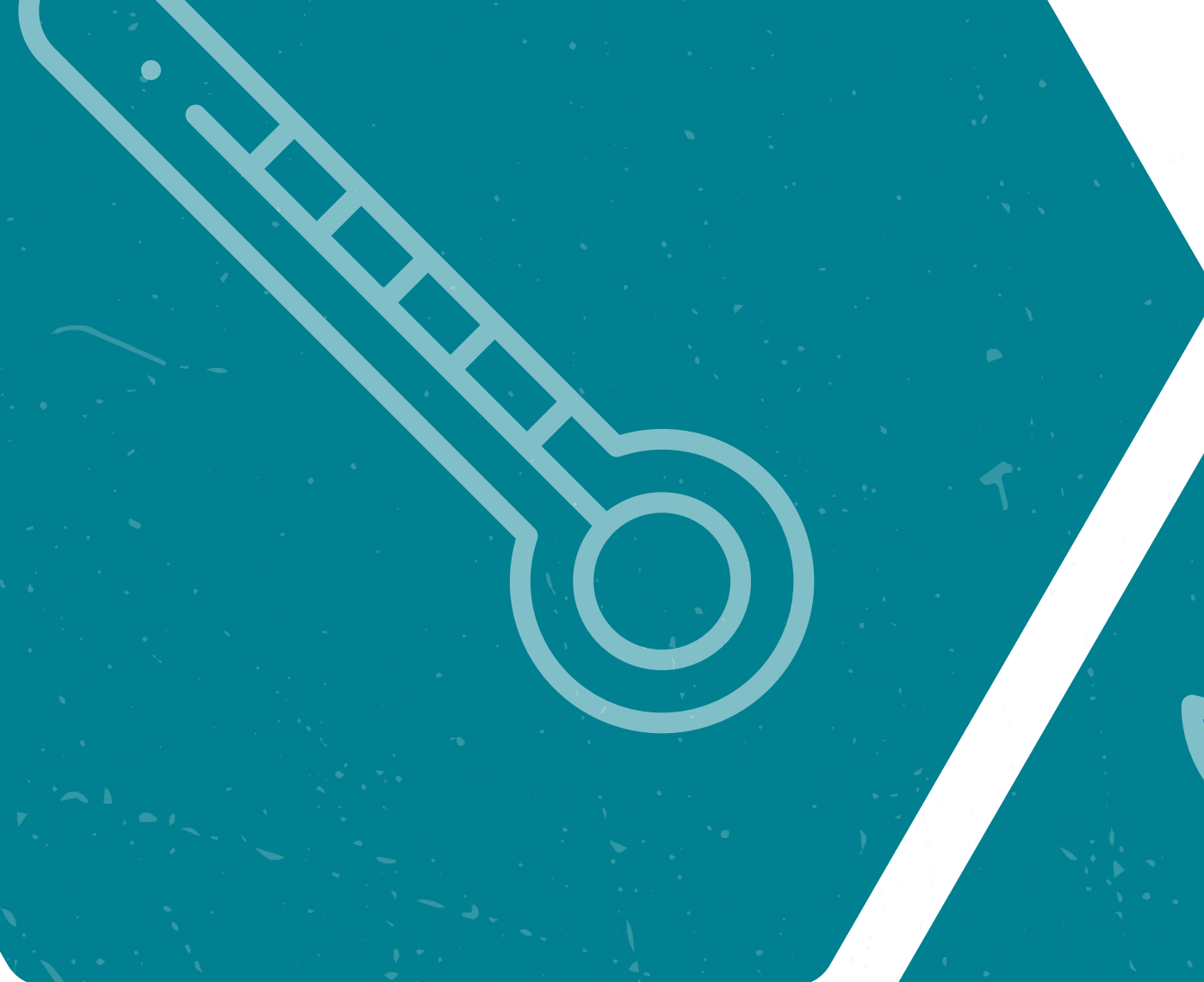


Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Medicines Optimisation Strategy



