

Overview

Medicines are the most common therapeutic intervention in the NHS, with 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. NHS South East London spends £800m annually on medicines and pharmacy is the 3rd largest profession after medicines and nursing so the impact is high. The goal is to improve patient outcomes and enhance the quality of care using a personalised care and shared decision-making approach.

Strengths / opportunities

Strengths:

- Strong pharmacist-prescriber relationships across sectors and partnerships.
- Well established cross sector ICS Integrated Medicines Optimisation Committee and Integrated Pharmacy Stakeholder Group.
- Collaborative leadership, shared objectives, data & incentives drive quality improvement
- Consideration of subsidiarity guides efforts to reduce inequalities and unwarranted variation in care.
- Engagement with academic health science networks and higher education institutes to facilitate research and innovation.

Opportunities:

- Pharmacy can contribute more to population health and reducing inequalities.
- “One pharmacy team ” workforce approach, development of roles.
- Commissioning and provision of new clinical services.
- Digital tools to enhance productivity.
- Pharmacy professional education and legislative changes empower them to prescribe and take on leadership roles in health and social care
- Collaborative approach between community pharmacy and other primary care teams following on from delegation of community pharmacy contracts.
- Collaborate with local authorities and work with the voluntary sector to deliver on common goals such as reducing waste medicines, sustainability and health inequalities

Challenges

- Medicines shortages and supply problems
- Pharmacy professional and support staff workforce gaps, esp. band 6 and 7.
- Rising prices of medicines, including generic medicines and increased National Institute for Health and Care Excellence Technology Appraisals pose challenges for prescribing budgets.
- Frequent updates in treatment guidelines, new medications, and changing indications mean challenges in keeping up with the latest evidence and incorporating it into treatment pathways.
- Infectious diseases and capacity constraints further impact routine care.
- Lack of externally funded organisational development, leadership development and infrastructure support for community pharmacy to implement new models of care
- Engaging patients in shared decision-making, promoting adherence, and addressing patient concerns and expectations require effective communication and tailored approaches.
- 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
- Ongoing urgent demands which delay progress on collaborative priorities between acute, mental health and primary care.

Our vision and key objectives

Our vision

Our vision is that medicines optimisation and the development of the pharmacy workforce will support Long Term Plan goals, deliver net zero targets, and reduce health inequalities. We will respond positively to changing roles and ever-increasing demand for pharmacy professionals to work in multidisciplinary teams, and create innovative, inclusive solutions and shared workforce models to solve recruitment and retention challenges. We will strengthen our cross-sector pharmacy systems leadership approach to foster common purpose at all levels and develop neighborhood pharmacy leadership. We will have personalised care and shared decision-making at the heart of our work.

Our key objectives – what we want to achieve over the next five years

1. Developing our **ways of working** network, focusing on the development of independent prescribing roles, developing roles of pharmacy technicians and prescribing pathways in community pharmacy. We will build collaborative working between pharmacy teams across health and care systems to support people's health and wellbeing and develop shared workforce models with training and development through local training hubs and national programmes.
2. Delivering **medicines value** as ICS partners through the SEL Integrated Medicines Optimisation Committee (IMOC) and Integrated Pharmacy Stakeholder Group (IPSG). Work with others on shared priorities and adopt **digital** innovations to improve efficiency and improve experience of care.
3. Our medicines pathways and pharmacy workforce will support our **long term conditions** programme, reducing inequalities and improving outcomes. We will explore the potential of **genomics** to delivering personalised care and medicines safety as part of the south east genomics network.
4. We will significantly reduce the **carbon impact** of medicines through using lower carbon products, reducing waste, reducing packaging and recycling schemes. We will continue to make progress as an ICS partnership on reducing **overprescribing**, focussing on groups experiencing inequalities. We will embed personalised care and shared decision making at all stages of prescribing. We will acknowledge the role of the person as experts in their own care.
5. We will continue to develop our **South East London Forum for Antimicrobial Stewardship (SEL FAS)** working alongside partners from the ICS . The **medicines safety network** will continue to deliver our shared priorities.
6. We will develop the **community pharmacy sector** to unlock its potential to improve population health and reduce inequalities.

Our priority actions- what we will do

Our priority actions

1

Ways of Working. Develop supervision roles for trainee pharmacists in 2025 who will qualify as independent prescribers in 2026. Develop pathways for community pharmacists to prescribe as part of Integrated Neighbourhood Teams (INTs) in line with competency frameworks. Develop shared workforce arrangements, training and career paths for pharmacy professionals to work in INTs and deliver personalised care e.g. working with social prescribers.

