South East London Integrated Care System

Vision

Medicines are the most common therapeutic intervention in the NHS, with a expenditure across SEL of £850m annually and a critical place ("golden thread") in therapy in virtually every care pathway. Medicines optimisation is a systematic approach aimed at ensuring that people receive the most appropriate and effective medications for their specific health conditions, maximising the benefits of medicines while minimising any potential risks or harm. The value of medicines optimisation lies in engaging people in their treatment to understand and express preferences for their care, focusing on safe and effective prescribing which includes deprescribing as often as it does prescribing. Investing in evidence-based prescribing for the prevention of long-term health problems and a focus on quality is vital, recognising the long-term improvements in outcomes and reductions in health inequalities achieved from medicines. Collaborative working with communities, other healthcare professionals and within pharmacy as "one pharmacy workforce" is key to achieving these goals.

Deliverables / Improvements since 2023/24

- "One Pharmacy" Workforce Model: Established strategic approach to pharmacy workforce development. A cross-sector medicines network has been established with 5 priorities agreed for 25/26.
- Workforce Development: Advanced independent prescribing for pharmacists and development of pharmacy technician roles.
- Medicines Value : Achieved high-impact biosimilar switches and collaboration via SEL Integrated Medicines Optimisation Committee (IMOC) and Integrated Pharmacy Stakeholder Group (IPSG).
- Support for Long-Term Conditions: Focused on diabetes, obesity, CVD, respiratory care, and multimorbidity.
- Carbon Impact Reduction: Promoted lower-carbon products, waste reduction, and delivered a cross-sector inhaler recycling scheme.
- Overprescribing Reduction: Targeted inequalities and improved patient engagement.
- Antimicrobial Stewardship: Created digital AMS guidelines and reduced antibiotic course lengths.
- Patient Safety Initiatives: Implemented the NPSA sodium valproate alert, created a cross-sector medicines safety network and set priorities for 25/26.
- Community Pharmacy Development: Delivered a community pharmacy neighbourhood leadership programme, "Vital 5" services, and increased clinical service access.
- Digital Integration: Supported London Care Record rollout and tested community prescribing models.
- Medicines Shortage Management: Minimised impact through collaboration.

Key Challenges / Opportunities Remaining

Challenges :
Medicines shortages and supply problems continue to be higher than before.
Pharmacy professional and support staff workforce gaps, especially band 6 and 7.
Rising prices of medicines and increased National Institute for Health and Care Excellence Technology Appraisals.
Infectious diseases and capacity constraints further impact routine care.
Lack of leadership development and infrastructure support for community pharmacy to implement new models of care.
Increasing complexities and pressure on time and resources to deliver tailored and person centred care to optimise medicines in an ageing and multi-morbid population

Opportunities Remaining :
Unlock the potential for community pharmacy to improve population health and reduce inequalities.
Increase the uptake of new national clinical services for community pharmacy, and improve collaborative working between general practice and community pharmacy.
Opportunities from digital tools to enhance productivity and improve implementation.
Collaboration with local authorities and work with the voluntary sector to deliver on common goals such as reducing waste medicines, sustainability and health inequalities
Continuing the roll out of our work on overprescribing and repeat prescribing process improvement.
Mitigating the impact of medicines shortages and transforming homecare medicines supply arrangements.

Medicines Optimisation (2/6)