Overview

**This Medicines
Optimisation
Strategy aligns
with the NHS Long
Term Plan**

**It is collectively
owned by all of the
partner organisations
that make up Healthier
Together Integrated
Care System (ICS)
of Bristol, North
Somerset and South
Gloucestershire**



VISION – Medicines Optimisation



Personal

Person-centred, shared
decision-making
and outcomes
that matter



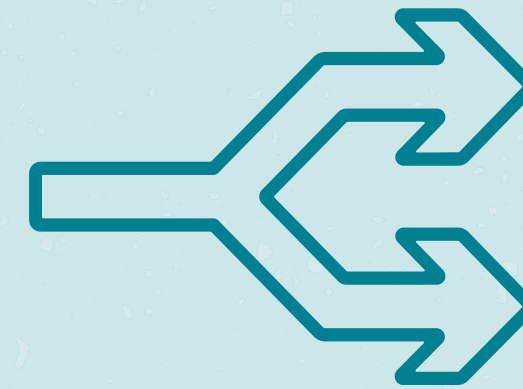
Value

Evidence based, cost
effective and good
clinical outcomes



Technical

High quality, safe
care and for the
right people

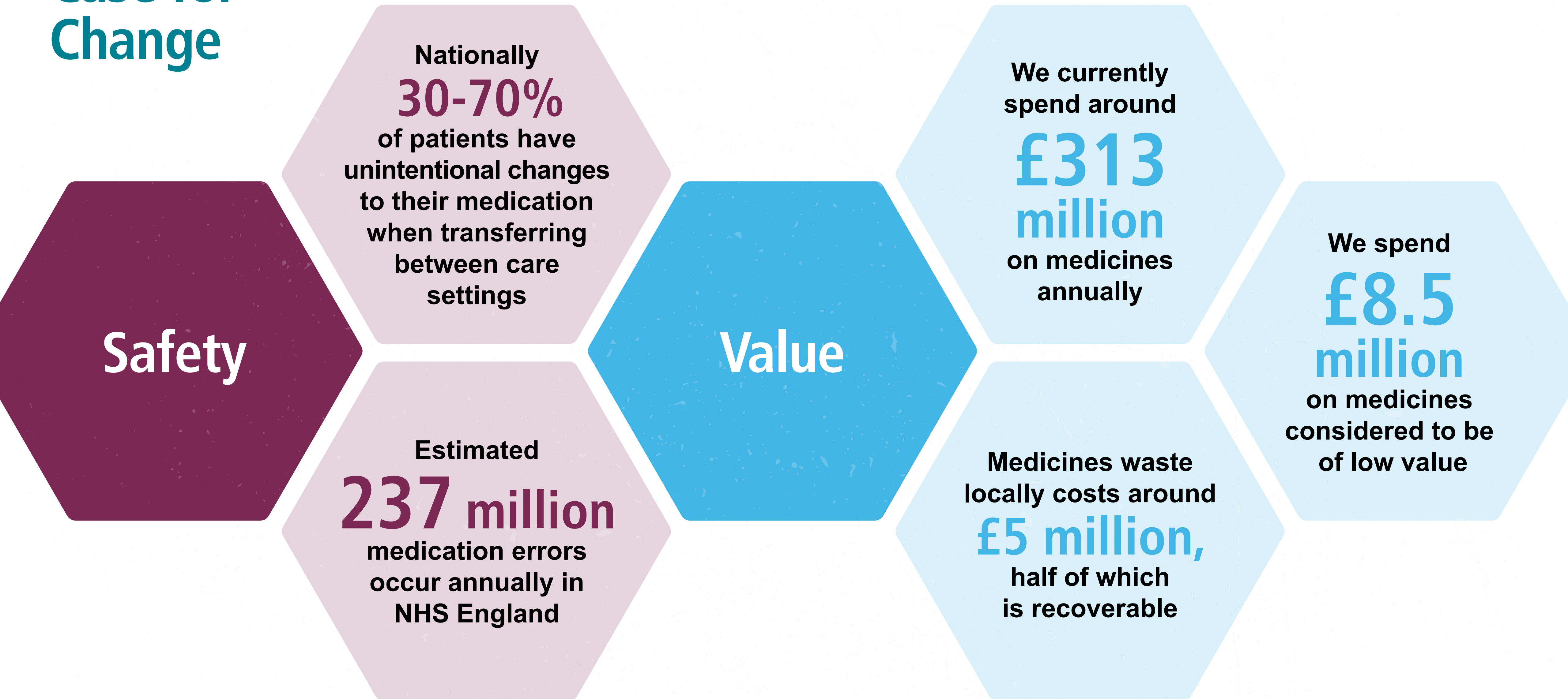


Allocative

Dividing up our resources
to achieve the best
outcomes for the
population

**// To implement a person-centred,
collaborative approach to get the
best value from medicines //**

Case for Change



Case for Change

Admission avoidance

Approximately
15%
of readmissions due to a medicine related issue

Nationally, avoidable adverse reactions cause over
180,000 bed days contributing to
1,708 deaths.
Costing £98.5 million per year

Leadership and workforce

An integrated, agile Pharmacy workforce to deliver key elements

Strong leadership and system planning are required to ensure workforce available and able to meet requirements

Support system workforce, recruitment and expand system networks

Principles

1. Safe, Person-Centred Care



- ◆ Holistic approach with shared decision making central to all prescribing decisions

- ◆ Prevention / early intervention to reduce the impact of long-term conditions whilst encouraging self-care
- ◆ Reduce hospital admissions through greater focus on medicines safety
- ◆ Systematic structured medication reviews and deprescribing, to reduce inappropriate polypharmacy and medication related harm
- ◆ Embed decision support tools to improve medicines safety
- ◆ Change the culture relating to use of medicines, both with clinicians and the public

2. Delivering Best Value



- ◆ ICS-wide strategy for reducing medicines waste
- ◆ Maximise the use of best value biologics
- ◆ Our aspiration is that all sectors of the ICS have a formulary adherence target of 90%
- ◆ Reduce low priority prescribing medicines
- ◆ Aim to achieve financial balance through a value-based approach to medicines and strive to ensure we get the best value for every pound we spend
