

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 model has been developed to
- Commissioning and provision of new national clinical services for community pharmacy
- 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.
- Collaboration with local authorities and work with the voluntary sector to deliver on common goals such as reducing waste medicines, sustainability and health inequalities
- Substantial work delivered, including patient engagement on overprescribing.

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 strategic approach, governance and network**, through our “**one pharmacy**” team model, focusing on the development of independent prescribing roles, developing roles of pharmacy technicians and prescribing pathways in community pharmacy. Build collaborative working between pharmacy teams across health and care systems to support people’s health and wellbeing and develop shared workforce models.
2. Delivering **medicines value** as ICS partners through the SEL Integrated Medicines Optimisation Committee (IMOC) and Integrated Pharmacy Stakeholder Group (IPSG), delivering on priority national medicines optimisation opportunities. 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 and 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 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, focusing on delivery of our selected priorities from the national medicines optimisation opportunities. 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. Work alongside Clinical Effectiveness Southeast London to implement evidence informed guidelines and pathways to improve outcomes and reduce health inequalities. Use prescribing data, linked to broader data sets (long term conditions measures, CORE20PLUS5) to identify unwarranted variation in medicines access or optimisation, support improvement and measure impact on health inequalities and outcomes. Improve digital interoperability between care sectors to support best use of medicines. Agree a plan for delivering the opportunities in genomics and pharmacogenomics.

4

Sustainability and Overprescribing. Implement a cross sector inhaler recycling scheme and optimise the use of inhalers in respiratory conditions. Reduce overordering of repeat medicines and reduce medicines waste and packaging. Mainstream and roll out successful pilots from the overprescribing programme including peer support, education, training and work with South London HIN to run communities of practice to support prescribers to tackle overprescribing. Reduce the numbers of people over 65 years old who are inappropriately 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. A community pharmacy integration group has been established to provide the leadership and governance for our community pharmacy integration and transformation work. This will develop our community pharmacy neighbourhood leads programme, oversight of the community pharmacy performance dashboard and work with the SEL pharmacy alliance to improve consistency of access and quality of new clinical services through community pharmacy. Oversight of a proof of concept for a community pharmacy childhood immunisation service as part of a place immunisation strategy.

Medicines Optimisation: our progress to date

Key Successes in Delivery in 2023/2024

- Community pharmacy integration group established to provide the oversight and engagement
- A community pharmacy neighbourhood leads programme launched to develop clinical and professional leadership and increase the impact of new clinical services in community pharmacy.
- ICS medicines value group established to develop cross sector plans including delivery of the national medicines optimisation opportunities.
- A cross sector overprescribing programme worked collaboratively to deliver integrated projects to reduce the impact of overprescribing on vulnerable patient groups and engage with our public.
- Pharmacy workforce transformation projects delivered including a “one pharmacy” workforce model and action plan and models to deliver designated prescribing practitioner supervision explored.
- Joint working with CESEL and the acute provider collaborative to improve clinical pathways of care and outcomes.
- A sustainability clinical fellow was recruited to lead on the medicines net zero plan including reducing the environmental impact of inhalers and an inhaler recycling scheme.
- Multi-professional ICS antimicrobial stewardship group established which will oversee a harmonised SEL primary care antimicrobial prescribing guideline promoted through an electronic web-based platform (Microguide).
- Community pharmacy health and wellbeing service delivered over 3000 population vital 5 checks across 24 pharmacies placed in prioritised CORE2-PLUS5 areas across SEL.
- Continued the SEL ICS Medicines Safety Network which has oversight of local implementation across secondary and primary care to improve patient care and deliver safer systems

Learning and Implications for Future Delivery Plans

- There is a significant degree of overlap between medicines optimisation and other functions, as well as collaboration needed between Places in delivering the extent of change required in areas such as overprescribing, personalised care and community pharmacy transformation.

