



England

HJ Medicines Optimisation programmes and priorities 2024/25

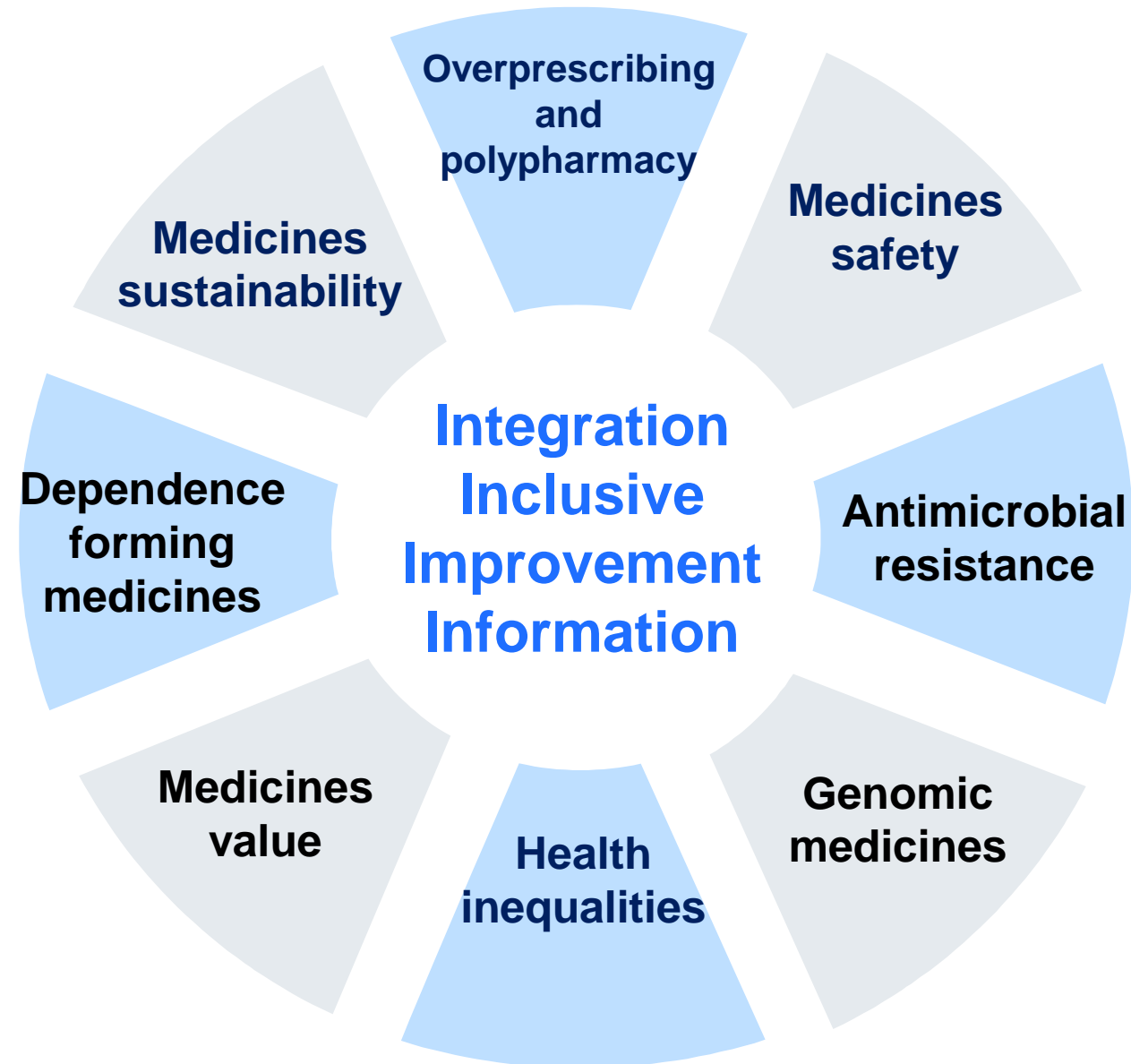
SPS SEPG update July 2024

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Delivery of medicines priorities requires close system working to benefit patients and communities- including HJ!

Regions and systems will also determine their own medicines optimisation and integrated pharmacy workforce priorities to reflect the needs of their local populations- including with HJ!



