

Shropshire, Telford and Wrekin Medicines & Pharmacy Strategy June 2023

Shropshire Telford and Wrekin Pharmacy Leadership Group



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Foreword/ Executive Summary

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Shropshire, Telford & Wrekin live happy, healthy lives.



Foreword – Our shared responsibility to help the people of Shropshire, Telford & Wrekin live happy, healthy lives



This strategy is collectively owned by all partner organisations that make up Shropshire, Telford and Wrekin Integrated Care System (STW ICS). It aligns with the NHS Long Term Plan and our local 5-year forward view.

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In a time of significant economic and demographic challenge, it is crucial that our patients get the best quality outcomes from the medicines that they are prescribed.

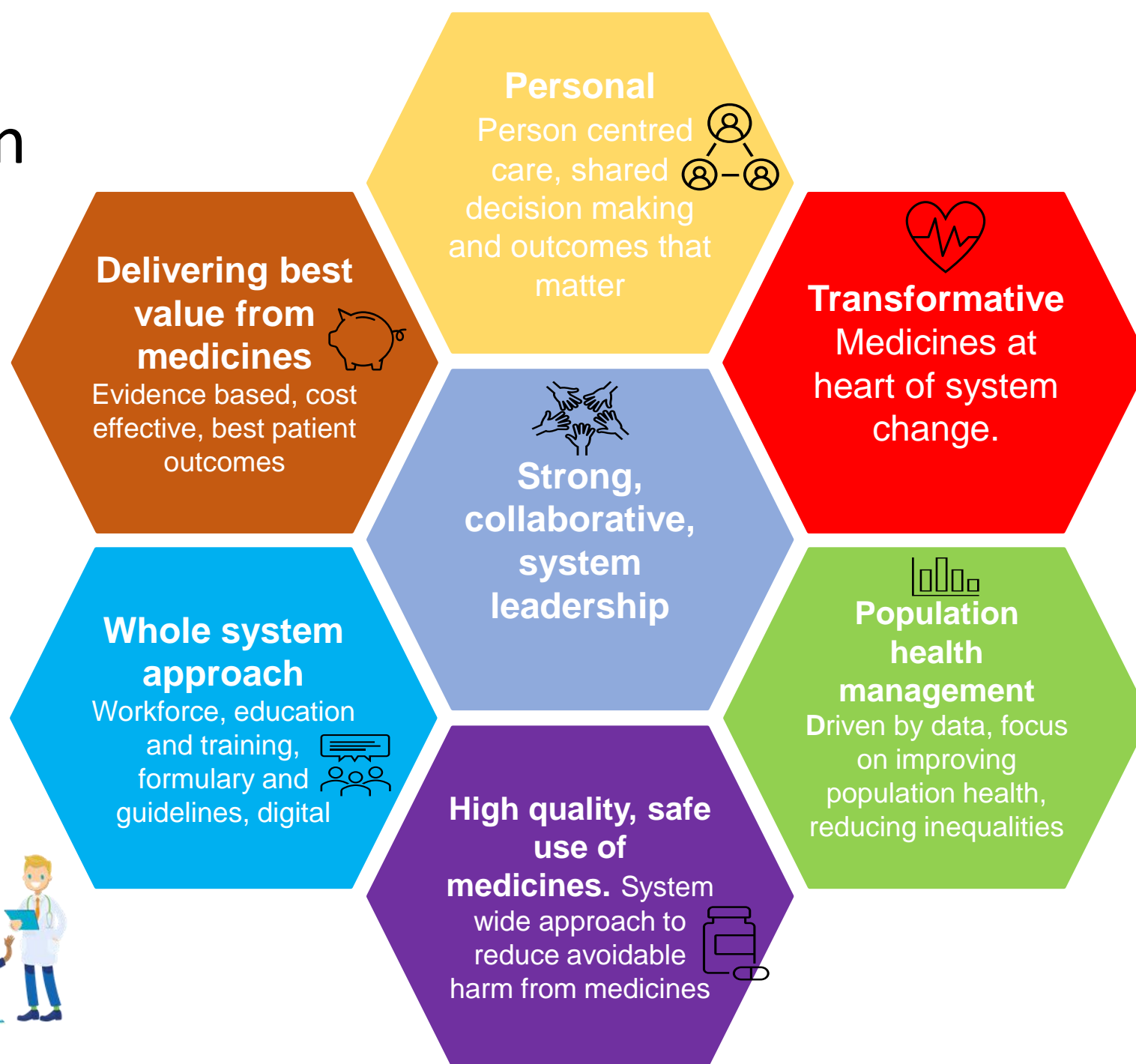
Our vision for medicines optimisation within STW ICS delivers a patient-focussed approach to getting the best possible health benefits from the investment made in medicines. This requires a holistic approach, an enhanced level of person centred care delivery, and partnership between clinical professionals and patients. Our aim is to ensure that the right patient gets the right medicine, at the right time. We will focus on wider health outcomes including improved clinical outcomes for patients, reducing avoidable hospital admissions related to medicines (HARMs), reducing health inequalities & utilising a population health management approach. A patient centred approach will in turn ensure we get the best from our investment in medicines, patients live longer, healthier lives. It will also support the system to achieve its aims in transforming care by improving capacity through admission avoidance, earlier discharge and supporting high quality access to care in alternative settings.



