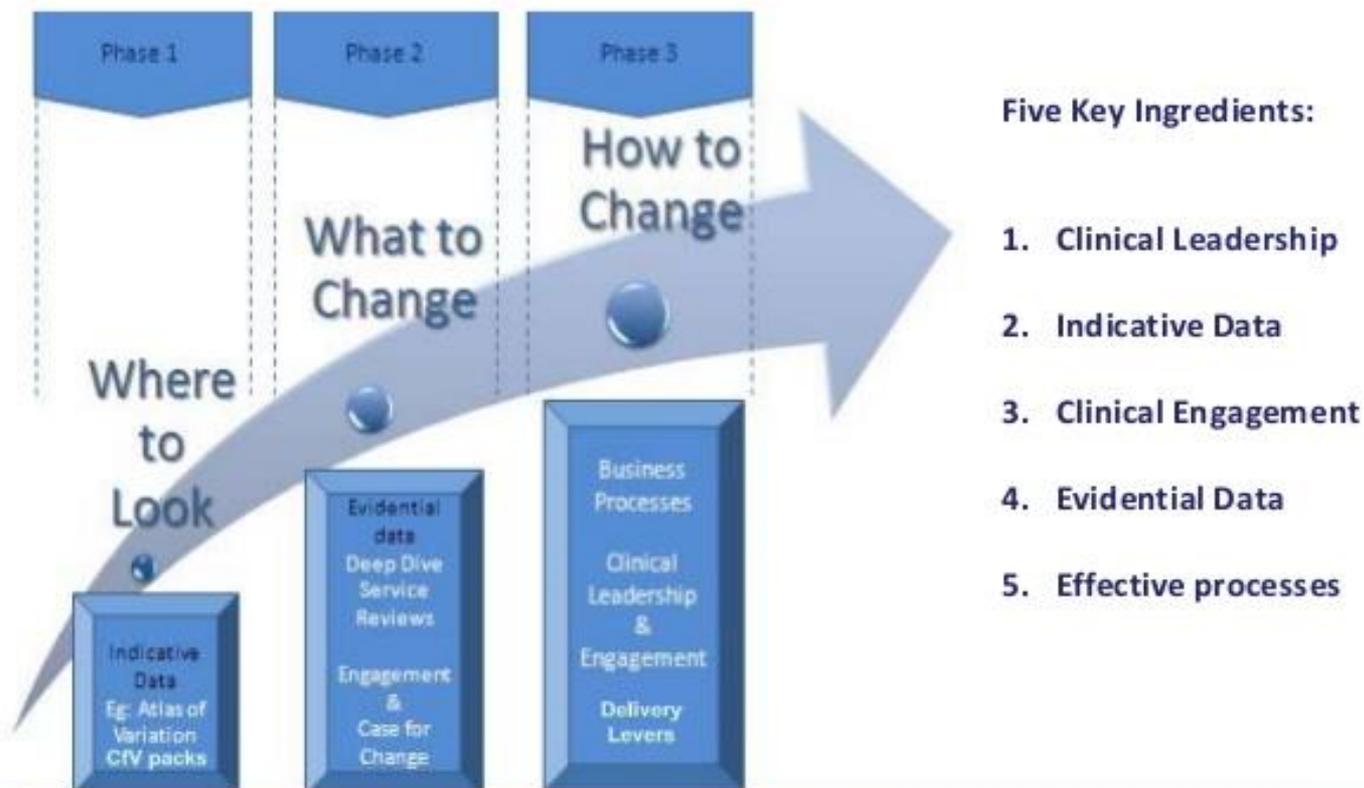
NHS Strategic  
H&J Priorities,  
HJIPs + NICE

Commissioning:  
National Specs and  
medicines standards

# Right Care Overview

1 key objective + 3 key phases + 5 key ingredients =  
**Commissioning for Value**

**OBJECTIVE - Maximise Value (individual and population)**



Five Key Ingredients:

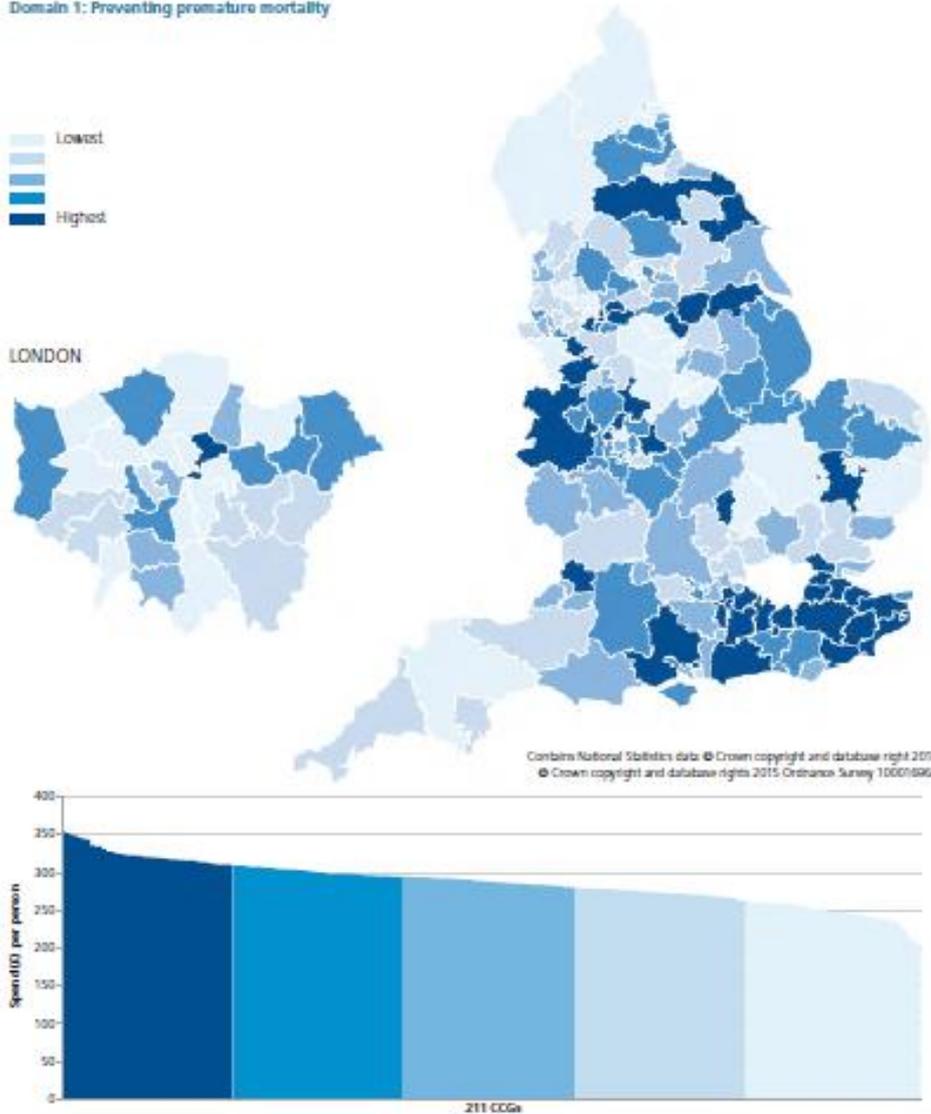
1. Clinical Leadership
2. Indicative Data
3. Clinical Engagement
4. Evidential Data
5. Effective processes

Key ingredients and phases

## Map 32: Total net ingredient cost of anti-diabetic items per person on GP diabetes registers by CCG

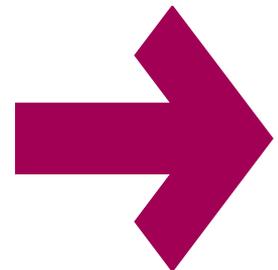
2013/14

Domain 1: Preventing premature mortality



# No hiding! - Atlas of Variation

- 1.4-fold variation
- Diabetes accounts for 9.5% of all primary care prescribing spend
- No correlation between insulin spend and good HbA1C



