



England

National Medicines Optimisation Opportunities

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Medicines Value and Access

NHS England

NHS England Operating Framework

Our purpose | **What we do to add value** | How we work | Delivering our objectives | How we will organise ourselves | Setting ourselves up for success | Making this a reality | What to expect next

How each of the component parts of NHS England support Integrated Care Systems and providers in their roles

Regions

- Act as the main voice to ICSs and the primary interaction between NHS England and systems
- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed
- Agree 'local strategic priorities' with individual ICSs
- Provide oversight to ICBs and agree oversight arrangements for place-based systems and organisations
- Develop leadership within ICBs and providers
- Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities
- Develop mechanisms for systematically collating and sharing good practice and lessons learnt
- Manage regional level relationships including, regional government
- Provide support to ICSs to enable delivery

Set direction
Allocate resources
Ensure accountability
Support and develop people
Enable expert networks
Enable improvement
Deliver services
Drive transformation

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Integrated Care Systems and Providers

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Regional arrangements for medicines optimisation



- Medicines optimisation is a key role of regional and integrated care board medicines teams.
- Regional structures for medicines optimisation will vary - common goal of supporting systems.



The role of medicines optimisation teams in Integrated Care Systems

To contribute to the **overarching goals of an integrated care system:**

- improving patient outcomes
- enhancing the patient experience
- promoting medicines value
- facilitating care coordination
- optimising medication safety
- fostering collaboration and shared learning among healthcare professionals.



National medicines optimisation opportunities

National role

- Supporting ICBs and systems to deliver
- Developing national 'do once' resources and tools to reduce variation and duplication

Aim

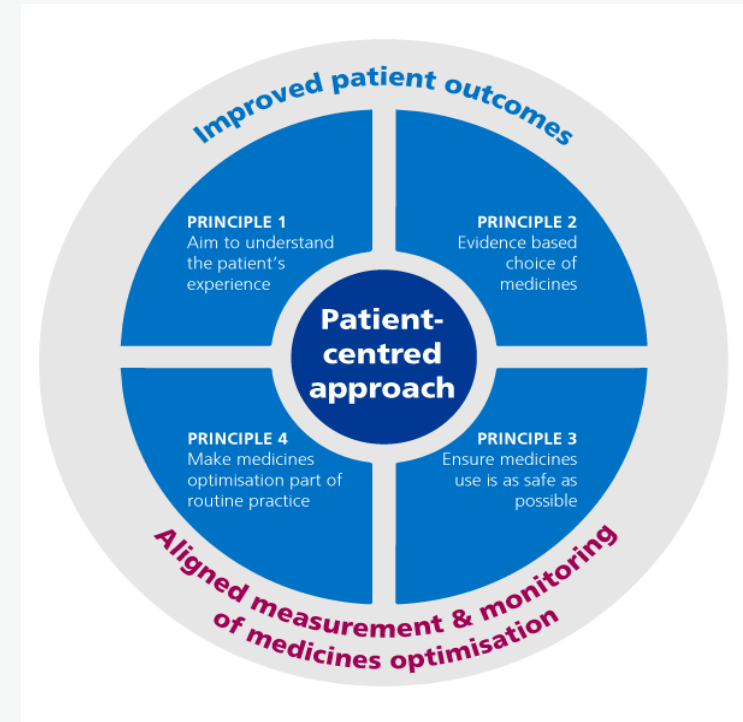
To support systems to deliver on their medicines optimisation work

How did we develop them?

Worked with national clinical leads, teams and stakeholders across the organisation

What are we asking integrated care systems to do?

Systems to identify at least 5 opportunities to focus on depending on their local system opportunities and population needs



National medicines optimisation opportunities

Medicines efficiencies, productivity and value



- Addressing low priority prescribing
- Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements
- Using best value biologic medicines in line with NHS England commissioning recommendations
- Appropriate prescribing and supply of blood glucose and ketone meters, testing strips and associated consumables
- Identifying patients with atrial fibrillation and using best value direct-acting oral anticoagulants

Life sciences and innovation



- Improving uptake of the most clinically and cost-effective medicines

Achieving better patient outcomes and value for the NHS and taxpayers



Medicines safety



- Standardising product formulations of aseptically compounded medicines
- Addressing inappropriate antidepressant prescribing
- Improving valproate safety
- Reducing course length of antimicrobial prescribing
- Reducing opioid use in chronic non-cancer pain
- Switching intravenous antibiotics to oral

Quality improvement



- Addressing problematic polypharmacy
- Identifying patients with hypertension and starting antihypertensives where appropriate
- Optimising lipid management for cardiovascular disease prevention

Medicines sustainability



- Improving respiratory outcomes while reducing the carbon emissions from inhalers

Health inequalities

Medicines data

National medicines optimisation opportunities

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Addressing problematic polypharmacy

Opportunity and purpose

- Identifying and reviewing patients with problematic polypharmacy
- Fostering cultural and behavioural changes.
- Reducing overprescribing and problematic polypharmacy to enhance patient care
- Focusing on specific groups (care home residents, those on multiple medications, and those with complex polypharmacy).