2

Medicines Value. Agree collaborative cross sector plans to deliver the highest impact medicines value and reduce waste. Plans will be delivered at organisation and place level, also responding to local needs. Measure impact using multiple data sources to track medicines use across sectors. Maximise the use of **digital** and IT enablers to support more accessible care and best use of clinical time.

3

Long Term Conditions & Genomics. Implement evidence informed guidelines and pathways to improve outcomes and reduce health inequalities. Work with others including the voluntary sector to reduce inappropriate polypharmacy and implement approaches to patient-centred care and shared decision making. Design and implement specialist outreach into primary care. Agree a plan for delivering the opportunities in genomics and pharmacogenomics.

4

Sustainability and Overprescribing. Implement the new asthma and COPD guidelines to promote lower carbon inhaler prescribing. Develop an inhaler recycling scheme, reduce overordering of repeat medicines and reduce medicines waste and packaging. Implement peer support, education, training and communities of practice to support prescribers to tackle overprescribing. Pilot medicines waste amnesties, engaging with our public on overprescribing and medicines waste. Reduce the numbers of people prescribed 10 or more medicines and reduce medicines errors when people transfer between care settings.

5

Antimicrobial stewardship. Use data, decision support tools and a single prescribing guideline for primary care to improve stewardship and reduce duplication. Implement the national common ailments service including community pharmacist management of simple UTIs **Medicines safety.** Build relationships with medicines safety officers to develop a medicines safety network which can oversee cross system work such as sodium valproate in women of childbearing age and opioid stewardship.

6

Community Pharmacy integration. Establish the governance to implement the community pharmacy integration programme. Development of community pharmacy neighbourhood leaders and working with the voluntary sector. Develop a proof of concept for a community pharmacy childhood immunisation service as part of a place immunisation strategy. Develop a community pharmacy benchmarking / performance dashboard to drive up clinical service activity (including operating plan delivery), quality and consistency of care. Work with the SEL pharmacy alliance to improve consistency of access and quality of new clinical services through community pharmacy.

Priority action – ways of working

Name of priority action

Ways of Working. We will focus on building relationships and trust within our profession and with other health and care professionals, embracing inclusive leadership and working as one team. We will build trust with the public, involving public feedback in prioritising actions to tackle overprescribing. Pharmacy teams will use co-production to plan and deliver services using personalised care and shared decision making to help people to live well with the medicines they take and access to care when they need it. Pharmacy teams will work at their full potential, considering skill mix, utilising training opportunities and new prescribing skills to work as part of multidisciplinary teams delivering high quality care.

How we will secure delivery

Actions for 23/24

- Develop a pharmacy workforce plan for South East London, working with other ICBs on a London approach and learning from good practice from other ICBs.
- Scope an integrated pharmacy foundation programme.
- Develop supervision roles for trainee pharmacists who will qualify as independent prescribers in 2026.
- Develop independent prescribing pathways in community pharmacy
- Develop community pharmacy neighbourhood leads
- Define the role of pharmacy technicians in general practice and increase the number of pharmacy technician training sites in general practice

Actions for 24/25

- Test and roll out the integrated pharmacy foundation programme
- Evaluate and mainstream community pharmacy neighbourhood leads
- Develop shared workforce roles, training and career paths for pharmacy professionals to work in neighbourhood teams and deliver personalised care.
- Test pharmacy to pharmacy referral for pharmacy professionals working in the community to seek advice and guidance from consultant and specialist pharmacists
- Test pharmacy networks to provide access to consultant and specialist pharmacists and deliver education and training

Intended outcomes in 5 years time

- Improved recruitment and retention of all pharmacy professionals, focussing initially on junior pharmacists and pharmacy technicians.
- A broader pharmacy workforce in general practice, incorporating appropriate use of pharmacy technicians, foundation pharmacists.
- A pharmacy workforce with a better understanding of care delivery in all care settings.
- A training programme to ensure trainee pharmacy technicians and foundation pharmacists are working safely and competently, with supportive training programmes and advanced roles to progress to.
- Pharmacist prescribers skilled to deliver personalised care and shared decision making, ensuring the right medicine is prescribed at the right time and reducing inequalities.
- Increased access to care from pharmacy teams in a way which works for people.
- Pharmacy teams working to their full potential

Priority action – Medicines Value

Name of priority action

Medicines value and long-term conditions. Medicines value refers to the overall benefit and worth derived from the use of medications in healthcare. It encompasses various aspects, including clinical effectiveness, patient outcomes, safety, cost-effectiveness, and patient and clinician experience. We will agree high impact changes to deliver medicines value, considering the balance between the clinical benefits achieved and the associated costs, ensuring the best use of healthcare resources while prioritising patient well-being and population health. We will do this in partnership so that people have access to best value medicines in the most appropriate setting and we work to reduce inequalities but will also deliver specific value initiatives which are unique to one setting or those driven by specific needs in a population at place.