National Medicines Opportunities

HJ Priority programmes: Specific clinical areas

Antidepressant prescribing
Valproate safety
Antimicrobial prescribing
Opioids in non-cancer pain

HJ Priority programmes: Use, access and uptake

Problematic polypharmacy
Uptake of NICE approved therapy

Other opportunities in clinical areas

Lipid management
Atrial fibrillation and hypertension
Respiratory care and inhalers
Blood glucose devices and sticks

Other opportunities in use, access and uptake

Secondary care medicines
framework access- HIV/Hep C
Low priority prescribing

Classification: Official-Sensitive: Commercial

Publication reference:



National medicines optimisation opportunities 2023-24

15 June 2023, Version 0.18

16 priorities to select covering:

- improving medicines-related patient safety
- delivering value to the system
- improving patient outcomes
- supporting equity of access
- supporting NHS recovery through increasing capacity
- reducing health inequalities
- improving sustainability.

NHS HJ Medicines Optimisation Pharmacy Plan on a Page



Overall Aim

To work together to ensure NHS MO & pharmacy services:

Deliver NHS opportunities, policy and priorities

Deliver world class equitable care via staff who are supported and valued

Support people to age well

Achieve the best value for the public

standards, medicines supply, treatment access & outcomes

National Priorities

System Collaboration and Integration
Work collaboratively nationally, regionally and locally as **one pharmacy team** across systems in multi-professional teams

Workforce: Deliver People Plan
Support **health and wellbeing** of NHS teams
Take action on **recruitment and retention**
Promote **equality, diversity and inclusion**

Transform Service Delivery
Create more personalised, digitally enabled and better coordinated **patient care**

Improve Health Outcomes
Prevent ill-health, improve productivity and address health inequalities

Transform Continuity between settings
Better **continuity of care** between Community and Custody

HJ Work Programmes

Enabling via formal collaboration: Sharing contacts, HJ representation and participation in MO and pharmacy inside and outside

HJ Pharmacy Workforce strategy and support

- HJ teams visibly contributing in regional & local WTE/ICB programmes
- Embed access for HJ to pharmacy training programmes e.g. PCPEP
- Grow cross-sector pre-and post-qualification training
- Enable cross sector posts between primary and HJ practices
- Showcase career opportunities in HJ practice

HJ MO Digital strategy and estate expansion

- Implement EPS for FP10s and internal Rx and integrate Methasoft
- Access for digital therapy and devices: CGM and Sleepio
- Integrate HJ population in digital informatics to inform care and need
- Enable new and improved estate is effective for service and access

MO opportunities: with ICB and HJ partnership

- Embedding MDT SMRs for DFM and polypharmacy
- Deliver AMR and valproate improvement programmes
- Substance Misuse Services: Naloxone and injectable buprenorphine
- PH7a/SAAS : Imms and Vaccs, sexual health, smoking cessation, BBVs

Continuity improvement programmes:

- Publish briefing to underpin local action for improvement
- Roll out use of evidence bags for court, hospital and inter HJ transfer
- Videos, digital and paper info for accessing medicines on release

System integration and HJ pharmacy workforce

Regional HJ pharmaceutical advisers

In place in NW, NE, SE and SW
London, Mids and East in progress

How can HJ pharmacy teams link with them regionally

General Integration

Representation on national pharmacy and medicines governance

Inclusion of HJ population in new NHS treatment pathways- **proactive and increasing need**

HJ Pharmacy Workforce

NHS WTE pharmacy national and regional integration of HJ workforce

Formal training in HJ as part of cross-sector approach
Local joint employment models across sectors

Digital, Service and broader team developments and programmes

Digital Developments

Continuous Glucose Monitoring device access

Digital therapies- for insomnia

HJ prescribing priority and data tool- Eclipse Live in HJ

EPS for FP10 prescriptions followed by internal HJIS ones

Service developments

Structured Medicines Reviews: Multiprofessional for medicines priorities

Antibiotic prescribing: HJ practice improvement

PH7a, SAAS, Women, MH

Imms and vaccs: BAU + RSV (Sept 24)

