This Pharmacy and Medicines Optimisation programme newsletter is produced as part of the support offer to NHS Provider organisations on the implementation of the range of recommendations from the reviews of NHS productivity in Acute, Specialist Acute, Mental Health, Community and Ambulance trusts developed under Lord Patrick Carter. It contains information from the Pharmacy and Medicines Optimisation team within NHS Improvement. Items are grouped into “For Action” and “For Information” sections.

**For Action**

**Falsified Medicines Directive (FMD)**

The EU FMD (2011/62/EU) was adopted in 2011 and introduced new harmonised measures to ensure that medicines in the EU are safe and that trade in medicines is properly controlled. It ensures the internal market for medicinal products works as it should whilst ensuring the protection of public health in the EU. The FMD lays down the rules for the manufacture, import, marketing and supply of medicinal products.

*Suggested action: For further information on FMD, please refer to the following documents available:*

- [FAQ section](#) available on the SPS website.
- [MHRA guidance on Implementing the FMD: Safety Features](#). This outlines how FMD works and contains guidance and useful resources.
- Monthly MHRA newsletter on progress towards UK implementation of EU FMD. The newsletter is available by email request only to [FMD.safetyfeatures@mhra.gov.uk](mailto:FMD.safetyfeatures@mhra.gov.uk).
- [NHS Digital FMD toolkit](#) to support staff throughout secondary care for the implementation of FMD.
- NHS Digital Google+ group for NHS staff, and people providing NHS services, such as community pharmacies. The group is intended to allow NHS colleagues to communicate between themselves about FMD best practice, or to ask advice from colleagues. NHS Digital will also post updates on this group of any new information that they learn. To join the group use this [link](#). Please email [fmd@nhs.net](mailto:fmd@nhs.net) from an NHS email account once joined, so NHS Digital can audit membership.

**Adalimumab Update**

Biosimilar versions of the original biological medicine adalimumab (brand name Humira©) are due to be introduced in the NHS as part of a formal framework agreement from 1st December 2018 after the patent for Humira® expired earlier this month. Supporting materials including previous briefings, the [toolkit for best value biological implementation](#) and [information resources for patients](#), are all available on the Specialist Pharmacy Service’s (SPS) website: [www.sps.nhs.uk/adalimumab](http://www.sps.nhs.uk/adalimumab). Please register to receive email updates. The fourth briefing paper is provided through the Regional Medicines Optimisation Committee system. It forms the October edition of a series of briefings and summarises current aspects relating to implementing best value biological medicines in the NHS.

*Suggested action: Read the latest briefing. For further information please contact your regional pharmacist.*
Round 2 of EPMA bidding programme
On the 28th November we opened the application process for trusts looking to get capital for implementation of EPMA (for in-patients rather than specialist areas). The funding is available for all providers who have not received other central support for EPMA and are not part of the Global Digital Exemplar (GDE) process including fast followers.

An updated prospectus, FAQ’s and application form are available on Kahootz. For Chief Pharmacists wishing to ask other pharmacy colleagues or wider trust teams to complete this application process please request non-Chief Pharmacist access as per prospectus.

If you have any specific questions, please submit them via nhsi.epmafundingapplications@nhs.net. Regional lead details are included in the FAQ document.

Suggested action: If you are seeking EPMA funding for 2019/20, please view and download the application documentation, review the eligibility criteria and submit a completed application by Thursday 31st January 2019 by COP.

For Information

Medicines Learning Portal
The Medicines Learning Portal reminder https://www.medicineslearningportal.org/p/about_3.html developed to early career hospital pharmacists (first 1000 days) develop effective problem solving skills to deliver medicines optimisation. The portal was created by the Medicines Advice Service at University Hospital Southampton in association with the Thames Valley and Wessex Chief Pharmacists Group and HEE. It is endorsed by the Royal Pharmaceutical Society, and the contents are produced in collaboration with multiple partners including Centre for Pharmacy Postgraduate Education, Neonatal and Paediatric Pharmacists Group, Renal Pharmacy Group, UK Medicines Information, Injectable Medicines Guide, UK Clinical Pharmacy Association and others.