Implementation

Implementing Structured Medication Reviews (SMRs) to reduce medicines between 2.7% ([Baqir et al, 2017](#)) and 9.9% ([Appendix D: Health Economics Analysis of Polypharmacy Reviews](#)).

Benefits

Reducing risks, including for ADRs, lowering healthcare costs and improving patients' quality of life.

Outcomes

Improved patient experience, less risk of harm from medicines, and better value for local health systems.

Tools and resources

- [BSA](#) and [Model Health System](#) dashboards.
- NHS England [framework for personalised care](#), [guidance for structured medication reviews](#) and other [case studies](#).
- Education and training materials, including from [DHSC](#), [NICE](#) and [SPS](#).
- [eLearning modules](#) and [toolkit](#) from PrescQIPP.





Addressing inappropriate antidepressant prescribing



Opportunity and purpose

- Mitigate the increase in inappropriate antidepressant prescribing to avoid harmful and distressing symptoms associated with discontinuation.

Implementation and benefits

- Actions taken to establish locally commissioned specialist services.
- Royal College of Psychiatrists resources (for health professionals) to support them in helping their patients to discontinue antidepressants.

Outcomes

- Use of antidepressants in line with NICE guidance on treatment and management of depression
- Implementation of ICB commissioned services to support those suffering from severe problems associated with antidepressant withdrawal

Tools and resources

- NICE guidance and knowledge summaries on depression [treatment](#), [ongoing management](#) and [safe prescribing and withdrawal](#)
- Resources from [CPPE](#), [PrescQIPP](#), [NHS England](#) and the [Royal College of Psychiatrists](#)
- A [systematic review](#) on antidepressant withdrawal

Reducing opioid use in chronic non-cancer pain

Opportunity and purpose

- Current pharmacological management of chronic non-cancer pain is often associated with minimal benefits and potential harm when compared to effective biopsychosocial interventions.
- Every 62 people with chronic pain prescribed opioids for longer than 90 days leads to one death who would not have if the chronic pain had been managed with biopsychosocial interventions alone ([Gomes et al, 2011](#)), ([Häuser et al, 2020](#)).
- Opportunity to focus on more effective biopsychosocial interventions, reducing the dependency on opioids.

Implementation and benefits

- Framework for action for ICBs and primary care
- Improved patient well-being and quality of life, increased patient mobility, a reduction in pain levels

Outcomes

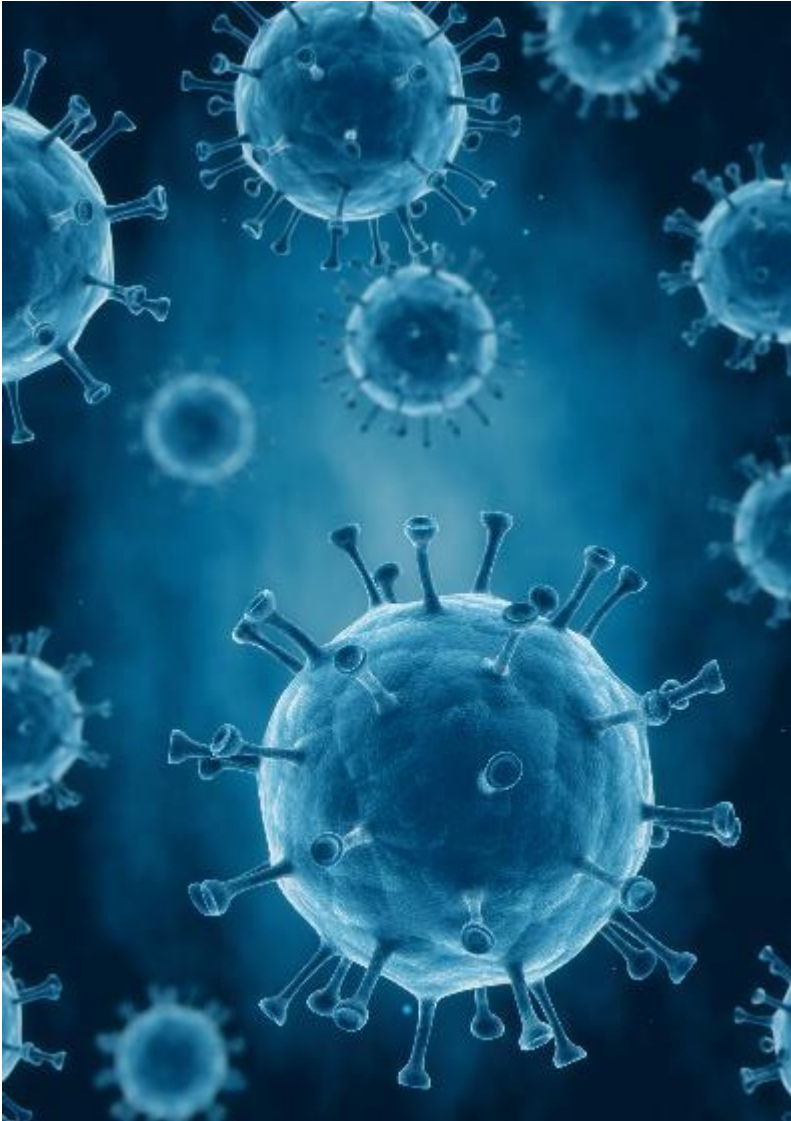
- A 10% year-on-year reduction in opioid prescriptions for the next five years, saving up to an additional 800 lives per year.
- Fewer patients with a total oral morphine equivalent of 120mg or more per day in the most recent 28-day period.