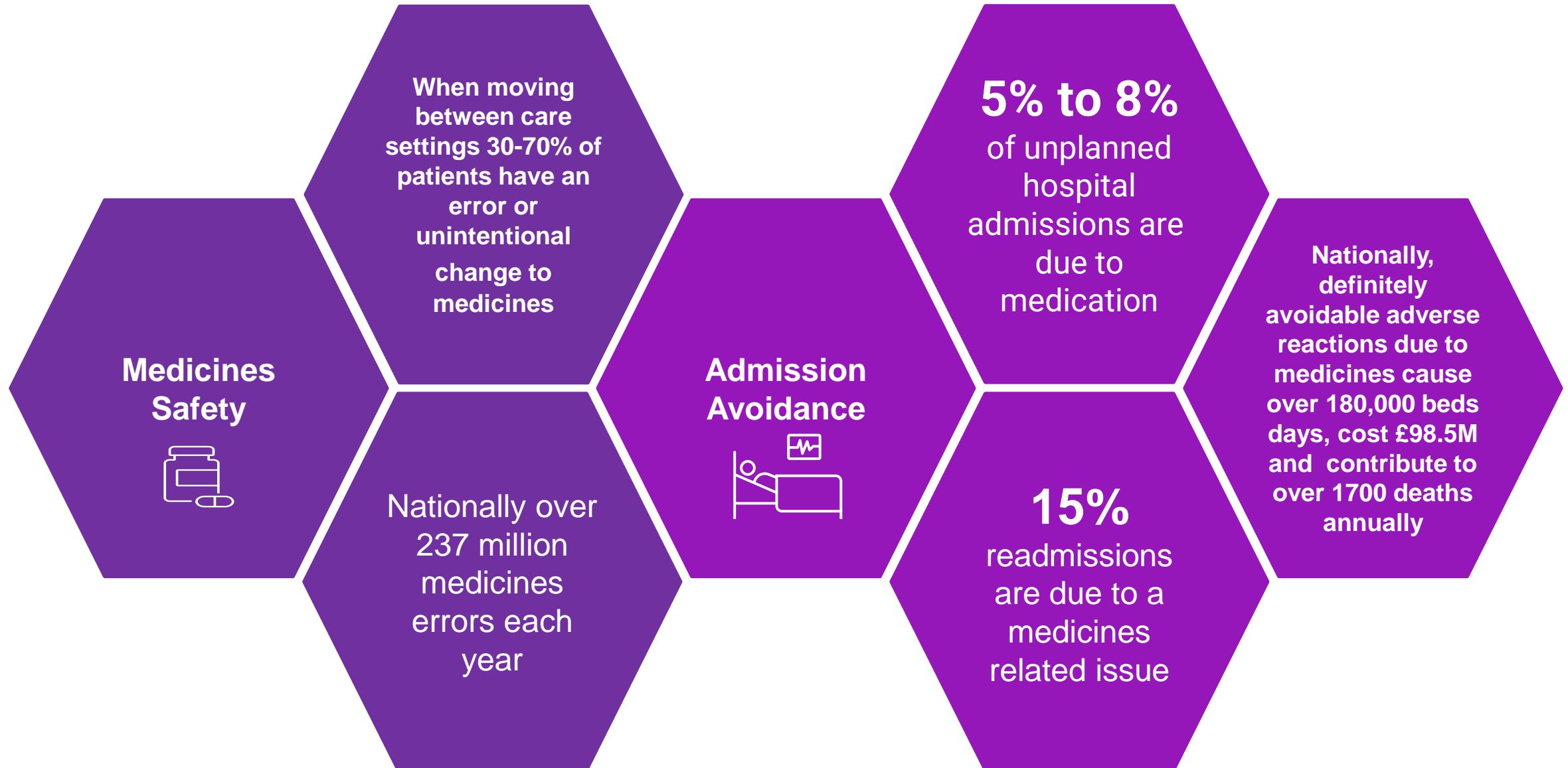
Our ambition is for medicines and pharmacy teams to be at the heart of system healthcare transformation to deliver safe, optimal, innovative patient care.



