

NHS Transformation

What does it look like for Pharmacy?

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20.10.18



The hard work of health care transformation

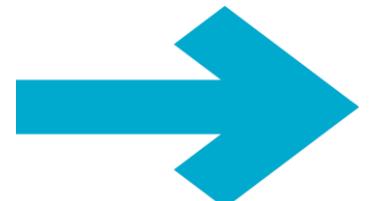
Richard Bohmer N Engl J Med 2016: 375; 709-711



Next steps on the
**NHS Five Year
Forward View**



- Urgent and Emergency Care
- Primary Care
- Cancer
- Mental Health
- Integrated Care
- Funding and Efficiency
- Workforce
- Patient Safety
- Technology and Innovation



The Medicines Value Programme has been set up to respond to these challenges

Following the Next Steps on the NHS Five Year Forward View and Carter Report

The NHS wants to help people to get the best results from their medicines – while achieving best value for the taxpayer

Savings will be reinvested in improving patient care and providing new treatments to grow the NHS for the future

1

The NHS policy framework that governs access to and pricing of medicines

2

The commercial arrangements that influence price

3

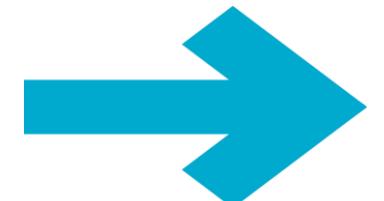
Optimising the use of medicines

4

Developing the infrastructure to support an efficient supply chain

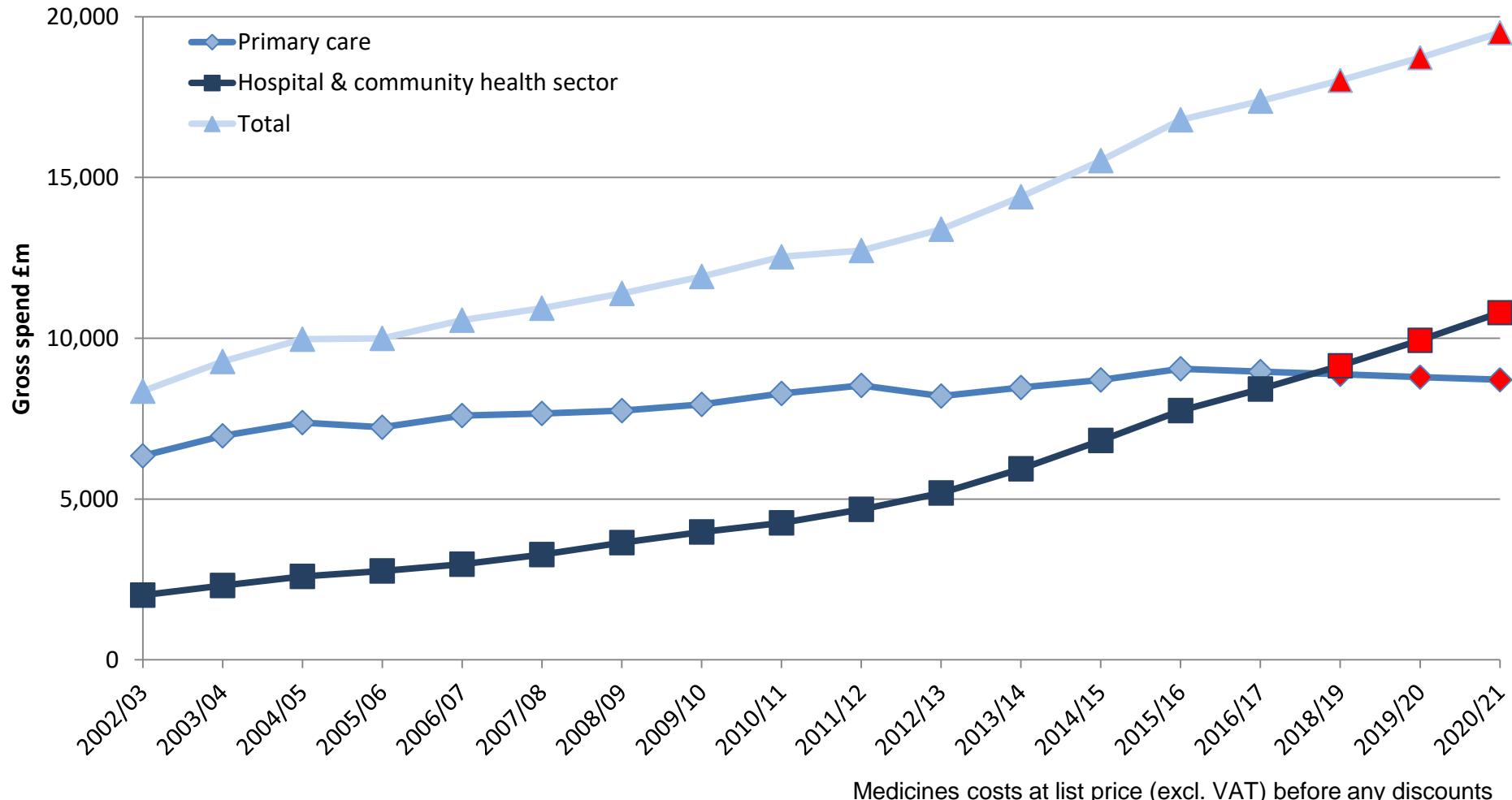
A whole system approach....