# Sustainability and Transformation



**Devolution:  
Place-based  
commissioning**

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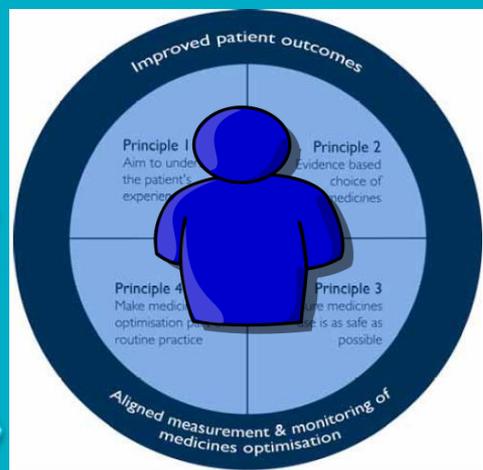
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# Carter Report: Applies to H&J!

CLINICAL SERVICES	VARIABLE INFRASTRUCTURE SERVICES				
<p><b>MEDICINES OPTIMISATION</b></p> <p>1 Patient facing: ward pharmacy; medicines reconciliation; medicines discharge; prescribing; Out-patient and Pre-Admission Clinics; specialist Pharmacists; medicines administration and support</p> <p>2 Organisational Assurance: Medicines Safety Officer; Governance role of Chief Pharmacist; Audit Programmes</p>	<p><b>SUPPLY CHAIN</b></p>	<p><b>E&amp;T</b></p>	<p><b>ADVISORY SERVICES</b></p>	<p><b>R&amp;D</b></p>	<p><b>SERVICES TO EXTERNAL ORGANISATIONS</b></p>
<p>Store/distribution and procurement; Aseptic; Production QC; Dispensing; Homecare</p>					
<p>Training provided to Pre-Registration Pharmacists and Technicians; NVQ Assistant staff; Post-Registration Pharmacy staff</p>					
<p>Medicines Information; Formulary</p>					
<p>Clinical Trials; Departmental Research</p>					
<p>Community; Mental Health; Hospices; Prisons; Care Homes; GPs</p>					

Figure 2.14 – Hospital pharmacy services shown as clinical or infrastructure. On average 55% of pharmacy time is spent on infrastructure services

We have to decide what this is for H&J MO and pharmacy staff roles

What are you doing that you could stop doing if IT and workforce/systems were changed?

# Clinical Pharmacy Services

Lord Carter said:

- Acute trusts must ensure their pharmacists and clinical pharmacy technicians spend much more time on clinical pharmacy services than on infrastructure activities

He also said:

- ...more clinical pharmacy staff.....deployed.....working more closely.....with patients, doctors , nurses and independently....
- To deliver optimal use of medicines.....informed medicines choices.....secure better value.....drive better outcomes.....contribute to 7 day services....

He didn't say:

- Current clinical services meet needs either in volume or in 'scope'

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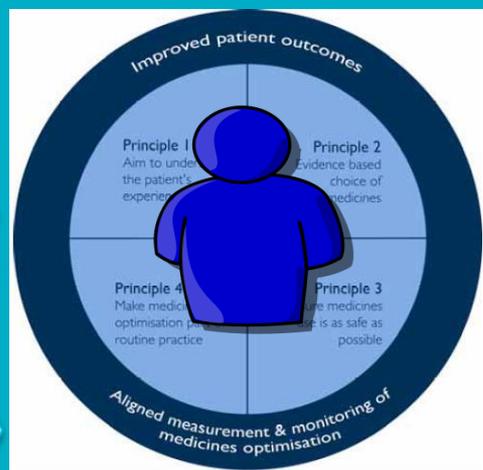
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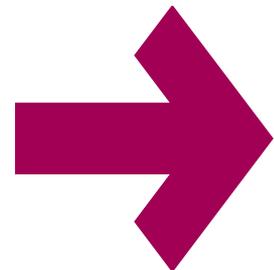
NHS Medicines Optimisation Dashboard