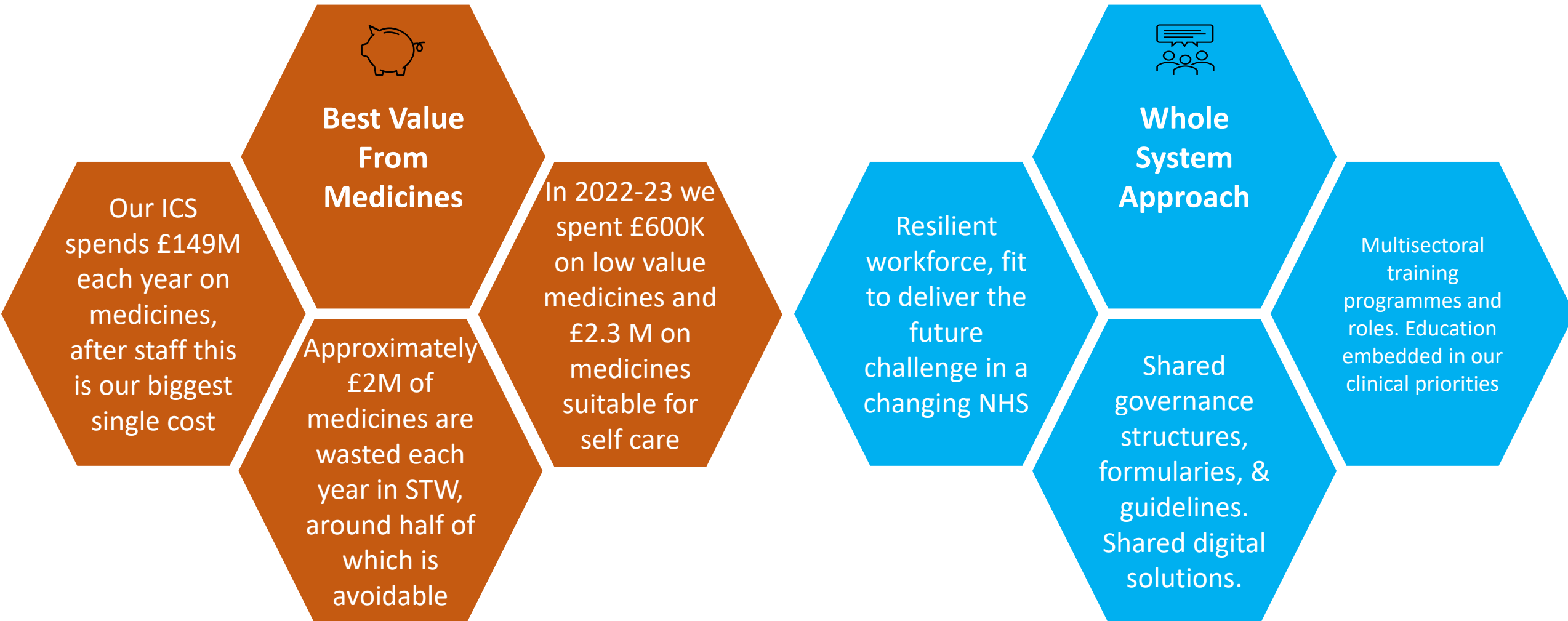
Our Vision



Why medicines matter



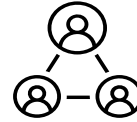
Why medicines matter



We will empower our patients to be key decision makers in their own health and treatment options.



Principle 1: Person Centred Care & Shared Decision making



- Improve patient engagement and responsibility in decisions around medicines, person centered treatment goals that matter to the individual
- Improved use of technology to support decision making
- Focus on prevention, lifestyle interventions and earlier intervention to reduce the impact of long -term conditions
- Holistic approach, alternative interventions to medicines, encourage self-care
- Patient education and awareness campaigns
- Systematic structured medication reviews and deprescribing in all settings, to optimise medicines use reduce inappropriate polypharmacy and medication related harm



We will deliver a sustainable and innovative approach to attain best value from medicines.



Principle 2: Delivering Best Value From Medicines



- Deliver a value based approach to medicines and strive to ensure we get the best value from our investment. Managed via a whole system medicines value group.
- Delivery of 16 national medicines opportunities
- Cost effective use of medicines (all sectors) through adherence to a system-wide single formulary, aiming for >90% adherence in all settings
- Reduce medicines waste
- Reduce low priority prescribing medicines and promote appropriate self care
- Maximise use of best value biologics
- Ensure a shared approach to patient pathways and guidelines to reduce inequalities and ensure equitable prescribing and access to medicines wherever a patient accesses our system
- Reduce the environmental impact of medicines – support delivery NHS net zero carbon impact by 2040 target
- Consider medicines impacts on whole system, patient outcomes, admission avoidance, access as well as on prescribing budgets
- A shared approach to project management and evidencing our impacts across the system including wider system partners e.g. Local Authority



We will reduce severe avoidable medicines harms and work together to improve communication across providers.