Key Challenges to Delivery in 2023/2024

- Workforce shortages, strikes and capacity in the system.
- Medicines shortages impacting on pharmacy team workload, patient care and implementation of cost-effective prescribing initiatives.
- Limited interoperability between different healthcare information systems and lack of financial investment can hinder the sharing of patient data, including medication histories and allergy information. This lack of comprehensive data can lead to medication errors and duplication of therapy.
- Fragmentation between primary and secondary care, as well as between healthcare providers and community pharmacies, can impede seamless medicines management and coordination of care.
- Delivery of personalised care and shared decision making is challenging. Ensuring patient understanding of their medicines takes time with language barriers, health literacy issues, and cultural factors all contributing to non-adherence, which can compromise treatment effectiveness and patient outcomes.
- People with multiple chronic conditions are often prescribed numerous medications (polypharmacy) and overprescribing presents a significant challenge, leading to adverse effects, waste and hospital admission.
- Implementing and embedding new processes for EPIC, the new electronic patient administration system impacting on resources and prescribing data.
- The challenges associated with rising cost of living, tackling health inequalities and financial pressures on budgets.

Priority action – Ways of working

Ways of working

We have developed a “one pharmacy” workforce model for Southeast London to share one approach to attracting, training, retaining and reforming a flexible and satisfied pharmacy workforce across our sector. The model identifies recommendations for a range of universal, targeted, and integrated intervention approaches across all pharmacy-related working environments in healthcare which we will implement in coming years. To build trust with the public, we will continue our co-production approach and incorporate the public feedback into our overprescribing action plan. 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
24/25

- Create a strategic ways of working group across SELICS to harness collective leadership, develop a shared vision, and create communication and governance structure.
- Develop a collaborative pharmacy network with representation from all levels of pharmacy to create a plan for how the One Pharmacy Workforce Model will be implemented.
- Agreed processes and shared accountability for creating environments for rotational and joint roles including trainee cross sector placements.
- Develop supervision roles for trainee pharmacists who will qualify as independent prescribers in 2026.
- Deliver the independent prescribing pathfinder in collaboration with North Southwark PCN and community pharmacy
- Engage with general practice to optimise the role of pharmacy professionals and increase the number of training sites.

Actions
for
25/26

- Develop shared workforce roles, training and career paths for pharmacy professionals to work in neighbourhood teams and deliver personalised care.
- Support preparation for community pharmacy independent prescribing, using the learning from the pathfinder sites.
- Evaluate and mainstream community pharmacy neighbourhood leads

Intended outcomes in 5 years time

- Improved recruitment and retention of 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

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. This will include benchmarking Southeast London ICS against the national medicines optimisation opportunities, delivering improvements on priority areas for SEL. 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.

How we will secure delivery

Actions
for
24/25

- Benchmark SEL with other ICS areas on any new national medicines optimisation opportunities
- Deliver on plans to improve in the 7 national medicines optimisation opportunities selected by SEL : Obtaining **secondary care medicines** in line with NHSE commercial medicines framework agreements, using best value **biologic medicines**, appropriate prescribing and supply **of blood glucose and ketone meters and testing strips**, identifying patients with **atrial fibrillation** and using best **value anticoagulants**, addressing problematic **polypharmacy**, reducing course length of **antimicrobial prescribing**, improving **respiratory outcomes** while reducing the **carbon emissions** from inhalers.
- Horizon scan to plan for new medicines and new indications in 24/25.
- Continue to address low priority prescribing and promote self care.
- Review individual borough self care pharmacy first (plus) schemes for harmonising and mainstreaming.

Actions
for
25/26

- 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.

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.

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
24/25

- Improve communication and digital intra-operability between sectors to share episodes of care in the comprehensive primary care patient record.
- Incentives to drive identification and management of people with atrial fibrillation cross sector, 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.
- 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.
- Use prescribing data, linked to broader data sets (long term conditions measures, CORE20PLUS5) to identify unwarranted variation in medicines access or optimisation, support improvement and measure impact on health inequalities and outcomes.

Actions
for
25/26

- Implement digital tools to identify patients for medicines or LTC review.
- Explore the opportunities of pharmacogenomics to deliver personalised care. Explore the need for pathway changes to improve medicines access for young people transitioning into adult services.