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What are our priority areas for 2025/26 (Max 4)	Why has this been identified as a priority areas?
1 **Workforce, digital and developing the neighbourhood NHS** • Implement the "one pharmacy workforce" model to develop our pharmacy workforce priorities • Test the role of pharmacy in Integrated Neighbourhood teams. • Increase use of digital tools to support electronic prescribing across all care settings, giving patients more control to get the best from medicines	• Address workforce challenges through collaboration, development, and improving retention. • Improves patient safety, reduces errors, and increases access to medications. • Testing pharmacy roles in Neighbourhood Teams supports community-based care and outcomes. • Streamlines medication management and empowers patient engagement.
2 **Care closer to home, primary prevention and Community Pharmacy Integration** • Expand primary care capacity by increasing access to high quality community pharmacy clinical and prevention services in community pharmacy. • Test community pharmacy independent prescribing in hypertension. • Foster collaboration with community pharmacy, improving digital tools and intraoperabilty to support communication and transition between care settings.	• Community pharmacy clinical services improve access to care. • Increasing prevention services supports population health outcomes. • Testing independent prescribing in hypertension allows pharmacists to manage chronic conditions effectively and enhance care closer to home. • Fostering collaboration between general practice and community pharmacy strengthens integrated care and ensures seamless patient management.
3 **Medicines Value, Medicines Safety and Antimicrobial stewardship** • Deliver high priority medicines optimisation and value opportunities from the national medicines optimisation priorities and locally agreed cost savings. • Address the most important causes of severe harm from medicines and implement national patient safety alerts. • Reduce the impact of medicines shortages across SEL population. • Tackle the development of antimicrobial resistance: local implementation of the 5-year-action-plan-for-AMR	• Ensures better value and improved outcomes for patients. • Addressing key causes of severe harm from medicines and implementing safety alerts enhances patient safety across the system. • Reducing the impact of medicines shortages supports equitable access and minimises disruptions in care. • Tackling antimicrobial resistance through the 5-year action plan protects public health and ensures sustainable use of antibiotics.
4 **Long Term Conditions (secondary prevention, genomics, overprescribing, sustainability)** • Increase access to structured medicines reviews and reduce polypharmacy. • Reduce the environmental impact of medicines through recycling schemes and approaches to transport of medicines. and reduce medicines waste from over ordering and overprescribing. • Enhance early diagnosis, prevention, and management of long-term conditions • Foster personalised medicine approaches tailored to genetic profiles.	• Increasing access to structured medicines reviews and reducing polypharmacy improves safety and outcomes for patients with long-term conditions. • Reducing the environmental impact of medicines and minimizing wastage support NHS sustainability goals. • Enhancing early diagnosis, prevention, and management of long-term conditions promotes better health and reduces healthcare burdens. • Fostering personalised medicine through genomics enables tailored treatments for improved efficacy and patient care.

Medicines Optimisation (3/6)

South East London Integrated Care System

Priority Area:	**Priority Area:**
Workforce, digital and developing the neighbourhood NHS	**Care closer to home, primary prevention and Community Pharmacy Integration**

What are the actions we will deliver in 2025/26	**What are the actions we will deliver in 2025/26**
• Continue the implementation of the One Pharmacy Workforce Model. • Develop shared workforce roles, training and career paths for pharmacy professionals to work in neighbourhood teams and deliver personalised care. • Support the infrastructure for trainee pharmacists who qualify as independent prescribers in 2026. • Use pharmacy workforce data to improve diversity and tackle inequalities and improve recruitment and retention and develop the pharmacy technician workforce. • Increase use of digital tools to support electronic prescribing across all care settings, digital tools for self monitoring and use of patient facing tools such as the NHS app for ordering medicines. • Improve interoperability to support seamless communication and data sharing across primary care and community pharmacy systems	• Support preparation for community pharmacy independent prescribing, using the learning from the pathfinder sites. • Continue to improve access to high quality community pharmacy clinical and prevention services. • Review minor ailments medicines services from community pharmacy in SEL. • Continue to support the roll out of the London Care Record to community pharmacy and expand the use of this for the benefit of people using these services. • Develop and test a new psychosis pathway, including use of long-acting injectable antipsychotic medicines to avoid risk of relapse and providing choice for people to access ongoing treatment. • Pilot joint working between the voluntary sector and community pharmacy to support people taking multiple medicines and avoid over-ordering of medicines.

Population Health and Inequalities Impact	**Population Health and Inequalities Impact**
• Use data to target interventions and resource for underserved populations. • Deliver joined-up care and improving access to resources in deprived areas. • Integrating pharmacy services into neighbourhood multidisciplinary teams, enhancing council and voluntary sector collaboration. • Strengthening community engagement and fostering trust.	• Provide patients with the choice to step-down from secondary care services. • Community pharmacy will play a crucial role in access to clinical services, health promotion, providing interventions, vaccinations, and screening to reduce health inequalities.