Principle 3: High Quality Safe Use of Medicines



- Focus on improving patient outcomes, health and reducing hospital admissions related to medicines or sub-optimal quality prescribing.
- Use of medicines driven by clinical evidence
- System wide approach to medicines safety improving medicines safety by sharing reporting and learning from medicines incidents.
- Reduce severe avoidable medication related harm by 50% in line with WHO target and reduce all hospital admissions (and readmissions) related to medicines (HARMs)
- Reduce medicines errors at transition between care settings by improving communication with an ultimate goal of a single shared patient record.
- Reduce harm from high risk medicines e.g. anticoagulants, prescribed dependence forming medicines, sodium valproate in women of child bearing age
- Reduce harmful polypharmacy through deprescribing
- Supporting and reviewing/improving prescribing in targeted high risk groups e.g. learning disability & autism
- Develop a system Antimicrobial Stewardship Strategy to promote appropriate antimicrobial use



We will support our organisations and providers to better utilise pharmacy professionals and medicines to achieve system and organisational goals.



Principle 4: Transformative, innovative approach to medicines



- Medicines and pharmacy colleagues embedded in delivery and support of the wider system programmes, pharmacy representation at the 'big six' system priorities.
- Medicines is the single most common intervention so needs to be at heart of system transformation and service redesign
- Recognise gaps and challenges in commissioned services that impact on medicines use and support system partners in addressing these.
- Commit to optimal use of new innovative medicines and technologies
- Better utilise the skills of the pharmacy workforce in all sectors including community pharmacy to support system recovery and delivery of our shared system priorities
- Change the culture relating to use of medicines, both with clinicians and the public
- Health and Care teams, clinical and non-clinical, support delivery of the Medicines Optimisation principles across the ICS



We will improve the health of our population by taking a holistic approach to prevention and treatment.



