BSW Medicines Optimisation Strategy

Vision: Right medicine – right time

Right medicine = effective, safe, agreed, wanted, concordance, right price, right advice or no medicine at all

Right time = deprescribing, over ordering, prevention, discharge, interface

Delivered across three priority areas:

Reducing Inequalities

- Reduce unwarranted variation in access to medicines and advice
- Evidence based management of medicines within clinical pathways

Improving Health

- Optimisation of patient care through the safe and effective use of medicines
- Enabling people to manage their own health
- Collaborative working across the system with key partners to prevent people from requiring medicines and increase their healthy life expectancy
- Early identification of appropriate medicines to prevent ill-health and to improve health outcomes

Digital Enhancement

- Improve and personalise patient care
- Prevent illness from developing
- Enable delivery of the NHS Long term Plan and workforce implementation plan

Enablers:

Workforce Optimisation

- Attract and retain an effective medicines optimisation team across the STP
- Enable and support people to reach their full potential
- Develop a workforce flexible enough to support and integrate cross boundary working
- Make medicines optimisation part of everyone's routine practice
- Effective use of technology to reduce workload

Actioned through:

- Embed medicines optimisation within clinical pathway design
- Single development of Blueteq forms
- Develop consistent approach of local dashboards and KPIs
- Ensure decisions around funding medicines and treatments are rational and

- Evidence based choice of medicines within clinical pathways
- Foster close working relationships with Public Health to ensure we met the changing needs of the population
- Smooth transition of care across all interfaces
- Embedding medicines management within the clinical input to all clinical pathway design

- Making the best of digital innovations ensuring staff are developed and trained to maximise benefit
- Developing a whole system approach to IT systems to ensure efficient transfer of information
- Engaging patients in the development of new services to reflect the need of the patient

- STP medicines optimisation workforce strategy
- Making individual organisations great places to work
- Encouraging and supporting other health care professionals and their teams to optimise medicines use

Medicines Optimisation Long Term Plan

New service models	ICSs will be the focus of local commissioning, working with providers, to plan care around whole patient pathways
Primary care networks	Significant investment in primary care networks, to develop multidisciplinary community teams to deliver services
Urgent care	A consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111, as part of the urgent care network including community pharmacy
Prevention and inequalities	An increasing emphasis on prevention, with a focus on obesity, smoking, tobacco, alcohol and air pollution. Working with voluntary sector partners, community pharmacists and GP practices to provide opportunities for the public to check on their health
Workforce development and reform	Substantially expand the number of clinical pharmacists. Make greater use of community pharmacists' skills and opportunities to engage patients

BSW Medicines Optimisation Matrix Working

BSW Decision Making

Medicines Optimisation Strategy Group
BSW and Provider Chief Pharmacists (alternating monthly meetings)

B	S	W
Governance / Medicines Safety	APC Formulary	High Cost Drugs and Devices

BaNES, Swindon and Wiltshire will have separate overarching areas of responsibility as outlined above.

Area Prescribing Committee (APC) - One single decision-making process for the BSW to oversee the clinical and financial impact of MO strategy

Quality and Clinical Governance / CAG – Reduce unwarranted variation by delivering evidence based single decision making process

Locality Based Implementation

Implementation Co-ordination Group (Primary Care)
ONE 8a or above per locality

B	S	W
CCG pharmacists in GP practices	POD used to deliver strategy	Communicate to practices plus POD (7/48 practices)

BaNES, Swindon and Wiltshire CCG have different approaches when implementing MO strategy due to several factors: workforce availability, geography, tradition and priorities.

BaNES and Swindon have CCG employed practice pharmacists. Wiltshire have NO CCG employed practice pharmacists.

MOCH Team (NHS E)

- Specialised team to support medicines usage in Care Homes.
  - medicines safety, ordering, administration, storage
  - Individualised medication reviews of patients in Care Homes
- **NOTE** NHS E will terminate the funding for this project in March 2020 and contracts will run out on October 2020. Specialised workforce could be re-assigned to other projects: MO Teams, POD, continence, stoma)

Future Projects (BSW)

- Four non-drug areas have potentially been identified as financial and clinical STP priorities for the MO team
- Different approaches are in place depending on the locality: formularies, procurement and supply routes
- It is necessary to develop an STP-wide strategy for each of these areas to optimise resources and generate savings.