- ◆ Utilise a standardised and integrated approach to patient pathways, to reduce inequalities and unwarranted variation ensuring equity of prescribing and access to medicines
- ◆ Recognise environmental challenges relating to medicines and minimise impact where possible

Principles

3. Medicines Quality and Safety

- System wide approach to medicines safety
- Priority areas include polypharmacy, high risk situations and transitions of care
- Focus on reducing harm from high risk medicines e.g. insulin, anticoagulants, prescribed dependence forming medicines

- Regarding World Health Organisation challenge aim to reduce severe avoidable medication related harm by 50% and reduce hospital admissions due to medicines
- Aim to align incident report system across all providers, improving safety by reporting and learning from medication errors whilst encouraging an open culture
- Empower patients to engage with their medicines and develop resources for patients to support their understanding of their medicines



4. Resilient Pharmacy Workforce

- Ensure that we have the right workforce that has ability, skills and flexibility to deliver the system requirements
- Work to align with ICS Workforce Strategy
- Health and Care teams to support the Medicines Optimisation principles across the ICS

Principles

5. Strong, Collaborative System Leadership

- A collaborative approach to leadership.
- Good communication channels with stakeholders on all Medicines Optimisation aspects across ICS

- ICS-wide aligned processes across all sectors

6. Digital/IT

- A single, integrated patient medication record across the ICS. Having the right access, to the right information, at the right time, as a single consolidated view of the information held for their patient across the system

- Digitally driven improvements in flow of patients through the acute sector to deliver earlier discharge times in the day
- Standardisation of medicines descriptions and coding in systems in line with NHS dictionary of medicines and devices (dm+d)
- Strive for greater use of digital solutions to improve efficiencies and safety around medicines
- Digital technologies are an underpinning enabler for significant changes to care provision across the system