How we will secure delivery

Actions for 23/24

- Use data to identify unwarranted variation in medicines indicators and put improvement plans in place
- Horizon scan to plan for new medicines and new indications.
- Benchmark our performance against other integrated care systems
- Agree and deliver cross-sector high impact medicines value areas.
- Address low priority prescribing and promote self care
- Obtain secondary care medicines in line with NHS England commercial medicines framework agreements
- Standardise product formulations of aseptically compounded medicines
- Provide patient education and access to NICE approved diabetes monitoring technology and appropriate use of blood/ketone testing strips.

Actions for 24/25

- Identify a broader range of health inequalities and health and care data to stratify priority cohorts for review, linking medicines and outcomes.
- Implement digital tools to identify patients who need medicines or long term conditions reviews.
- Maximise use of all biosimilar medicines, focussing on ophthalmology and biosimilar insulins in line with NHS E commissioning recommendations.
- Review our self care pharmacy first schemes for mainstreaming across SEL.

Intended outcomes in 5 years time

- People will have equitable and timely access to NICE approved, cost-effective medicines .
- 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
- Our population have equal access to high value medicines which deliver best outcomes and their personalised goals.
- High impact collaborative investment and savings plans for medicines deliver best use of collective resources and NHS funds.
- Improve our management of medicines shortages through collaborative planning and working.
- Promote self care, signposting to non-pharmacological support.

Priority action – Long Term Conditions and Genomics

Name of priority action

Long-term conditions and genomics. People living with major health conditions such as cancer, CVD, stroke diabetes, respiratory disease, learning disability and autism and mental health problems will benefit from pharmacy professionals working in cross sector healthcare teams to provide gold standard care, enabling effective self-care, delaying and preventing complications. This approach will also benefit people living with rarer conditions where we will work alongside specialised commissioners and partner ICBs to improve the pathway of care. We will work with the South East genomic medicine service alliance in developing a consistent and equitable genetic and genomic testing approach for medicines use as these are approved for the NHS.

How we will secure delivery

Actions for 23/24

- Use data to identify unwarranted variation in medicines and long term conditions indicators and put improvement plans in place
- Improve communication and digital intra-operability between sectors to share episodes of care in the comprehensive primary care patient record.
- Identification and management of people with Atrial Fibrillation, using best value direct oral anticoagulants where indicated.
- Increase detection of hypertension and percentage of patients with hypertension and lipid lowering therapies treated to target.
- Promoting the use of long-acting injectable antipsychotic medicines to avoid risk of relapse and providing choice for people to access ongoing treatment.
- Consider areas where adjustments to the prescribing pathway may be required for people transitioning from paediatric services into adult services.

Actions for 24/25

- Implement a programme to provide specialist outreach into primary care
- Identify a broader range of health inequalities and health and care data to stratify priority cohorts for review and measuring outcomes, including CORE20PLUS5 cohorts.
- Implement digital tools to identify patients for medicines or LTC review.
- Engagement work to explore the opportunities of pharmacogenomics to personalised care and medicines.

Intended outcomes in 5 years time

- Development of pharmacy services which are tailored to meet needs of our residents and delivered in locations or targeted to population groups where there are the greatest inequalities and opportunity
- 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
- Prevention of ill health and improving outcomes for people living with long term conditions and mental health.
- Pharmacy professionals will provide tailored treatments with assistance of intuitive decision tools for example point of care testing.
- People will have access to genomic interventions to improve early detection, disease management and overall population health.
- Patient focused pathways in place for young people transitioning into adult services.

Priority action – Sustainability and Overprescribing

Name of priority action

Sustainability and Overprescribing. Around 25% of NHS carbon emissions are from medicines. Evidence shows that the number of items dispensed by primary care providers has doubled in recent years although a recent report estimated that at least 10% of prescriptions in primary care need not have been issued. Adverse effects of medicines account for 6.5% of hospital admissions. We will reduce the carbon footprint of medicines, reduce waste and reduce overprescribing so that people in South East London are only prescribed medicines when there are no non-medicines alternatives, and the medicines are appropriate for their circumstances and wishes. Overprescribing is everyone's business so we will work with others and our population, focusing on older people, BAME groups and those with learning disabilities and autism who are particularly affected.