- NHS England, NHS Improvement, NHS Digital, Health Education England
- Regional offices link with STPs, ACSs, CCGs, and providers
- Nationally coordinated with AHSNs, Getting It Right First Time, NHS Right Care and NHSCC



There is growing pressure on the NHS drugs bill

Due to people living longer, more complex and innovative medicines being developed, and more specialist medicines being used



- Overall medicines spend 2016/17 was £17.4bn, an increase of 33.7% from £13bn in 2010/11
- Cost of medicines prescribed and dispensed in primary care rose from £8.6bn in 2010/11 to £9.0bn in 2016/17, a rise of 3.6%
- Cost of medicines used in hospitals increased from £4.2bn in 2010/11 to £8.3bn in 2016/17, a rise of 98.3%

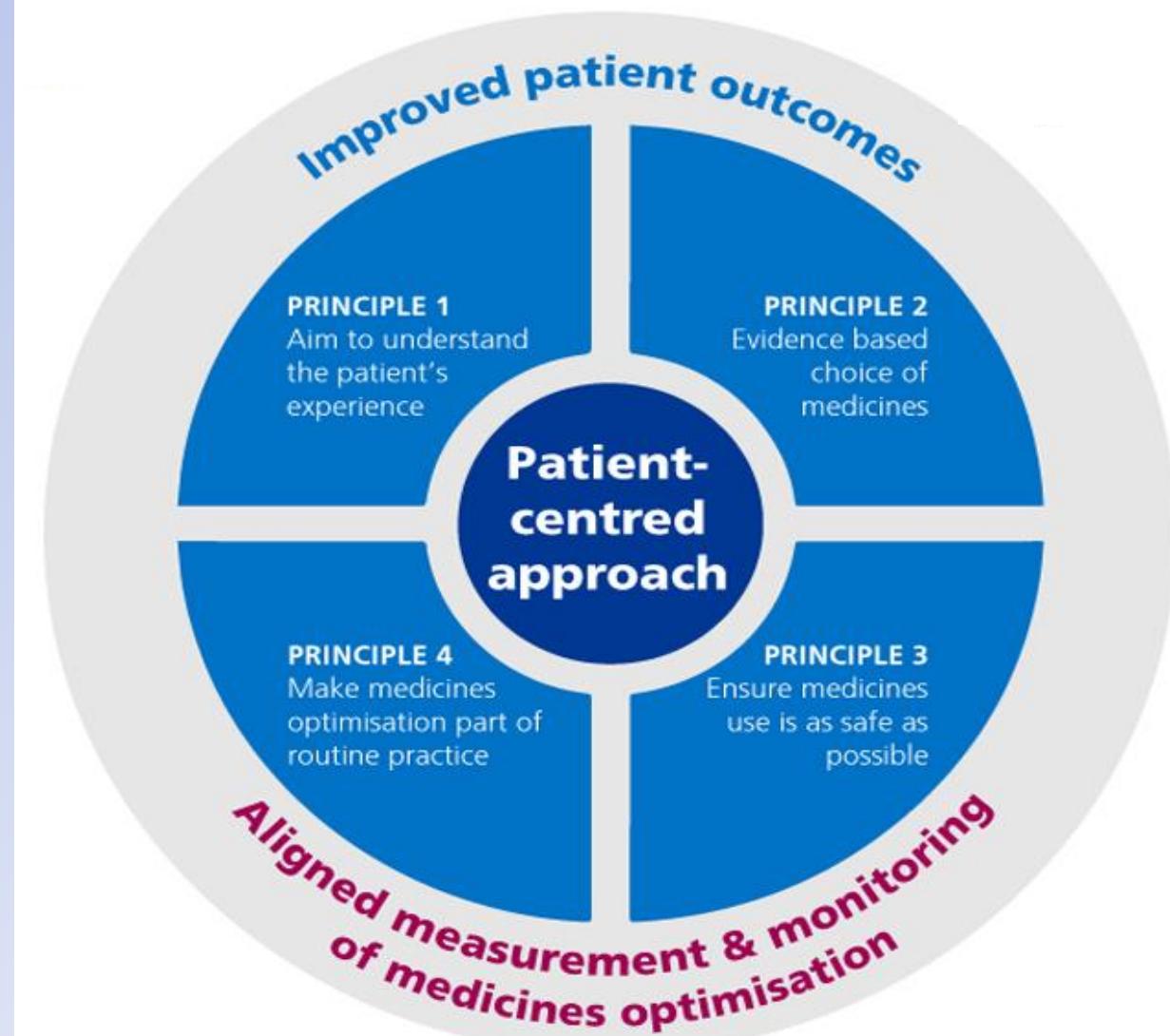
3. Optimising the use of medicines

This workstream aims to:

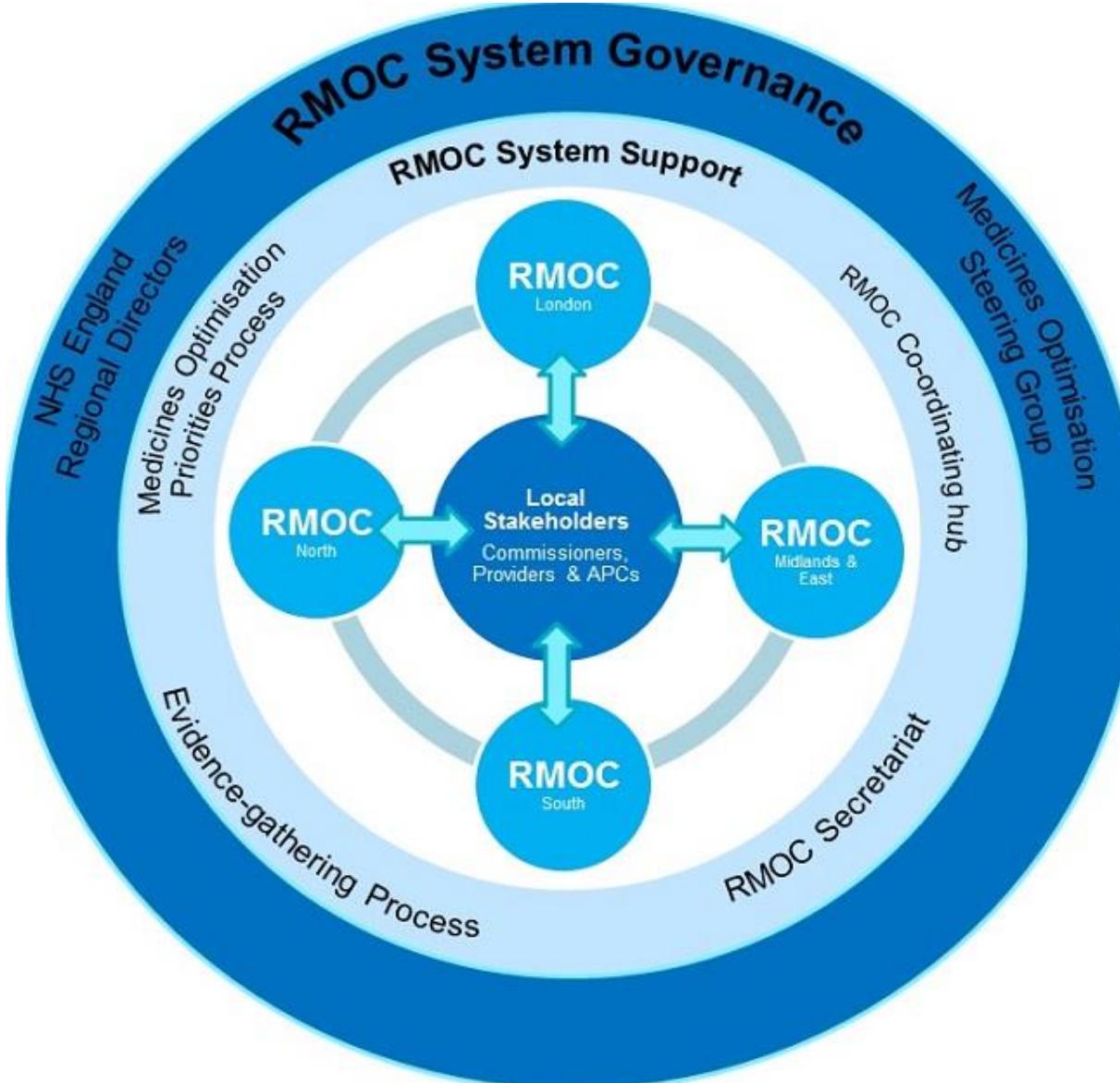
- Make sure the NHS commissions the right products for patients
- Improve prescribing and dispensing practice
- Support patients to take their medicines as intended and to promote self care

It will focus on:

- Improving patient safety and reducing medicines errors
- Switching to the best value biological medicines (including biosimilars) and generic medicines
- Dose-banding – starting with chemotherapy
- Reducing waste
- Reducing polypharmacy – especially in care homes
- Reducing the use of clinically- or cost-ineffective drugs
- Reducing the prescription of over-the-counter medicines
- Reducing anti-microbial resistance



Regional Medicines Optimisation Committees



4 RMOCs set up to lead, chaired by regional medical directors

Purpose and scope:

- Monitor and support implementation of national advice and guidance
- Provide and disseminate resources to support and accelerate implementation
- Consider the implications of new ways of working and technological innovations
- Provide consistent advice on medicines optimisation
- Reduce duplication
- Horizon scan to identify challenges / issues to benefit from a system-wide approach
- Supported by the Specialist Pharmacy Service: www.sps.nhs.uk

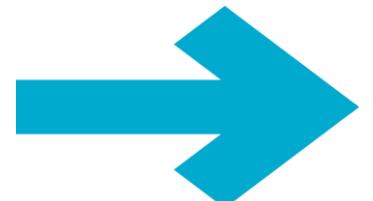
Raising the bar on quality and safety



New Department of Health initiative launched in September 2017, focused on reducing prescribing and medication errors to create a more safety-centred culture around medicines:

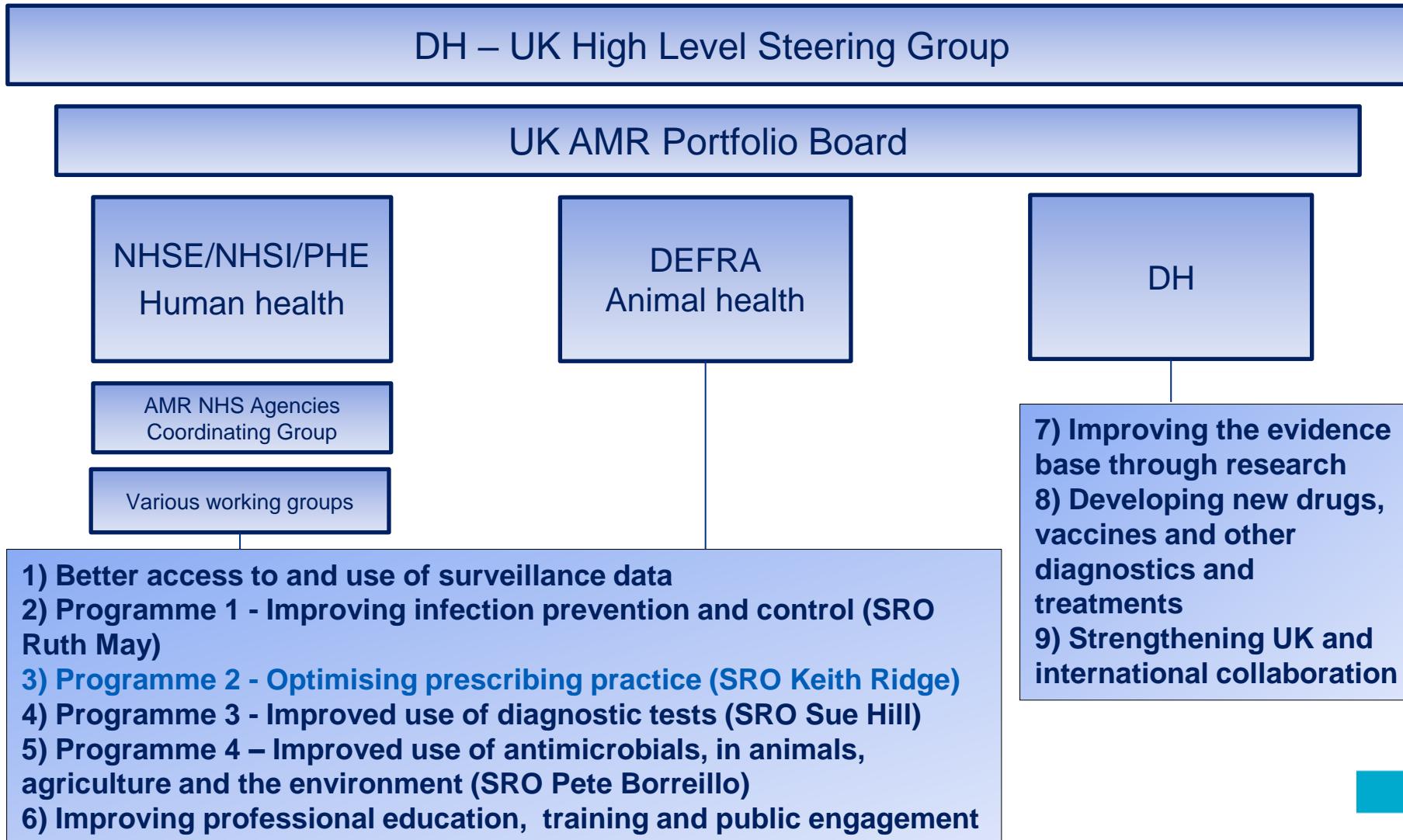
- Medication error is “a leading cause of injury and avoidable harm in healthcare systems across the world” (World Health Organisation)
- The impact on patients can be significant — between 5 and 8 per cent of hospital admissions are medicines-related, amounting to four per cent of total NHS acute bed capacity