Principle 5: Population Health Management



- Work programme driven by data; prescribing data linked to patient outcome and admission data to demonstrate the full impact that improved prescribing quality can have.
- Focus on improving population health, reducing inequalities and variance through high quality use of medicines. Right medicine, right place, right time.
- Equitable patient access to medicines and medicines advice and support, recognising the challenges of our large, rural geography and population demographics.
- Target interventions to communities, populations or localities that have identified need.
- Support the prevention agenda in health, social care, environmental and local authority public health.



We will collaborate to deliver our strategic vision; local, regional and national ambitions.



Principle 6: A Whole System Approach to Medicines optimisation



- Shared medicines governance structure across ICS, recognised by all organisations
- Pharmacy workforce resilience, integration and development (NHS, primary care and community pharmacy). Ensure that we have the right workforce that has ability, skills and flexibility to deliver the system requirements. Work to align with ICS People Strategy
- Provision of multisectoral training programmes and roles, faculty and specialist and consultant pharmacist roles.
- Education and upskilling embedded in each clinical priority programme, supported by local specialists delivered to prescribers, allied health professionals, pharmacy teams, patients and public across all sectors
- Shared digital solutions across providers to improve efficiencies and safety around medicines. Right access to the right information at the right time across all sectors. This links to the ICS digital strategy - Digital technologies are an underpinning enabler for sharing information and providing safer care across our system



Through strong leadership, we will build a resilient, highly skilled, integrated workforce.



Principle 7: Strong collaborative medicines & pharmacy leadership



- A collaborative approach to leadership delivered through our system Pharmacy Leadership Group to develop and deliver a shared medicines & pharmacy strategic vision with representation from all providers and sectors of the profession
- Good communication channels with stakeholders on all Medicines Optimisation aspects across ICS, an open culture and willingness to share data, information and expertise
- ICS-wide aligned processes across all sectors
- Medicines and Pharmacy Governance embedded and recognised within ICS wider governance structure



Our commitment to shared ICS medicines governance



Medicines Governance Committees and Functions

Pharmacy Leadership Group

Multisectoral – ICB, SaTH, RJAH, SCHAT, MPFT, LPC, PCN and NHSE Pharmacy Leads

- Medicines Strategy for ICS including
- Medicines Governance
- Medicines Value
- Medicines Safety
- Workforce Development
- Digital Integration

Reports to IDC and Regional Medicines Leadership Group

Integrated Medicines Optimisation Committee

Representation from ICB, SaTH, RJAH, MPFT, SCHAT, LMC, Independent GPs

- Manages ICS formulary
- Prescribing / clinical guidelines
- NICE TA / guidelines, RMOC
- Shared care guidelines
- Cost effective prescribing
- Evidence based prescribing
- Horizon scanning

Reports to PLG, escalates to IDC for commissioning implications, Investment Panel for financial implications

Medicines Safety

All STW ICS NHS providers

Shares learning from incidents in all sectors including provider trusts, primary care, community pharmacy and care settings

Identifies trends, plans across system

Monitors key priorities for medicines safety (Currently DOACs, opioids, sodium valproate in women of child bearing age)

CDs and high risk drugs

Reports to PLG, SRW System Quality Group

High Cost Drugs and New Medicines Implementation

SaTH, RJAH, (SCHAT and MPFT as applicable)

- Model Health System data – Top 10
- Biosimilar Implementation
- Horizon Scanning and annual financial planning

Reports to PLG and Medicines value programme and finance team planning

Medicines Value

Working groups and project streams feed in to this ICS leadership oversight group (MVP) focussing on the following areas:

Cost efficiencies in primary care Deprescribing / polypharmacy, frailty, EOL, STOMP/STAMP, Opioids/pain – overuse and high dose, Cardiovascular – lipids, heart failure, hypertension, Diabetes – needles, lancets, blood glucose monitoring, Respiratory – green inhalers, carbon footprint, overuse / quality in asthma and COPD, reducing medicines waste

Key links to system targets, transformation programmes and integration with wider ICB/S plans. Takes population health management approach, data driven.