System Sustainability Impact	**System Sustainability Impact**
•Improving clinical system performance, productivity and seamless transfer of care. •improved governance and effective system-wide communication and collaboration. •Pharmacy teams working to their full potential •Improved recruitment and retention of pharmacy professionals. •People get care from pharmacy teams in a way that suits them using innovations in patient-facing digital technology, digital intra-operability , remote monitoring and artificial intelligence	• Digital intra-operability will facilitate the sharing of care episodes and reduce medication errors. • Reduced medication waste and increased public knowledge to help people get the most from their medicines. • More people empowered to self care; seeking advice and non-pharmacological support

Medicines Optimisation (4/6)

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Priority Area:	**Priority Area:**
Medicines Value, Medicines Safety and Antimicrobial stewardship	**Long Term Conditions (secondary prevention, genomics, overprescribing, sustainability)**

What are the actions we will deliver in 2025/26	**What are the actions we will deliver in 2025/26**
• Interventions to improve opioid stewardship and management of chronic pain. • Implement the national repeat prescribing improvement toolkit. • Harmonise individual borough self care pharmacy first (plus) schemes • Deliver positive change in our priority areas selected from the national medicines optimisation opportunities, including savings from biosimilar medicines. • Improve the safety, value and quality of homecare medicines supply routes. • Respond to medicines related incidents and implement patient safety alerts and mitigating the impact of medicines shortages. • Agree a plan to reduce the long-term use of potentially addictive medicines and reducing access to medicines as a means of suicide • Tackle the development of antimicrobial resistance: 5-year-action-plan-for-AMR	• Implement a programme of antidepressant review and deprescribing where individuals are not gaining benefit from their current treatment. • Use data (prescribing, clinical measures, CORE20PLUS5) and digital tools to identify unwarranted variation in medicines access or optimisation, support early diagnosis, prevention, improvement and measure impact on health inequalities and outcomes. • Explore pathway changes to improve medicines access for young people transitioning into adult services • Roll out successful pilots from the overprescribing programme 24/25, increasing access to structured medicines reviews and reducing polypharmacy. • Reduce medicines wastage and the environmental impact of medicines including inhaler prescribing and recycling. • Foster personalised medicine approaches tailored to genetic profiles.

Population Health and Inequalities Impact	**Population Health and Inequalities Impact**
• Undertake Equality Analysis when making decisions on identified medicines value opportunities . Support clinicians to take a shared decision-making (SDM) approach when discussing medicines options (starting, substituting, tapering and stopping medicines) with their patients. • People will have equitable and timely access to NICE approved, cost-effective medicines	Collaborative working supports people to understand the benefits and harms of their medicines and know where to get help with medicines when they need it. Development of pharmacy services which are tailored to meet needs of our residents and delivered in locations or targeted to population groups.

System Sustainability Impact	**System Sustainability Impact**
• Avoiding medicines-related adverse events from high risk medicines, shortages and inappropriate use/overprescribing of antibiotics in the community that result in hospital admissions. • Our population have equal access to high value medicines which deliver best outcomes . • High impact collaborative investment and savings plans for medicines deliver best use of collective resources and NHS funds.	People will have access to long term conditions prevention and optimisation interventions and genomic interventions to improve early detection, disease management and overall population health. improving patient access to high-quality community pharmacy clinical services closer to home.

Medicines Optimisation (5/6)