Tools and resources

- NHS England [framework for ICB and primary care level action](#).
- Resources from the Opioid Safety Improvement Programme and '[Live Well with Pain](#)'.
- BSA [opioids dashboard](#).
- PrescQIPP [bulletin](#) and [eLearning modules](#).



Reducing Course Length of Antimicrobial Prescribing



Opportunity and purpose

- Minimise patient exposure to antibiotics and address antimicrobial resistance (AMR) by prescribing the shortest effective antibiotic courses possible.
- There are inconsistencies in prescribing the shortest effective antibiotic courses possible.

Implementation and benefits

- Promote adherence to NICE recommendations on antimicrobial prescribing.
- Reducing the risk of ADRs and toxicity, and the selection pressure for AMR, lowering the risk of patients misusing leftover antibiotics, reducing antimicrobials' environmental impact and contributing to the UK AMR National Action Plan.

Outcomes

- By March 2024, 75% or more of total amoxicillin prescriptions should be 5-day courses.

Tools and resources

- The NHS England AMR programme [Optimising Antimicrobial Use dashboard](#), hosted by PrescQIPP and using data from ePACT2
- The [Antimicrobial Resistance Programme](#)
- Resources from [NICE](#) and [PrescQIPP](#)

Addressing low priority prescribing

Opportunity and purpose

- Reducing prescriptions for low-priority or less safe and effective medicines.
- Promoting use of safer, more effective, and cost-efficient alternatives.
- Ensuring prescriptions are safe, clinically effective, and cost-effective, without compromising patient care.

Implementation and benefits

- Reducing volumes of low priority medicines - £294 million less on these medicines compared to the baseline year (2016/17)
- Improved patient outcomes.

Outcomes

- No new prescriptions for low-priority items
- Further reductions in existing ones

Tools and resources

- NHS England [guidance on items not routinely prescribed in primary care](#).
- PrescQIPP's [self-care toolkit](#), [guidance](#) and [data](#).
- [BSA](#) and [OpenPrescribing](#) dashboards.
- An OpenPrescribing [outlier detection pilot tool](#).



Case study: Living Well with Pain Project Gloucestershire

[Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms \(NHS England, March 2023\)](#)

NHS Gloucestershire ICB has transformed its whole system, working collaboratively with many providers, enabling people with lived experience to co-design services, and mapping the services that are already in place to enable better access.



FutureNHS Collaboration Platform - National Prescribing and Medicines Optimisation Community



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National Prescribing and Medicines Optimisation Community

Create a new item

Welcome to the homepage of the National Prescribing & Medicines Optimisation Community

NHS England Medicines Optimisation News

ICS Leadership Resources

Case Studies Data & Insights

Join the Discussion Support



Key messages and next steps

- Medicines optimisation requires a whole system, whole pathway approach to change
 - Requires multidisciplinary working and good communication – teamwork across care settings
 - Get involved
 - Join FutureNHS collaboration workspace [National prescribing and medicines optimisation community](#)
 - Share good practice examples with us to add onto FutureNHS prescribing and medicines optimisation pages – to let others learn and adopt
- England.medicines@nhs.net
- National medicines optimisation opportunities are being refreshed
 - Any questions?

Thank You



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