How we will secure delivery

Actions for 23/24

- Implement the South East London overprescribing work plan 2022/24
- Implement the new adult asthma guidelines
- Provide training on new inhalers, and new treatment pathways for asthma and COPD
- Implement an inhaler recycling programme
- Implement a community pharmacy scheme to reduce over-ordering and waste of medicines
- Implement peer support, education, training and communities of practice to support prescribers to tackle overprescribing
- Recruit a Chief Sustainability Officer clinical fellow and agree a workplan

Actions for 24/25

- Implement the South East London overprescribing work plan 2022/24
- Specialist outreach to general practice and settings such as care homes and learning disability homes to focus on overprescribing and rationalisation of medicines
- incorporate medicines adherence into clinical reviews and measure the impact.
- Reduce the numbers of people inappropriately prescribed 10 or more medicines
- Reduce medicines errors when people transfer between care settings.
- Pilot medicines waste amnesties, engaging with our public on overprescribing and medicines waste.
- Implement a programme of antidepressant review and potential deprescribing where individuals are not gaining benefit from their current treatment.

Intended outcomes in 5 years time

- The carbon impact of medicines including inhalers will be significantly reduced – as measured by carbon emissions by inhaler type and formulation
- More people with respiratory conditions will have accurate and confirmed diagnoses
- Reduced waste and better adherence to medicines, particularly through patient empowerment
- Reduced inappropriate polypharmacy especially in those with 10 or more medicines
- Culturally competent clinicians prescribing and reviewing medication, trained and informed by our patient voice, taking a shared decision-making approach.
- Fewer medicine related admissions/harms.
- Increased collaboration with voluntary sector and patient groups enabling community initiatives to deliver net zero targets.
- Reducing cost for the NHS (both in less admissions and less medicine use).
- Quality medicines reconciliation and transfer of information about medicines during care transitions is standardised across SEL Trusts.
- South East London guidelines and pathways incorporate shared decision making alongside prescribing recommendations to reduce the number of medicines which people don't want or need.

Priority action – Antimicrobial stewardship, medicines safety

Name of priority action

Antimicrobial stewardship and Medicines safety. Work with medicines safety officers to develop a medicines safety network to co-ordinate a plan to address any identified gaps in medicines safety across the system, learning from patient safety incidents or near misses and interface or transfer of care issues. Develop a culture of mutual support and a blame free approach. Continue to build and develop the South East London Forum for Antimicrobial Stewardship to ensure antimicrobial stewardship to protect vital antibiotics, respond to infectious disease outbreaks and reduce antimicrobial resistance.

How we will secure delivery

Actions for 23/24

- Maintain pharmacy resources and skills to respond to emergency situations, infectious disease outbreaks and future vaccine programmes.
- Use national data to improve antimicrobial stewardship.
- Embed decision support tools for using antimicrobials.
- Ensure the safe prescribing of sodium valproate.
- Continue the work on safe use of high-risk medicines, including anticoagulants, liquid medicine in children and methotrexate. Develop and deliver interventions to improve opioid stewardship and reduce use of ineffective medicines for chronic pain, promoting non medicines alternatives.
- Reducing the course length of antimicrobial prescribing in line with guidelines and switching intravenous antibiotics to oral where appropriate.

Actions for 24/25

- Continue developing a medicines safety action plan
- Create one South East London primary care antimicrobial guideline
- Work with people to reduce the long term use of potentially addictive medicines and reducing access to medicines as a means of suicide.
- Learn from patient safety incidents in medicines by looking for trends including cross sector, sharing widely and acting on them to reduce the risk of reoccurrence

Intended outcomes in 5 years time

- South East London is a safe place to take medicines, with better and more consistent reporting and clear analysis of near misses for all to learn from.
- 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.
- The inappropriate use of sodium valproate will be reduced.
- Reduce the use of opiates in long term chronic pain, considering non-pharmacological interventions to help people’s wellbeing and self management.
- The pharmacy workforce can respond to ongoing and new infectious disease outbreaks, delivering vaccination programmes and antiviral or antimicrobial medicines as part of timely and equitable services.
- More people fully understand the medicines they take and the side effects, in order to avert potential medication harms

Priority action – community pharmacy integration

Name of priority action

Community Pharmacy integration. Collaborative working on a common goal between health and social care teams working in community settings, general practice and community pharmacy will enhance accessible services, reduce health inequalities, and improve population health. Community pharmacy can work with social prescribers, integrated care teams, and the voluntary sector to deliver personalised care. . This includes developing new workforce models and community pharmacy neighborhood leadership. Through our partnership approach we can maximise the opportunities of pharmacy, optometry, and dentistry contracts delegation to the ICB.

