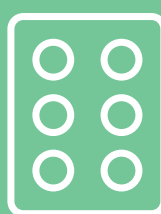
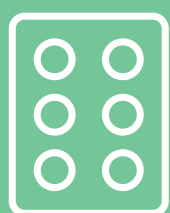
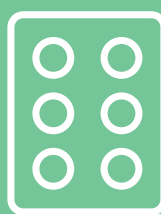
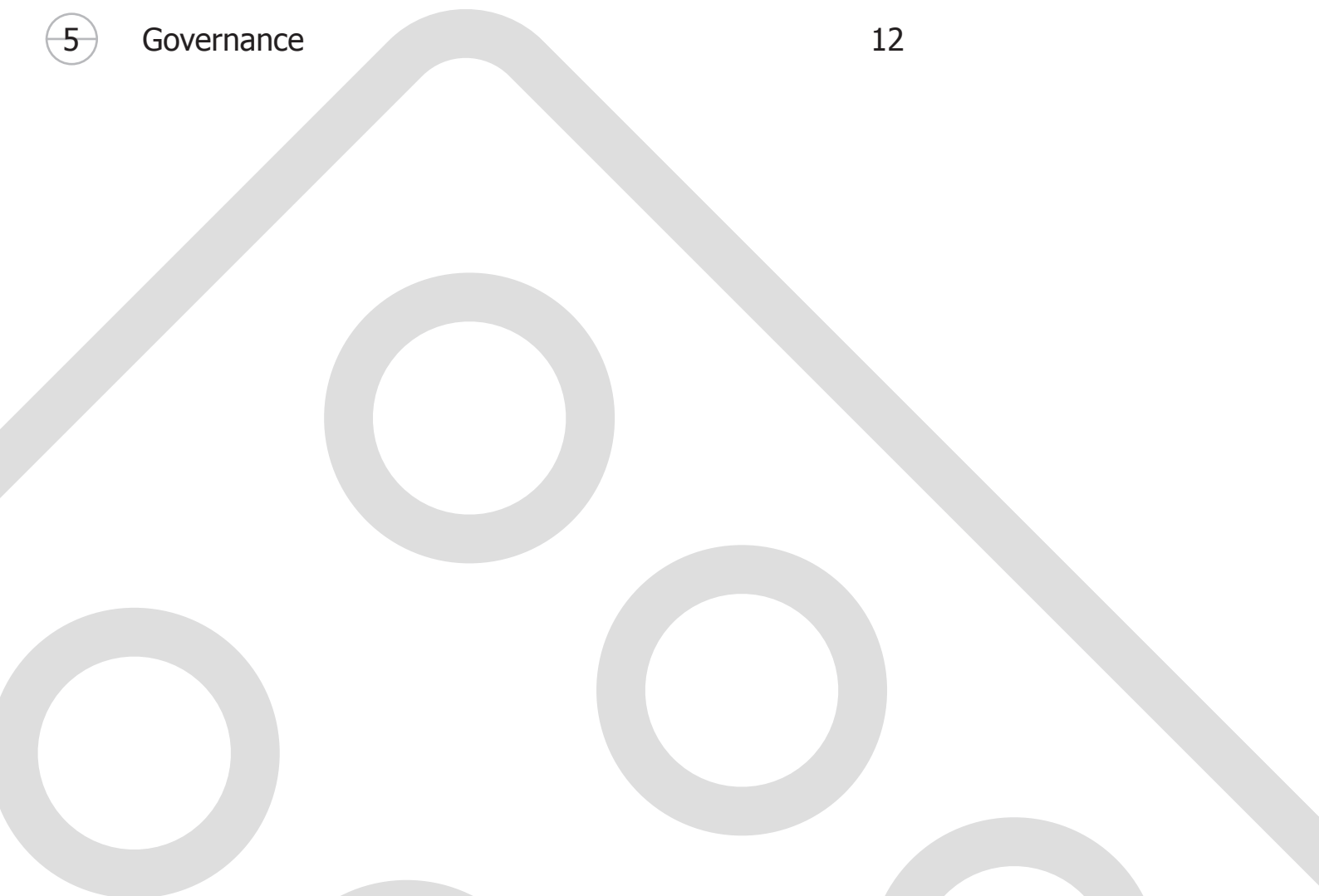