NHS Strategic H&J Priorities, HJIPs + NICE

Commissioning:  
 National Specs and medicines standards

# The H&J context and drivers

- Health needs of our population and offender care pathways
- Partnership agreements: NOMS, YJB and HO
- 2016/17 commissioning intentions for H&J
- Health and Justice CRG programmes
- Strategic Public Health programmes where medicines are in pathways:
  - BBV-opt out and access to Hep C treatment
  - Smoke free prisons- nicotine replacement therapy and prescribed medicines
  - Seasonal and Pandemic flu planning
  - Substance misuse (service review)
  - Revision of national guidance- Orange Book and NICE guidelines (CDs, physical and mental health in prisons)
- National reports/publications:
  - HMIP thematic reviews
  - PPO thematic reviews and individual case reports
  - Shaw report
  - Mental Health Task Force and Harris Review



# 2016/17 Programme Proposals

## Prison Formulary Implementation

- Roadshow for clinicians and providers
- Sharing good practice- publication of practical tools
- Monitoring of and evaluating formulary use: Dataset
- Reviewing the main formulary (Q3-4)

## IRC Improvement Programme

- Scoping current services and practice- report
- Stating “what MO good looks like” - standards
- Embedding in-possession (Shaw Rec 49)- IP template
- Improving continuity of medicines- Meds Rec and supply

## Improving continuity of care

- Medicines reconciliation- national template and evidence of service inclusion (i.e. HJIP!)
- Minimising omitted doses- mental health audit
- Enabling continuity of medicines supply- evidence HJIP

# 2016/17 Programme Proposals

## Mental Health medicines

- Advice for prescribers on specialist vs GP prescribing
- Formulary choices in prison in partnership with RCGP SEG
- Focus on continuity of care - audit

## Medicines Standards

- Revise and improve 2014 commissioning standards + spec
- Partnership working with RPS= professional standards
- Sections for specific types of H&J sites
- Alignment with wider MO standards and expectations

## HJIS and medicines

- National templates for IP, Meds rec and supply on transfer
- Electronic transfer of prescriptions- internal and FP10
- Prescribing analysis and quality and value measures:  
Dataset: Alignment with MO Dashboard!!!