Reports to PLG and ICB PMO and Regional Medicines Value Oversight Group

Antimicrobial Stewardship Strategic Group

ICS Antimicrobial Strategy

Monitoring progress against national targets (primary and secondary care)

System antimicrobial formulary – manage and review

Shared learning from incidents

Reports to:

PLG, ICS IPC and AMR group, Regional AMR Group

Our key programmes in detail



Shropshire Telford and Wrekin Pharmacy and Medicines Optimisation



Programme Priorities 2023-24 (Reviewed annually)

System Priorities	NHS Providers	Integrated System	Population health	Medicines Quality	Medicines Safety	Value	Workforce and Digital
	Virtual ward, safe use of medicines	Community Pharmacy Integration, new services	Hypertension / AF case finding and treatment	CVD	Shared medicines safety governance & learning from incidents	IMOC formulary	Workforce plan
	Outpatients Parenteral Antimicrobial Therapy	Primary care recovery programme	Inappropriate polypharmacy and de-prescribing	Diabetes	Dependence forming medicines (high dose opioids)	Medicines cost efficiency switch programme	Recruitment and retention
	Best Value Biologics	End of life medicines	Supporting public health initiatives	Respiratory	Anticoagulants	Diabetes – blood glucose testing, needles / lancets	Trainee pharmacist and undergraduate training
	Urgent and Emergency care	Admission avoidance, Structured Medication Reviews Discharge Medicines Service		STOMP, STAMP, dementia	Sodium valproate in women (&men) – pregnancy risks	Anticoagulants	Technician training
	Medicines contractual frameworks (extend+)	Shared care prescribing principles		Antimicrobial Stewardship Strategy & oversight	Reducing HARMs	Reducing medicines waste	Workforce training and development
				HCP education	Reducing serious medicines harm	Respiratory-greener inhalers, overuse of SABA	Pharmacy Professionals Networks Portfolio/Joint Roles
				Patient education campaigns	Local commissioned service	Low value medicines /Self Care	EPMA / EPS across Trusts
				Polypharmacy			Community Pharmacy Integration
				Antimicrobial strategy			

Delivery of 16 National medicines opportunities

Key Integrated Care System Deliverables

Aim

Integrated prescribing electronic systems (EPS) across NHS providers, integration of community pharmacy with primary care patient records

Resilient Pharmacy Workforce, improvement in recruitment and retention

National & Regional targets met for Antimicrobial Resistance, Best Value Biologics and Medicines Value programmes

Improve system-wide outcomes e.g. improvements in patient outcomes, health inequalities, HARMs secondary care admissions, morbidity and mortality through improved quality & safer prescribing

Financial management of available resources – getting the best out of every £1 we invest in medicines

How

Co-dependency with national & system digital strategy delivery

System wide work force plan integration
Increased training roles for technicians and pharmacists
Multisectoral opportunities
Education and training programme for workforce.

Strong system pharmacy leadership, oversight and challenge via medicines governance structure
Agree system wide approaches
Open and transparent sharing of data and information

Integration of medicines and pharmacy teams in key system 'big six' work programmes
Investment in medicines where this will improve outcomes.
Improved data linking medicines to system outcomes
National 16 medicines opportunities – measure -national dashboard

Reduction in medicines waste, cost-efficiencies
Population health management approach to improving prescribing
Education and upskilling of our multidisciplinary workforce

Overview of Key Work Programme Principles

Programme:



**Best Value From
Medicines**

System wide approach to managing a portfolio of medicines value projects across all organisations and sectors. Monitoring progress, outcomes, and key performance indicators via Medicines Value Group