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring out impact?
Workforce, digital and developing the neighbourhood NHS	• Enhanced skill mix and capacity: Develop a flexible pharmacy workforce working at the top of their license.Improve staff morale, reduce burnout, and increase job satisfaction to enhance recruitment and retention. • Use real-time data to track medicines usage, identify trends, and support proactive interventions. • Ensure equity of access by tailoring medicines optimisation strategies to meet the specific needs of local populations.	• Uptake and use of independent prescribing qualifications among pharmacists • Sharing case studies and evaluations to showcase successes and best practices. • Staff turnover rates and vacancies in pharmacy roles • Increase in pharmacy professionals working in integrated multidisciplinary teams. • % uptake of electronic repeat dispensing (eRD) for eligible patients
Care closer to home, primary prevention and Community Pharmacy Integration	• improving patient access to high-quality care community pharmacy clinical services closer to home. • Delivery of coordinated, patient-centered care pathways. • Safer, efficient coordinated care through improved data sharing. • Prevention of relapses in mental health, and reduction in preventable hospital admissions.	• Increase in the uptake of community pharmacy-led prevention and clinical services (e.g., contraception, blood pressure checks). • % of community pharmacies with access to the London Care Record • % increase in patients supported by voluntary sector-community pharmacy collaboration and number of partnerships established. • Reduction in GP appointments and A&E attendances for minor ailments.
Medicines Value, Medicines Safety and Antimicrobial stewardship (AMS).	• Improved medicines value through biosimilar medicines and repeat prescribing improvement. • Enhanced medicines safety through reduction on long term use of potentially addictive medicines, and reduced medicines-related incidents • Increased safety, reliability, and patient satisfaction with homecare medicines supply routes or improved and more accessible alternatives. • Combat antimicrobial resistance.	• Established collaborative learning response via Medicines Safety Network to detect, report, and learn from medication-related incidents • NHSBSA dashboard: National Medicines Optimisation Opportunities, Opioid, Valproate and AMS • Specialist Pharmacy Services National Dashboards - Uptake rates of biosimilars compared to originator biologics. • SEL medicines optimisation high impact medicines value dashboard.
Long Term Conditions (secondary prevention, genomics, overprescribing, sustainability)	• Support early diagnosis and secondary prevention by integrating data-driven insights into long-term condition management,. • Reduce health inequalities by using data analytics and digital tools to address unwarranted variations in medicines access, • Expand structured medication reviews to tackle polypharmacy and overprescribing,. Reduce medicines waste, minimising the environmental impact of prescribing, including inhaler recycling initiatives.	• Unwarranted variation in prescribing rates for key medicines across demographic groups or geographical areas (using CORE20PLUS5 metrics). • Outcome improvements (e.g., disease control, hospitalisation rates) in identified high-need populations. • Number of patients identified early and successfully treated for long-term conditions using data analytics and digital tools. • High impact prescribing dashboards

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What do we need from enablers and partners to deliver?

Work with IT providers to ensure digital platforms (e.g., EHRs, prescribing systems) can share and access data seamlessly across sectors.   Collaborate with data specialists to create real-time dashboards, predictive analytics tools, and performance reports for tracking progress.

Support to deliver tailored training programs, including upskilling in prescribing, polypharmacy reviews, and digital tools. Collaborative Workforce Models: Engage NHS trusts, PCNs, and community pharmacy employers to enable cross-sector workforce planning under the "one pharmacy workforce" model

Ensure PCNs and community pharmacies are supported to expand their clinical services. Equip community pharmacy leaders with infrastructure and leadership development to enable implementation of new models of care.

Partner with public health teams to raise awareness about medicines safety, antimicrobial resistance, and adherence. Collaborate with advocacy groups to ensure co-production of services and patient-centric decision-making.

How will we work in collaboration with our system?

- SEL ICS pharmacy governance sets out how we will work together across our sector through the Integrated Medicines Optimisation Committee and Integrated Pharmacy Stakeholder Group.
- These groups and their working groups have shared objectives and accountability to ensure alignment with ICS priorities and delivery from each partner.
- The single collaborative medicines team which works across the six Places on collective issues to reduce duplication and reduce variation.
- Developing shared care and integrated roles such as consultant pharmacist posts.
- Implementing the "one pharmacy workforce" model to share expertise and resources.
- Test new approaches, such as community pharmacy-led hypertension clinic, to identify scalable solutions.
- Ensure cross-Sector accountability by assigning named leads within different sectors to ensure responsibility for progress.

How will we engage with our population?

- We will focus on engaging with the population on overprescribing by continuing engagement with patients and carers, particularly in disadvantaged groups in shaping services, and strategies .
- Deliver campaigns to promote appropriate medicines use, antimicrobial stewardship, and reduce over ordering of medicines.
- Use clear, tailored communication channels to inform the population about services, medication safety, and self-care guidance.
- Engage with diverse population groups, including non-English speakers and those with health inequalities, to address medication needs and improve health equity.
- Partner with the voluntary and community sector to improve awareness and uptake of medicines-related services like vaccination or adherence support.
- Develop and promote resources that improve understanding of medicines and their safe use to empower patients in their healthcare journey.

How will we monitor and share progress?

- Regular reporting cycles though our medicines and pharmacy governance structure.
- Share progress through professional networks
- Use shared performance metrics to assess progress and outcomes.
- Use Real-Time data collection and analytics to collect, analyse, and share data on prescribing patterns, medicines optimization, and service outcomes.
- Share progress and learn from other ICS's through London Regional networks, pharmacy leadership and national networks and enabling functions such as Specialist Pharmacy Services.
- Host forums, workshops, and webinars for stakeholders to share challenges, successes, and innovations.
- Use shared digital platforms for transparent tracking of progress and outcomes.