# Medicines Strategy 2019-2021



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# Executive Summary

The prescribing of medicine is the most common form of therapeutic intervention used by the Isle of Man Department of Health and Social Care (DHSC), with medicines playing a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease.

Accordingly, the Department has a duty to ensure that medicines are procured, used and managed wisely, particularly so given the ever-increasing pressure that an ageing population (with increasing numbers of people with multiple chronic conditions) places upon resources.

There is a need to meet this challenge in a different way - one that is more efficient and better coordinated, only then will the Island have a sustainable Pharmacy service that is able to make the most from its limited finances.

This document sets out the key priorities for the next two years, articulating how the delivery of our strategic aims will contribute to a continuous improvement in prescribing practices on the Island. In summary, this will be achieved by:

-  Optimising the use of high quality medicines whilst considering effectiveness and value for money.
-  Ensuring that care is provided in the most appropriate setting through enhanced integrated working and shared care practices between primary, secondary and social care prescribing.
-  Improving the safety and quality of medicines prescribed on the Island, with particular focus on the most vulnerable members of our society.

This strategy also identifies the need to create a sustainable workforce for the future, and provides a summary of what steps are being taken to achieve this.

# Introduction

## Medicines optimisation

Medicines optimisation is a term used to describe a patient-focused approach to achieving the best outcomes from medicines<sup>1</sup>.

This requires multidisciplinary working and partnership across health professions, and pharmacy teams naturally play a crucial role in this through the promotion of safe and effective prescribing practices. Patient involvement is essential in ensuring that they get the right choice of medication at the right time, whilst also being better educated as to how they can contribute through self-care.

This encourages patients to take ownership of their treatment; improving their outcomes; supporting them to take their medicines correctly; avoiding unnecessary medicines; and reducing wastage.

Medicines optimisation differs from medicines management in a number of ways but most importantly, it focuses on outcomes and patients, rather than process and systems<sup>1</sup>.

Whilst it is essential that we use our resources wisely, there is also a need to investigate the possibilities of using new medicines in accordance with national and local guidance to ensure the best possible health outcome for the Manx population. This is important because the quality and timing of any prescription is a fundamental contributor to the delivery of high quality patient care, and plays a key role in helping people to get well, stay well and live well.

The strategy will be supported by robust implementation plans for both primary and secondary care to integrate safe, cost-effective medicines use into the structure of all services. Additionally, monitoring of outcomes will be completed in order to secure best possible benefits for patients.

This will include:

- Ensuring medicine optimisation is included within all arrangements to deliver services to ensure safe, high quality and cost-effective use of medicines across providers.
- Confirming that pharmaceutical advice is included on the legal, safe and secure handling aspects of medicines for all services.
- Ensuring that effective arrangements are in place between all providers for local decision making on new medicines in line with best practice e.g. a single, all-Island formulary and prescribing guidelines.
- Developing systems for medication review which are based on clinical guidelines and evidence-based practice.\*
- Supporting service redesign to improve the patient journey across different sectors, and ensuring aspects of medicines optimisation are carried out in the most appropriate care settings for patients.
- Improving the use of information management and technology to improve access to defined outcome measures as well as medicines cost data, and clinical support for prescribing decisions.

\*Note: Drugs which receive an approval for funding in England via a NICE Technology Appraisal (TA), are not automatically funded by the Department of Health and Social Care (DHSC). Currently work is being undertaken to understand how much it would cost DHSC to routinely fund all drugs with a positive NICE TA; when this work is complete a decision will be taken by DHSC.