How we will secure delivery

Actions for 23/24

- Establish governance for community pharmacy integration
- Conduct quarterly medicines and prescribing network meetings.
- Implement a community pharmacy neighbourhood leads development program and workplan.
- Develop a place childhood immunisation service with Public Health.
- Create a community pharmacy clinical service benchmarking dashboard.
- Work with South East London pharmacy alliance to increase clinical services delivery.
- Test vital 5 health and wellbeing service and independent prescribing models.
- Explore electronic transfer of prescriptions from hospital to community pharmacy to reduce journeys to deliver medicines and convenience.

Actions for 24/25

- Mainstream SEL community pharmacy neighbourhood leads.
- Mainstream intra-operable IT systems across GP and community pharmacy
- Scope community pharmacy access to the London Care Record.
- Establish community pharmacy leadership and SEL governance.
- Implement vital 5 health and wellbeing service.
- Continue to work with the South East London pharmacy alliance.
- Test independent prescribing models in community pharmacy
- Roll out electronic transfer of prescriptions from hospital to community pharmacy

Intended outcomes in 5 years time

- Community pharmacies will consistently offer a broader range of clinical services, tailored to local needs.
- Community pharmacy will play a crucial role in health promotion, providing interventions, vaccinations, and screening to reduce health inequalities.
- Partnerships between pharmacies, general practice, mental health and integrated services will be strengthened and common goals agreed.
- Digital intra-operability will facilitate the sharing of care episodes and reduce medication errors.
- Independent prescribing pharmacists in the community will collaborate with the multidisciplinary team to care for people with long term conditions, including ongoing prescribing. This will start with blood pressure, mental health, and respiratory care
- This will lead to 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 where to go for non-pharmacological support

Enabler and programme requirements : Transforming and Integrating Medicines Optimisation.

Workforce

- Pharmacy is the 3rd largest profession after medicine and nursing. The skills required by pharmacy teams are changing and the workforce needs to be ready for this, supported by its leadership. Inclusion of pharmacy workforce priorities should be included in SEL workforce plans.
- By 2026 all newly registered pharmacists will be prescribers and the workforce is moving to be a prescribing profession. This will require training, development and supervision from current pharmacist and medical prescribers. Pharmacy technicians are developing their roles in primary care and community pharmacy.
- Development of system leadership skills will be needed to tackle cross sector issues such as overprescribing. Working across health and social care to co-produce care pathways will require development and support.

Digital

- Support to develop intra-operability of systems between community pharmacy, general practice and acute/mental health trusts is a key ambition to communicate changes in episodes of care, medicines and disease management into the single patient record in primary care
- Support Community Pharmacy independent prescribing including smart card access, electronic prescribing and access of patient records.
- Explore use of tools such as patient access, accuRx to reduce bureaucracy in general practice and community pharmacy, allowing more time for clinical care.
- Implementation of EPIC may over time provide opportunities to make medicines safer during transfer of care and collect data on outcomes from medicines.
- Test and expand trust electronic prescribing to community pharmacy to provide more opportunities for patient choice and ongoing care.

Acute, primary community and mental health/LDA care

Work together to develop:

- Shared roles across primary /secondary care
- Specialist outreach model for long term conditions
- Support overprescribing system workplans and older adults medicines optimisation e.g. care homes
- Work with the mental health transformation programme to embed specialist pharmacists into multidisciplinary team staying well services.
- Work with specialist clinicians and primary care to optimise care in medicines and deliver pharmacist prescribing supervision and models
- Promote collaboration across community pharmacy and all sectors
- Work with councils and the voluntary sector on medicines optimisation priorities

Data

- Continue developing BI dashboards for medicines optimisation and community pharmacy integration.
- Support development of an ICS Transforming and Integrating Medicines Optimisation (TIMO) dashboard, working with us to start to collect patient outcomes from our medicines work.
- Support from HEIs to evaluate our “proof of concept” tests and contribute to research in pharmacy practice and medicines optimisation.