BNSSG Integrated Pharmacy and Medicines Optimisation Programme

| SYSTEM PRIORITY AREAS | Acute Care Collaboration | Integrated Care | Prevention | Workforce | Digital / I.T | Urgent & Emergency Care |
|-----------------------|--|---|---|---|--|--|
| | Re-design Technical Services | BNSSG Formulary adherence | Medicine Quality and Safety including PINCER principles | Recruitment and retention for expanding roles | Further development of current integrated digital system accessible by all sectors | Refer to Pharmacy Schemes |
| | Homecare at Scale | Enhanced Health in Care Homes | Community Pharmacy & healthy living pharmacies | Pre-registration plans | One system wide patient medication record | Urgent Care Pharmacist integration programme |
| | Procurement opportunities | Polypharmacy focus | Signposting and self-care | Education & training | ePMA roll out across acute trusts | Access to medicines & pharmacies out of hours |
| | High cost devices procurement/High cost drug pathways and adoption of biosimilars as they come to market | Monitored Dosage Systems process to reduce inappropriate use | Long term conditions | Career programme across the system | Electronic Prescription Services capability expanded across all providers | Community Pharmacist Consultation Service (CPCS) |
| | Working with specialised commissioning | Mental Health - STOMP - Autism, Learning difficulties, Suicide prevention, physical health, perinatal | Reducing inequalities | Pharmacy Professionals Networks across BNSSG | Integrated electronic prescribing system | Patient Group Directions in community pharmacy |
| | | Engagement with Primary Care Networks and Integrated Care Partnerships | | Collaborate with Primary Care Networks (PCNs) | Red drug prescribing visible to whole system | Secondary care refer patients to Discharge Medicines Service at their local community pharmacy |
| | | Repeat Prescription Hubs | | Specialist Pharmacists working across PCNs & Acute Trusts | Electronic Transfer of Care | |
| | Standardise and rationalise Patient Group Directions across BNSSG | | Portfolio/Joint Roles | | | |