A comprehensive range of topics are covered including administering of medicines, prescribing in children, renal disease, liver disease, on call provision, incompatibility, and interactions. More specialist subjects include palliative care, mental health and excipients. Tutorials on professional skills such as critical evaluation and decision making are also included. The site is free and requires no registration.

RMOC update on homely remedies in care homes
The Regional Medicines Optimisation Committee (Midlands and East) reviewed issues pertaining to homely remedies in care homes on 8th of August 2018. A new guidance has now been published on the SPS website https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/ and includes a template policy that can be adapted for local use.

Model Hospital - Adalimumab price drop metric
In anticipation of imminent introduction of Adalimumab biosimilars to the market, there was a reduction for Adalimumab originator from November 2018 onwards. To capture potential annual savings that could be achieved by 100% uptake of the Adalimumab originator (before the introduction of biosimilars to the market) at the reduced contract price, a new Model Hospital metric has been developed and made live in December 2018. This metric tracks the productivity opportunity that would be released by moving to improved contract prices. It is not RAG rated as annual savings target is defined by Trust’s usage of Adalimumab which varies according to Trust size and demographics of the population.
Model Hospital - Pharmacy expenditure versus Define® spend metric
A new set of metrics ‘Pharmacy Expenditure versus Define® spend’ have been made live on Model hospital under ‘Expenditure and CIP’ sub-compartment. This metric provides chief pharmacists with a view of trust finance reported pharmacy spend activities versus pharmacy medicines 'issues via pharmacy stock control system' activities monthly. This metric is not RAG rated.

The monthly pharmacy expenditure is reported by trust’s finance department and includes pharmacy purchase data and may include other pharmacy activities. The monthly medicines Define® data includes all medicines issued through the pharmacy department for the current month. The metric provides opportunity for trusts to pick up as early as possible if there are reporting issues, either from their pharmacy system or from Finance. The data between the two reporting processes will never match exactly but does provide a useful indicator.

Falsified Medicines Directive (FMD) summit at Royal Pharmaceutical Society (RPS)
The FMD National Summit, took place on Monday 26th November at the Royal Pharmaceutical Society London. The event was had relevant bodies including Department of Health and Social Care, SecurMed and others. The presentations from the even are now uploaded to Kahootz and can be accessed via https://nhsi.kahootz.com/connect.ti/HoPMOp/view?objectId=13440848.

The new GIRFT medicines optimisation kahootz page will be available from the 10th of December 2018. The homepage will provide information about the team, links to the GIRFT webpages and a folder with updates on the different workstreams. We will also be launching a discussion section where we can all have discussions around an area in real time. For feedback please use the HoPMOp area on Kahootz.

GIRFT Emergency Department Workstream
As part of the collaborative work with Emergency Department GIRFT workstream, we are looking for good practice examples currently happening in your emergency department in relation to pharmacy workforce. We are also looking for any good practice examples of pharmacy antimicrobial stewardship within the emergency department. If you would like to get involved or have any good practice examples, please email anuja.bathia1@nhs.net.

Dictionary of medicines and devices (dm+d)
Bids for funding to support the upgrade of pharmacy systems to support the dictionary of medicines & devices (dm+d) have been reviewed and responses are due to be issues imminently. A number of updated FAQ’s will be also issued which will include the specific value to which funding will be provided for JAC pharmacy, JAC pharmacy with EPMA and EMIS systems. It is essential that trusts submit formal invoices and, once approved, the Department of Health & Social Care will only reimburse trusts upon receipt of paid remittance advice for the cost of upgrading the software.

JAC have written to customers advising that they will be supporting trusts by undertaking the mapping of their medicines database to dm+d. This is at the request of NHS Digital and NHS Improvement to minimise the additional work needed by trusts and to ensure that, as much as possible, a consistent methodology has been applied.