## Local context and need

Across the Department, approximately 10% of total budget relates to medicines use. So it is crucial that the DHSC has the capacity to manage cost-effective and evidence-based use of medicines. Approximately two thirds of medicines use is in primary care (at a cost of £18m in 2017/18), and one third is in hospitals or supplied via homecare. Using evidence from England and applying the principles to the Isle of Man, it would suggest that an estimated £300,000 per year of medicines prescribed within primary care is wasted; 50% of which is thought to be preventable<sup>2</sup>. Further analysis of primary care prescribing highlights variations in the prescribing of medicines between GP Practices in comparison to English prescribing data.

The need to implement a new approach to the way in which we utilise medicines on the Island is supported by various UK research studies, which suggest that:

- Only 16% of patients who are prescribed a new medicine take it as prescribed, experience no problems and receive as much information as they need.<sup>3</sup>
- Ten days after starting a new medicine, almost two-thirds of patients are not taking their medicines properly.<sup>3</sup>
- Sub-optimal use of medicines leads to extensive waste in the system and lost opportunities to improve health.
- Medication errors occur in up to 11% of prescriptions, mainly due to errors in dosage.<sup>4</sup>
- Around 6.5% of all hospital admissions have been attributed to, or associated with, adverse drug reactions, with up to two thirds of these being preventable.<sup>4</sup>
- Adverse reactions are particularly common among vulnerable groups, such as frail older patients in nursing homes.
- Over half a million medication incidents were reported in the UK between 2005 and 2010, and 16% of them involved actual patient harm.<sup>5</sup>

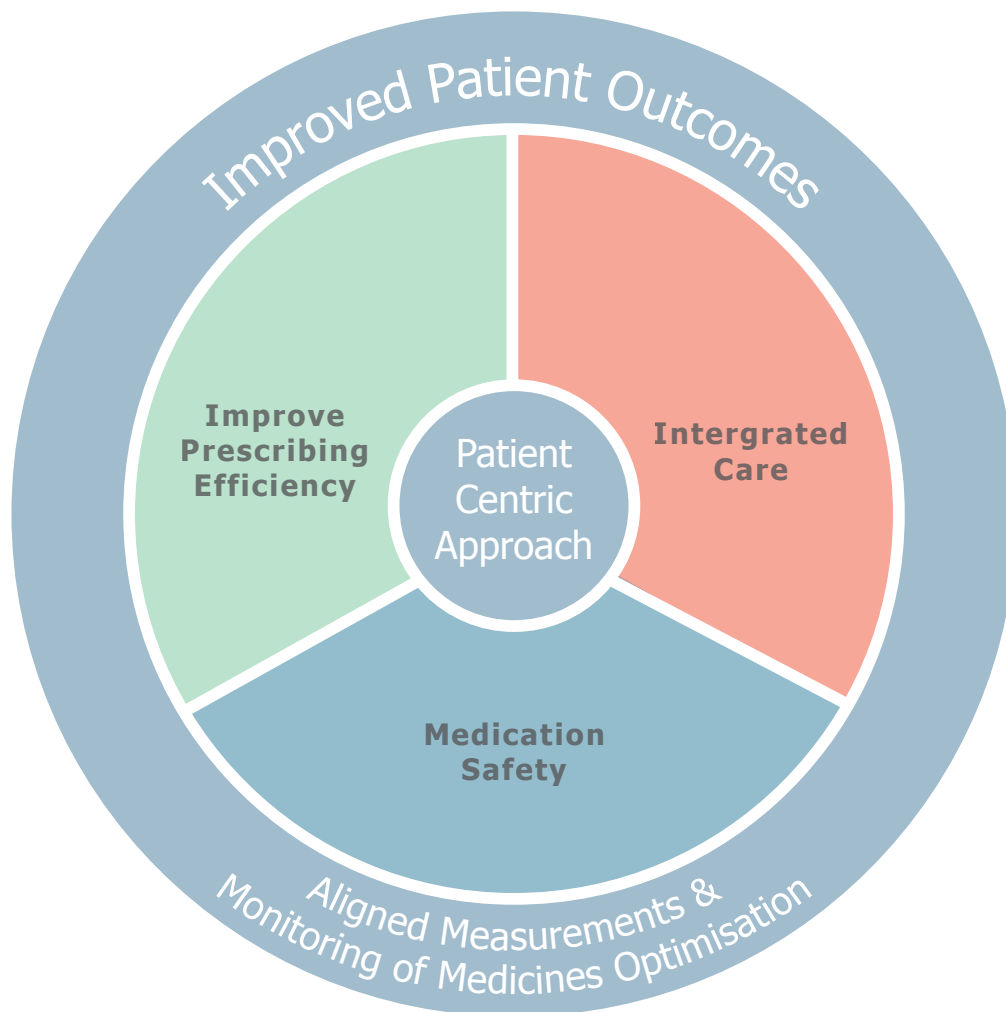
To minimise the occurrence and impact of waste, errors and medicines-related illness, it is intended to utilise the most accurate clinical evidence and national guidance to refine the Island's prescribing framework.