TB and sexual health
SAAS medicines guide

Womens review: Valproate use; HRT

Mental Health medicines in pathways
Social Prescribing

Continuity of care- medicines supply, information +digital and policy enablers

Improving outcomes

Supply continuity:
Briefing and webinar
April 2024

Evidence bag roll out for
medicines and
prescriptions

Outcome data to drive
improvements

Medicines info resources

Videos for accessing
medicines post
release

Leaflet to describe
medicines access
routes post-release

Policy enablement

Changing in policy to 28
days minimum supply
on release using EPS

Focus on IP enablement
for continuity

Structured medication reviews- align with PCNs

- [SMRs](#) have been included in PCN DES since 2020- completed by doctors, nurses and pharmacists
- **30-minute** consultation about all the medicines being prescribed: Patient-centred, holistic, and structured approach to SMR delivery. SMR consultations cover each medication prescribed along with open discussion around medications patients are taking, any adherence issues and concerns. Opens up conversations around general wellbeing of the patient and shared decision about prescribed medicines taking.
- Focus on [problematic polypharmacy](#) where, for an individual taking multiple medicines, the potential for harm outweighs any benefits from the medicines and/or they do not fully understand the implications of the medication regime they are taking. This includes:
 - medicines that are no longer clinically indicated or appropriate or optimised for that person
 - combination of multiple medicines has the potential to, or is actually causing harm to the person
 - practicalities of using the medicines become unmanageable or are causing harm or distress.
- Central programme- via working group- providing information to support implementation:
 - Survey undertaken to identify good practice and barriers
 - Priority areas in HJ: opioids, other dependence forming medicines, high risk combinations
 - Training options and recording SMRs in HJIS- including templates and measuring delivery
 - Option to access [Eclipse Live](#) in HJ practices- supports clinical prioritisation for highest risk patients

Antimicrobial Prescribing: Quality improvement in HJ

- National priority with [UK 5-year action plan for antimicrobial resistance 2024 to 2029](#) building on previous plans
- **National NHS AMR team leading focussed behaviour change programme for HJ prescribing:**
 - Developed prescribing data dashboard- will be shared via providers and commissioners
 - Completing background survey on current knowledge and focus to inform programme
 - Key areas of priority for improvement are:
 - Reduction in unnecessary antibiotic prescribing per 100 detained population as large variation seen, across all prison types
 - Reduction in broad spectrum prescribing as a percentage of total antibiotic prescribing across all prison types: **HJ above 10% target**
 - Patient safety: reduction in quinolone prescribing: see [Drug Safety update](#)
 - Review of appropriate antibiotic prescribing for acne, particularly within male prisons- **12% use + some use of those no longer recommended**
 - UTI course length management as a focus in female prisons- **increase 3 days supply**
 - Duration/course length improvements to 5-day supply for respiratory tract infections eg amoxicillin and doxycycline: **60% > 5 days- target is 25%**

EPS in HJ- FP10s and internal prescriptions

- TPP HJIS has been upgraded to enable EPS prescriptions- initially for FP10 prescriptions 😊😊😊
- **Phase 1:** First of Types expected in August 2024 + 2 follow on sites before full roll out
- EPS use for urgent medicines and for unplanned releases or where medicine can't be supplied in time- as we have been using paper forms
- FP10MDA out of scope as these can't be transmitted via EPS (yet)
- Can cancel EPS prescription if needed once issued (but not dispensed). Using un-nominated prescriptions unless nomination is confirmed
- Allows earlier prescribing and revision of release planning processes for medicines supply
- Once implemented will move to policy of 28-day EPS prescription for **all** supply on release and to court
- **Phase 2:** Exploring how digitally signed internal prescription can be issued & transmitted (if needed) to usual pharmacy – requires detailed discovery work on legal and HJIS processes + how the prescription is received by the pharmacy

Evidence bag implementation

- For safe transportation of medicines to court and between detained estates.
- What information is required from a national and local level for sites to be able to introduce this process into practice?
- What are the enablers?
- Task & Finish Group
- Which stakeholders need to be involved?

National

- Which evidence bags?
- Where should they be sourced from?
- Who is responsible for sourcing the bags?
- Who is responsible for funding the evidence bags?
- Controlled Drugs and accountability.

Local

- Who are the key stakeholders?
- What advice is needed for local teams to implement this practice e.g. local MMC?
- Are there any key barriers that need to be unblocked?

Medicines access in the community videos

What we aim to cover:

- **How to access Emergency Medications:**
Use of Urgent, Out of Hours and NHS 111 Services.
- **Repeat Medications via mobile apps**
Demonstration on how to use the online facilities to order your repeat medications.
- **Community Pharmacy Access Options**
Showing the services accessible at pharmacies without needing a GP appointment such as medication access, minor illness consultations and flu vaccinations etc.
- **GP Practice Medication Reviews**
Explaining the purpose and benefits of these reviews for medicines.

What's next:

- Script is finalised and filming expected in September 2024
- Publication via NHS YouTube channel planned
- Wide sharing of the information via HMPPS, probation, third sector HJ networks/groups and in release planning consultations
- WayOut TV opportunities

In summary- Thank you!

Several HJ medicines and pharmacy programmes underway.

Actions for you:

- Regional HJ Pharmacy links: Develop links with regional HJ pharmaceutical advisers
- Consider you and the wider clinical team's involvement in SMR delivery
- Antibiotic prescribing improvement: Help to identify enablers and share information and support GPs to improve practice
- EPS implementation:
 - Progress updates will be shared and we'll need your advice for guidance, training and supporting implementation locally
 - Start thinking about how your processes will change when moving from paper FP10s to EPS
- Evidence bags- who are your local stakeholders and how would they be introduced in your setting?
- Medicines access videos: Where can you use them in the release planning pathway?