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

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
24/25

- Reduce the numbers of people over 65 years inappropriately prescribed 10 or more medicines, scale and spread of successful pilots.
- Incorporate medicines adherence into clinical reviews and measure the impact, considering a focus on priority groups such as CORE20PLUS5 communities.
- Make it easier for people to book a medicines review with their general practice, communicating this to our public.
- Provide training on new inhalers, and treatment pathways for chronic obstructive pulmonary disease, working with Clinical Effectiveness Southeast London.
- Implement the cross sector inhaler recycling programme
- Implement a community pharmacy scheme to reduce over-ordering of medicines.
- Continue to engage and communicate with our public on overprescribing and the sustainability medicines programme.
- Explore recruitment of another a Chief Sustainability Officer clinical fellow.
- Implement the national repeat prescribing improvement toolkit.

Actions
for
25/26

- Reduce medicines errors when people transfer between care settings.
- Deliver 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.

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
24/25

- Deliver on the SEL action plan to implement the recommendations of the national patient safety alert NatPSA/2023/013/MHRA on 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.
- 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
- Create one South East London primary care antimicrobial guideline including electronic format to include reducing the course length of amoxycillin.
- Develop the antimicrobial stewardship dashboard, training packages and use of antimicrobials in other settings eg virtual wards, dental surgeries.

Actions
for
25/26

- Work with people to reduce the long-term use of potentially addictive medicines and reducing access to medicines as a means of suicide.
- Explore joint communications sector wide on medicines safety
- Review acute and mental health antimicrobial guidelines, harmonise where feasible, and make readily available in an electronic format (Microguide), including and switching intravenous antibiotics to oral where appropriate.

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.
- To reduce the number of pregnancies which continue to be exposed to sodium valproate.
- 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 and transformation

Community Pharmacy integration and transformation

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
24/25

- Deliver the community pharmacy neighborhood leads development programme.
- Pilot a community pharmacy Place-based childhood immunisation service.
- Continue to develop and use the community pharmacy benchmarking dashboard to drive clinical service uptake and quality.
- Expand access of clinical tools to community pharmacies including the London Care Record and a referral system to support their safe and efficient provision of care.
- Continue to work with Community Pharmacy colleagues to increase the impact and quality of new nationally and locally commissioned clinical services including Pharmacy First.
- Implement the recommendations of the vital 5 health and wellbeing service evaluation.
- Explore electronic transfer of prescriptions from hospital to community pharmacy to reduce journeys to deliver medicines and convenience.
- Deliver a SEL pathfinder pilot to explore community pharmacy independent prescribing.

Actions
for
25/26

- Mainstream the community pharmacy vital 5 health and wellbeing service.
- Test independent prescribing models in community pharmacy following local and national pathfinder projects.

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

- Support to implement the “one pharmacy” workforce model and recommendations developed through consultation with pharmacy teams in Southeast London. This includes system, organisational, team and individual actions with the aim of improvements to train, retain and reform.
- Community pharmacy workforce will need transformation support to deliver new clinical services, develop leadership capability and reduce inequalities.
- Changes in pharmacy training and development of independent prescribing for the pharmacy profession will require development and management of cross sector pharmacy training and placement programmes.
- Development of integrated pharmacy roles to deliver more holistic pharmacy care across care settings will need support to develop shared workforce models between providers.

Digital

- Expand access of clinical tools to community pharmacies including the London Care Record and a referral system to support their safe and efficient provision of care.
- Support Community Pharmacy independent prescribing including smart card access, electronic prescribing and access of patient records.
- 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.
- Develop intra-operability of systems between community pharmacy, general practice and acute/mental health trusts to communicate changes in episodes of care for medicines and long term conditions.

Acute, primary community and mental health/LDA care

Work together to develop:

- Shared roles across primary /secondary care
- 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.
- Explore the use of the PrescQipp ICS dashboard as part of our planning and monitoring of medicines use across the different sectors of our system.
- Support from HEIs to evaluate our “proof of concept” tests and contribute to research in pharmacy practice and medicines optimisation.