We will continue to work to protect people from avoidable medicines-related harm regardless of their setting, by ensuring the safety, quality and effectiveness of medicines prescribed for each individual. There will be particular focus on the more vulnerable members of society, including the elderly population as they statistically have a higher risk of medicines-related problems as they consume multiple medications<sup>6</sup> (known as polypharmacy).



# Delivering our strategic aims

The three main aims of this strategy, as set out below, are primarily focused on supporting the delivery of a patient centred model of care. This will be supported by all health and social care professionals in primary care, secondary care, social care, pharmacies, GP surgeries, care homes and end of life care; working together to provide best practice, effective prescribing, and reduce risk where possible.





## Improve prescribing efficiency

### Aim

To aid in the financial planning and governance process of the DHSC, there will be a focus on ensuring the effective use of resources in relation to medicines quality, cost and effectiveness of outcomes. The Medicines Optimisation Team will promote financial control of the prescribing budgets and will work to deliver efficiencies in annual expenditure.

### Objectives

- Primary, secondary and social care will adhere to the 'Pan Mersey' formulary in order to create a consistent prescribing approach through the implementation of a single Island formulary. This will encourage all prescribers to consider reducing cost whilst still providing high quality medicines.
- The Medicines Optimisation Team will encourage changing from expensive brands to less expensive brands or generic medicines where equivalent therapeutic effect can be demonstrated.
- The Medicines Optimisation Team will aim to reduce 'specials' medicines prescribing and encourage changing to licensed products where available.
- Across primary and secondary care pharmacy personnel will focus on high cost drugs and look at ways to safely reduce spend and prescribing trends.
- Pharmacy personnel will be available to provide advice to encourage good prescribing practice.
- Horizon scanning and systematic forecasting of expenditure on new medicines and those in development will be co-ordinated by the pharmacy team in consultation with clinical teams and the Pan Mersey Area Prescribing Committee.
- IT prescribing tools and prescribing support software will be utilised to support prescribers and decisions around medicine management.
- The Medicines Optimisation Team will work with community pharmacies to promote rational ordering of medication on behalf of the consumer.
- The Medicines Optimisation Team will work with community pharmacies to encourage the uptake of 'Medicine Use Reviews' (MURs) and ensure that medicine waste and over ordering is addressed at every review.
- In primary care the Medicines Optimisation Team will work with medicine consumers and clinicians to improve the system for medication reviews and for ordering repeat prescriptions.
- In primary care the GP practices will be asked to agree annual cost containment based upon their baseline prescribing costs and develop a quality improvement plan specific to their practice and their patients' needs.
- Data will be used to benchmark Island prescribers in terms of cost, quality, safety and best practice against Isle of Man and UK prescribers.