STP Spend 2018/19 (>£10m)

- **Dressings: £1.4m**
- **Incontinence: £1.0m**
- **Stoma: £4.6m**
- **Oral nutrition: £3.6m**

Key Strategic Priorities

- **Pharmacy Integration Programme**: Care homes-utilising NHS E MOCH programme as foundation for implementing Enhanced Health in Care Home s (EHCH) vanguard programme into routine care
- **Antimicrobial resistance**: New five-year National Action Plan being implemented across the system, reducing variation and increasing quality and appropriate prescribing of antibiotics across BSW
- **Medicines Value Programme/Carter Programme**: Joint working across commissioner/provider pharmacists in supporting patients to switch to biosimilars. Work to produce guidance and implementation on low priority prescribing in primary care.
- **Polypharmacy**: MO as a tool to reduce unnecessary prescribing following an evidence based approach, embedding frailty reviews and deprescribing into routine medication reviews for all patients on polypharmacy. Link local **deprescribing** work schemes with National *English Deprescribing Network* due to be launched
- **Data driven care**: Use of informatics to deliver better outcomes for patients through use of effective technology, systems to support concordance and shared decision making
- **Formulary**: One single Area Prescribing Committee promoting an evidence based formulary
- **Clinical policy** redesign with medicines optimisation input at all levels
- Supporting **quality** teams with audit
- Reducing unwarranted **variation** within clinical pathways and medicine use
- Following a patient through the **clinical pathway** whilst maintaining the vision of **Right medicine- Right time**
- **ICS leadership**: Joint working at strategic level to ensure joint priorities developed
- **Primary care networks (PCN)** : Clinical Pharmacists in General Practice scheme offered transition to PCN workforce scheme. Providing strategic support and networking opportunities for all pharmacists employed in PCNs to ensure delivery of GP contract requirements in line with Meds Opt Strategy
- **Financial oversight** of prescribing across BSW Primary and Secondary Care including QIPP

Efficiency

- **Workforce optimisation**: Using job planning and e-rostering to optimise clinical pharmacy skills within and across organisations and systems
- **Clinical productivity**: Linking to the Getting It Right First Time and RightCare programmes and their multidisciplinary teams to ensure medicines are used effectively

Education and training:

- **Interim People Plan**: Establishes a common foundation programme for all newly registered pharmacists
- **Consultant pharmacist guidance**: Developed and will be published shortly
- Use nationally developed programmes (e.g. PrescQIPP) to provide consistent delivery of evidence based prescribing

Patient Focus - Prescription Ordering Direct

- Provide excellent service to all patients using POD
- Maintain and improve quality of prescribing in primary care and at interface (e.g. discharge medication) to avoid medication errors and reduce avoidable admissions to hospital
- Work with urgent care providers to reduce unecessary requests for prescriptions, esp. from care home settings
- Implement strategic and financial objectives of BSW CCGs directly via patient (e.g. OTC programme from NHS E)

People Plan: Vision

- Clinical and professional leadership across the health and care system.
- Making BSW medicines optimisation a great place to work,
- Improving leadership and culture,
- Resolving pharmacy workforce issues by offering innovative cross boundary working patterns
- Developing the future medicines optimisation clinical workforce, developing 21st century care, better use of technology, integrated models of care, innovation
- developing the full people plan

Medicines Safety Programme

- Identified shortlist of priority actions for the programme
- Anticoagulants at transitions of care;
- Shared decision making - opioids;
- Shared decision making – anticoagulants;
- Medicines administration in care homes;
- Structured medication reviews
- Develop a system level medicines safety best practice model:
  - Metrics / Case finding & risk stratification / Learning from incidents / medicines safety governance and co-ordination / use of technology to improve safety

Strategic Implementation

- Policies- Good governance, in date, reviewed
- Technology – Safe implementation, risks managed
- Data to drive care– Shared with executives and directors
- Reporting and learning from incidents– Actions addressed
- Engagement and leadership– Staff and patient surveys important
- Lean and productive governance– Regular reporting

Locality Implementation

- Directions from Medicines Optimisation Strategy Group enacted in all areas as well as implementing QIPP projects
- Local knowledge flows upwards to Governance, Formulary and High cost teams for their consideration
- QIPP and MO actions that do not need further input are assessed and implemented in a timely manner by all localities (or those affected) e.g. Cost-effective switches with no clinical change