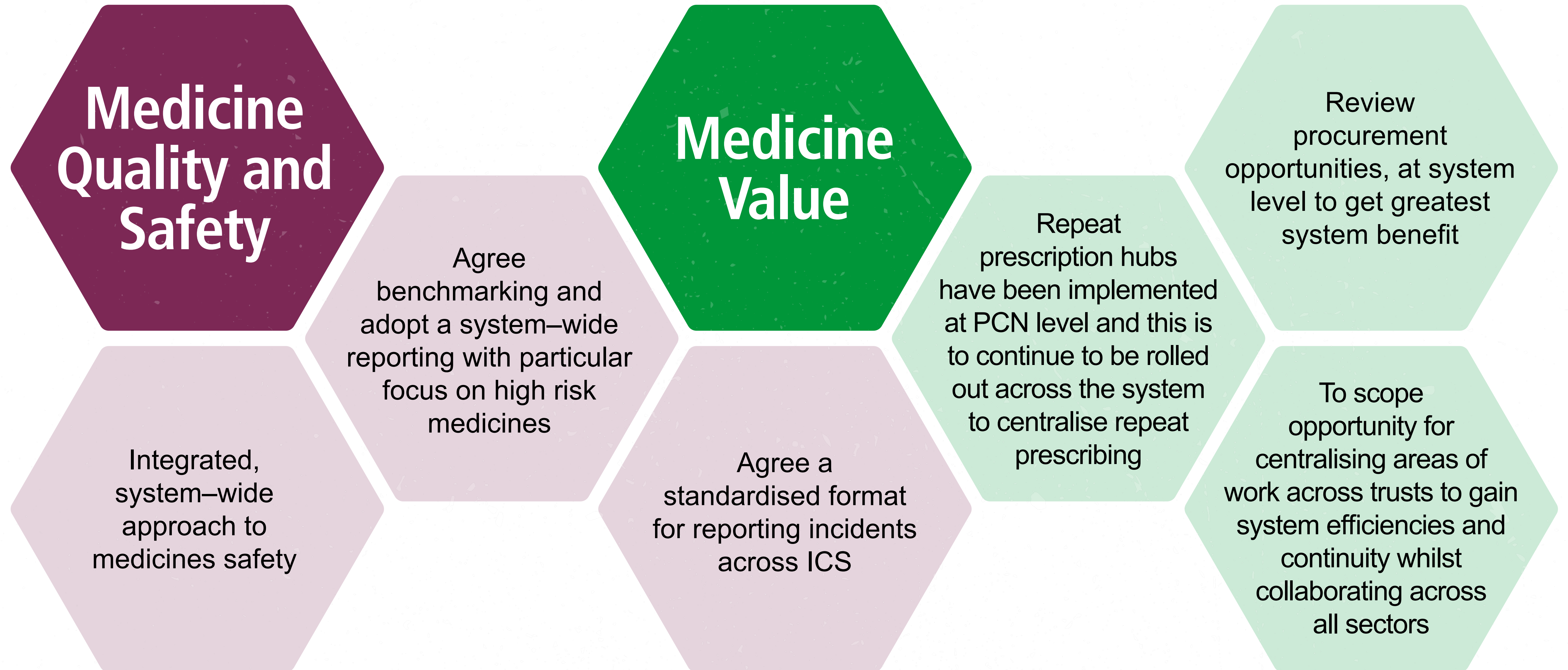
Key Deliverables

| WHAT | HOW |
|--|---|
| Increased awareness of medicines optimisation agenda across all sectors | Communicate and engage all stakeholders in the Medicines Optimisation strategy and improve understanding how it is relevant |
| Increased use of self-care medication and “lifestyle prescriptions” | Empower patients through shared decision making and provide alternatives to medicines |
| Reduce Medicines Waste | Improved care home processes, use of prescribing hubs, structured medication reviews, public education, appropriate disposal of medicines and recycling |
| Medicines Value: | |
| 90% compliance with BNSSG formulary by 2023/24 | Audit of formulary adherence |
| 90% uptake of best value biologicals (BVB) | Early agreed pathways to introduce BVB in all areas |
| Reducing avoidable harm from medicines by 50% by 2023/24 | Use of system safety tools such as PINCER, eclipse/radar and structured medication reviews |
| Aim for lowest 10% of CCGs for low value prescribing | Prescribing quality schemes, dashboards, networking between providers |

Key Deliverables

| WHAT | HOW |
|--|---|
| Increase number of pharmacy technician and pre-registration pharmacy training places | System-wide workforce plan |
| Single system-wide medication record | Digital technology – further development of current integrated digital system accessible by all sectors |
| Engagement with a national genomics programme | Linking in with The Global Alliance for Genomics and Health and Genomic Medicine Service Alliance |
| Align with guidance and outputs from English Pharmacy Aseptic Transformation Board | Local Technical Services review |
| Improve system-wide outcomes, for example secondary care admissions, morbidity and mortality | Investing in medicines when evident this will improve clearly identified outcomes |
| Meet antibiotic national prescribing targets and Health Care Acquired Infections national targets | Agree a system-wide Antimicrobial Resistance Programme |

Overview of Individual Project Deliverables



Overview of Individual Project Deliverables

Workforce

Develop a sustainable, integrated and diverse workforce that is trained appropriately to meet the system requirements