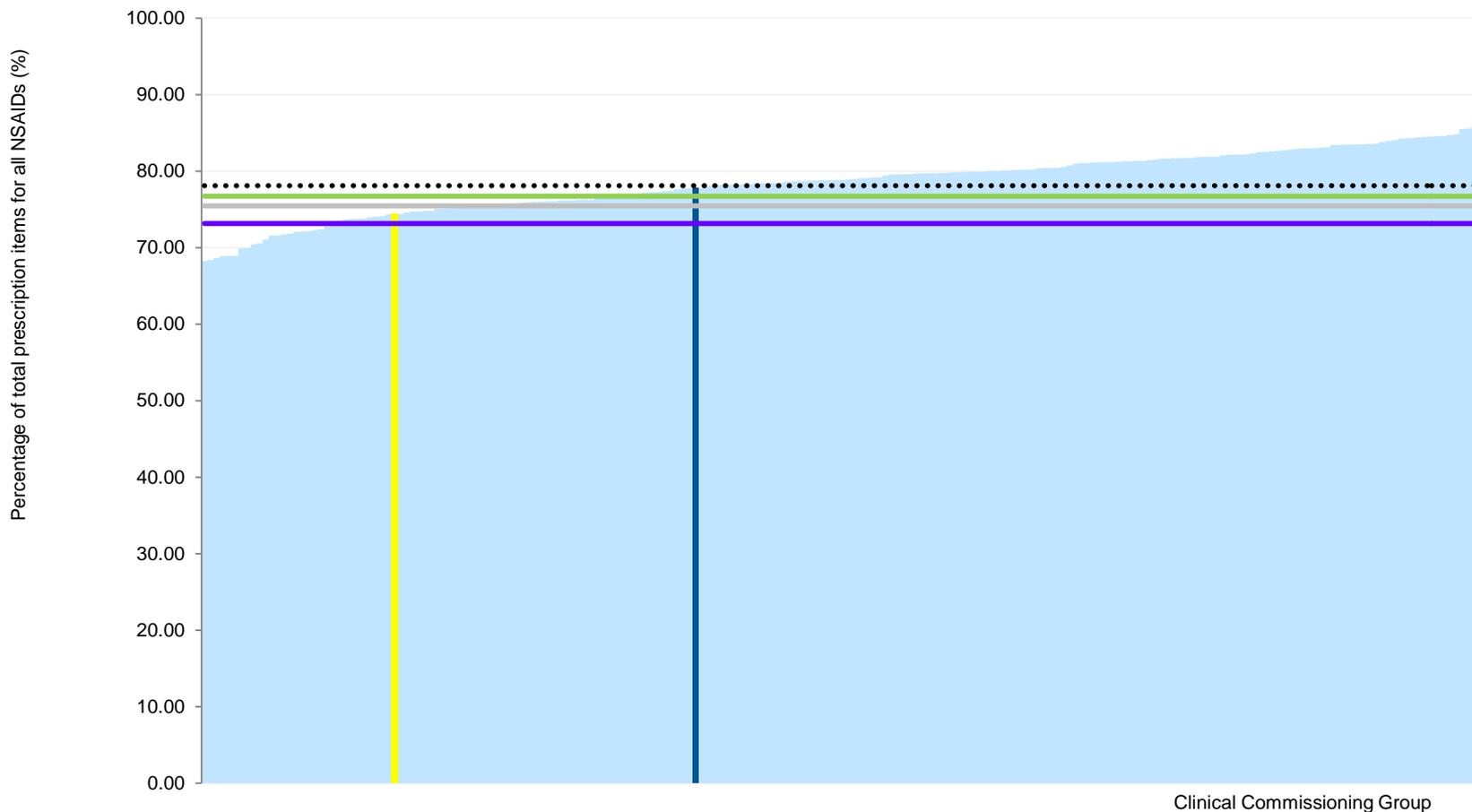
# Medicines Optimisation Dashboard

- The dashboard is presented to allow local NHS organisations to highlight variation in local practice and provoke discussion on the appropriateness of local care. **It is not intended as a performance measurement tool- There are no targets!**
- The evaluation of the contribution of this dashboard, combined with our understanding of medicines optimisation from the patients' perspective gained via our patient engagement work will inform the direction and development of the NHS England Medicines Optimisation work.
- Set of indicators based on ePACT and other data sources- CCG and hospital indicators

# Indicators included in the latest version

- Safe prescribing in the community setting:
  - PINCER audit software
- Support for patients with long-term conditions:
  - GP QOF: Epilepsy; Mental Health; Diabetes; Atrial fibrillation; Osteoporosis, respiratory, heart failure
- NSAIDS, Antibiotics indicators
- Community pharmacy support: NMS; MURs; EPS
- Medication safety in the Hospital setting: Meds Rec; Safety reporting; use of SCR
- Use of novel NICE approved medicines: NOACs

# % Ibuprofen and Naproxen

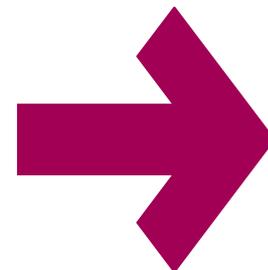


# Inclusion and Progress Reporting

- Quarterly reports to commissioners and networks



- Inclusion of pharmacists and techs for each programme via SEPG



# Questions?

- Do the programmes resonate with your knowledge of our priorities?
- Are there additional elements that need to be included in the individual 6 programmes?