Delivery of national 16 medicines opportunities – targets linked to financial efficiencies, best use of financial resources

Data driven, evidence based programme, measurable outcomes

Focus on patient outcomes, health inequalities, and admission avoidance in addition to medicines spends

Formulary and procurement decisions consider impacts on prescribing in all sectors and take a system approach in decision making



Overview of Key Work Programme Principles

Programme:



**Best value –
Clinical
Improvement
Projects**

Driven by population health data

Support delivery of ICS Clinical Strategy and identified key priorities

National 16 medicines opportunities –patient outcome focussed targets

Integration into system transformation programmes

Multi-disciplinary approach with commitment from system partners to support clinical and specialist engagement

Support and review/improve prescribing in targeted high risk patient groups or areas of identified health inequalities

Case finding and prevention as well as treatment



Overview of Key Work Programme Principles

Programme:



Integrated, system-wide approach to medicines safety led by ICS Medicines Safety Group

Agreed benchmarking, monitoring and reporting on target medicines, with a focus on high risk medicines

Embed a culture of reporting, aiming to increase incident reports in all sectors and organisations

System-wide reporting with shared learning across all organisations and sectors

Medication Without Harm: aim to reduce severe avoidable medication-related harm by 50%, in the next 5 years in line with World Health Organisation global target.

Delivery of national 16 medicines opportunities related to safer use of medicines

Utilise digital solutions to making medicines use safer



Overview of Key Work Programme Principles

Programme:

Antimicrobial Stewardship



System commitment to a multidisciplinary Antimicrobial Strategy Group (AMS), led by experts in the system (microbiology and antimicrobial pharmacists)

System Antimicrobial Stewardship Strategy underpinning organisational plans to deliver national Anti-microbial resistance (AMR) and Healthcare Acquired Infection (HCAI) targets

Single electronic formulary available to all prescribers in our ICS (microguide)

Education and awareness raising campaigns among all healthcare professionals, patients and the public

[add link to AMR system strategy]



Overview of Key Work Programme Principles

Programme:



Commitment to integrate community pharmacy services and pathways into primary care and urgent care business as usual.

Building and developing relationships between community pharmacy, other providers and local authorities

Increased delivery of existing community pharmacy clinical services to create additional capacity and financial improvements in the system.

Development of innovative services to enable the future vision of pharmacy to be delivered in the community.

The delivery of more care in the community, reducing health inequalities.

Development of infrastructure to support high quality pharmaceutical care across the community pharmacy network



Overview of Key Work Programme Principles

Programme:



PCN and General Practice Integration

Professional leadership, mentorship and development of PCN and practice pharmacy teams. Workforce integrated into system planning and delivery

Support integration of general practice with community pharmacy to improve primary care access to patients

Support development of innovative services delivered at PCN or practice level to enable primary care to improve patient access and outcomes.

Support delivery of care in the community, reducing health inequalities.

Ensure high quality of prescribing, uptake of new innovations and support PCNs and general practice to provide the highest quality of care to our patients and population



Overview of Key Work Programme Principles

Programme:



**Pharmacy
Workforce
resilience and
Integration**

Commitment to developing multi-sectoral training and development posts for trainee and early career pharmacists and technicians

Commitment to develop multi-sectoral education and continuing professional development opportunities

Promote pharmacy as a profession to local school, colleges and careers conventions – grow our own workforce

Integration of community pharmacists and practice based / PCN pharmacists into the system pharmacy planning, support framework and networks

Better utilise pharmacist and technician specialist knowledge and skills in every sector to improve patient outcomes

Pharmacy Workforce Plan integral to the ICS People Plan

Make best use of available digital technology to integrate our profession, improve communication and support our population



**NHS Shropshire, Telford and Wrekin
Shrewsbury and Telford Hospital Trust
The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS
Foundation Trust
Shropshire Community Health NHS Trust
Midlands Partnership University NHS Foundation Trust
Shropshire and Telford Local Pharmaceutical Committee**

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