# Integrated care

## Aim

Improve patient care and the use of medications by working across all sectors of DHSC, to integrate medicines optimisation principles.

## Objectives

- Develop shared care agreements for patients transferring between hospital and community care.\*
- To provide professional advice, clinical advice and leadership to the DHSC Area Prescribing Committee that supports safe, clinically effective, cost effective and person-centred medicines and governance across all care settings.
- Engage clinicians in initiatives to develop, implement and monitor systems to ensure seamless care for people at transition points of admission and discharge from hospital.
- Pharmacists and pharmacy technicians will work within GP surgeries and care homes in order to review and monitor prescribing practices to ensure there is appropriate focus on de-prescribing and polypharmacy within the elderly population, those with co-morbidities and those with long-term conditions.
- Prescribing practices for the frail elderly and those with co-morbidities or long-term conditions will be monitored and optimised with an aim to reduce illness or death caused by inappropriate medicines use.
- Primary, secondary and social care professionals will prescribe from the same formulary to ease the continuity and transfer of care between care settings.
- Pharmacy personnel will support and engage with the Integrated Care agenda, commencing with the 'Pilot in the West'.
- A strategic plan for utilising the skills of non-medical prescribers across DHSC will be developed across community care.

\*Shared care arrangements aim to facilitate the seamless transfer of individual patients to general practice and are intended for use when medicines, often prescribed for potentially serious conditions, are initiated in secondary care but are subsequently required to be prescribed in primary care.





# Medication safety

## Aim

Reduce the incidence of avoidable harm from medicines and promote a learning culture in respect of medication safety. Work with patients and clinicians to promote access to medication when required and reduce the occurrence of medicines waste.

## Objectives

- Increase the reporting of incidents and 'near miss' events via Datix involving medicines within a 'just culture'.
- Improve the learning from medicines-related incidents throughout the DHSC.
- Undertake clinical audits on specific areas of prescribing across the Island to improve medication safety e.g. controlled drugs.
- Introduce the role of DHSC Medication Safety Officer.
- Ensure that research, development and audit committees are aware of medicines governance policies to support safe practice.
- The medicines governance structure will promote efficient and robust ways of working to support the safe use of medicines in all health care settings.



# Workforce planning for the future

Given the Island's location there is a natural concern that the pharmacy team may become professionally isolated, which would result in the Island being disadvantaged as our services do not develop to the same level or quality of those offered in the UK. The fact our recruitment pool is relatively small adds further complexity to this, as recruiting into key roles can often be challenging.

In order to plan and mitigate against this a number of measures have been put in place to reduce the shortage of pharmacists and pharmacy technicians in the Isle of Man and utilise resources to achieve the best skill mix to future-proof pharmaceutical services. This includes remaining up to date with formulary developments and prescribing initiatives by establishing closer links with the Pan Mersey Area Prescribing Committee, and also creation of an accredited continuous professional development programme.

The DHSC will continue to fund and support the training and development of pharmacy professionals, such as the pharmacy technician training course and the independent prescribing course.



# Governance

## Area Prescribing Committee

Medicines governance and management is a multi-disciplinary activity involving doctors, pharmacists, nurses, managers and all healthcare professionals who are involved in the prescribing of medicines and / or the implementation of prescribing policies. In the UK this activity is usually coordinated in an 'area prescribing committee'. Multi-disciplinary representation from primary and secondary care will form a Medicines Optimisation Committee that will report to the DHSC Executive Leadership Team. There will be various subcommittees with specific advisory functions, which will report to the Committee.

## Strategy implementation

The delivery of the strategic aims will be underpinned by the incorporation of formal project management principles, including the ongoing development and management of detailed implementation plans for primary and secondary care, which will be used to support and co-ordinate all activities. Progress against this implementation plan will be recorded and reported through existing governance structures, namely the Integrated Care Delivery Group and the Department's Programme Board.

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