Work closely with the ICS workforce groups to align and implement plans

Support staff wellbeing



Poly-pharmacy

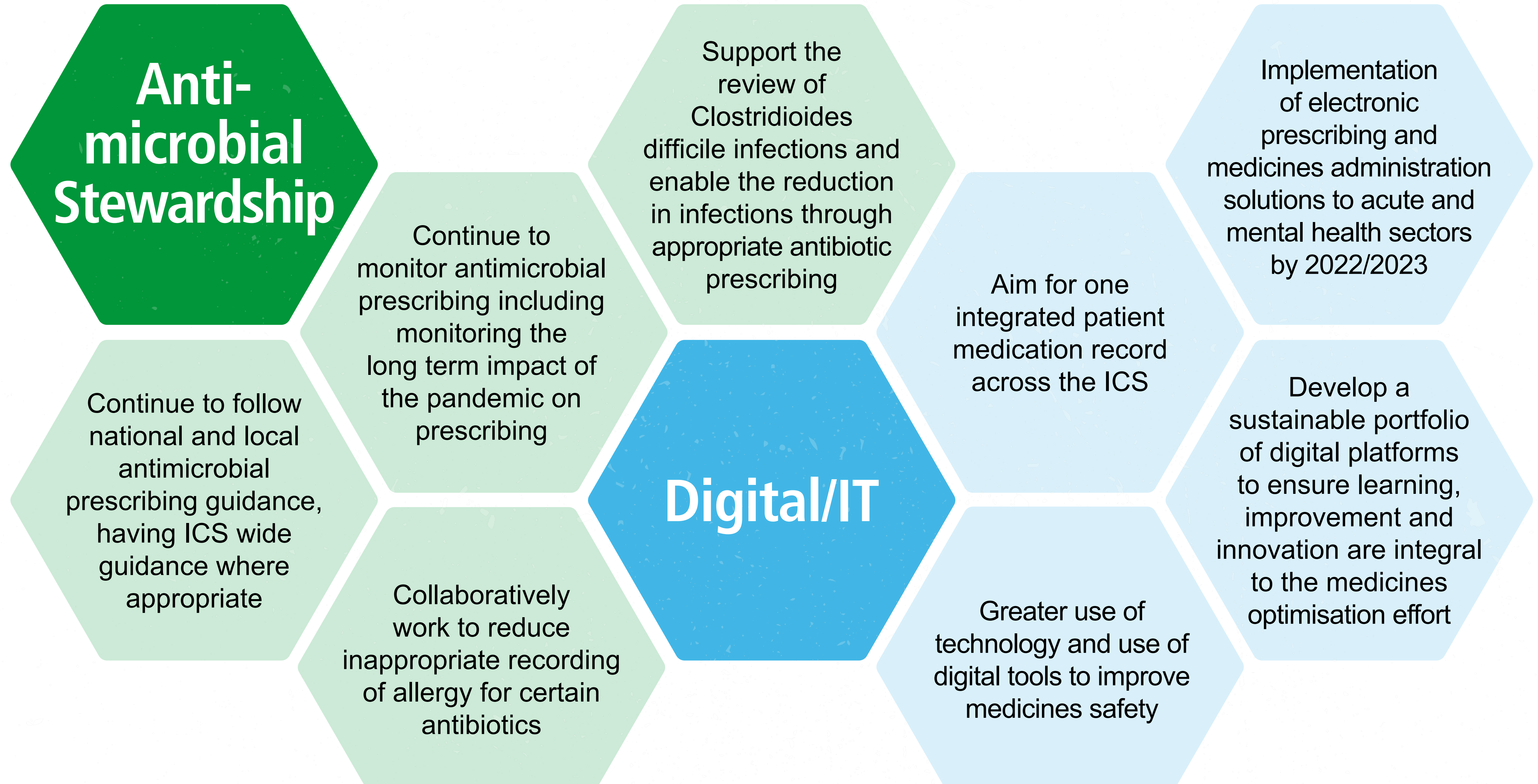
Educational programme developed to upskill all health care professionals involved with polypharmacy

Reduce inappropriate polypharmacy

Support the Structured Medication Review Directed Enhanced Service in General Practice



Overview of Individual Project Deliverables



Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire



South Plaza,
Marlborough Street,
Bristol BS1 3NX

bnssg.medicines-optimisation@nhs.net

<https://bnssghealthier.together.org.uk/>