Initially developing an evidence base to understand the scale of the problem



UK 5-year AMR Strategy 2013-18: Seven key areas for action

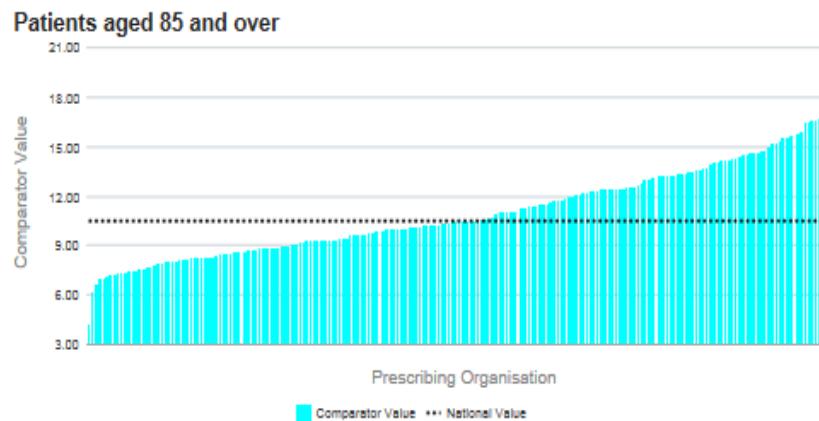
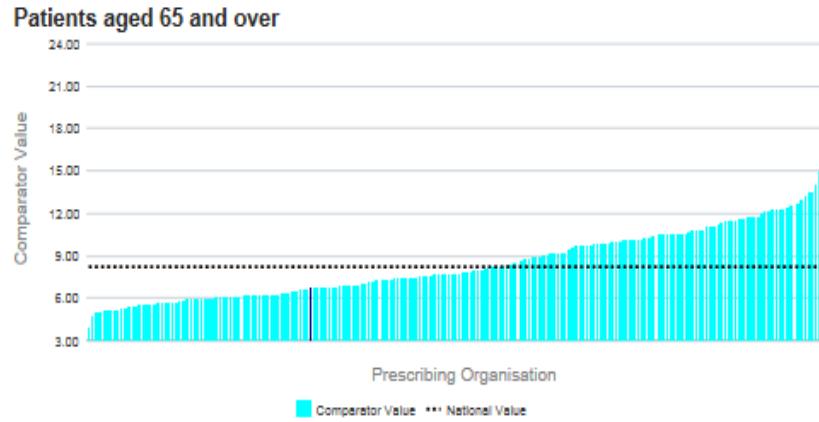
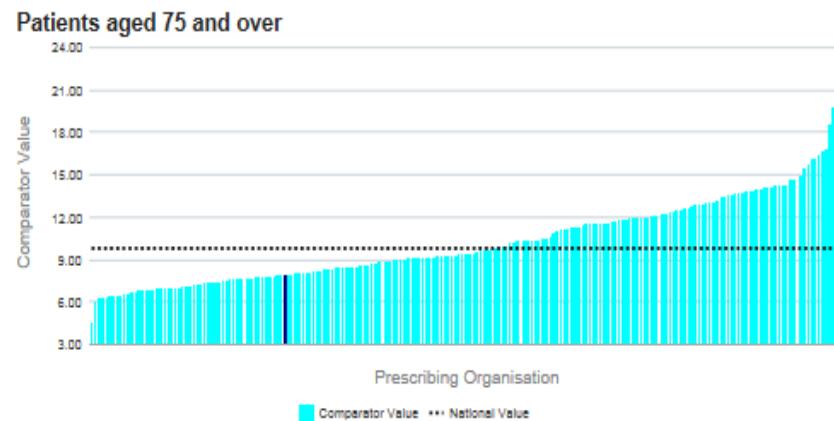
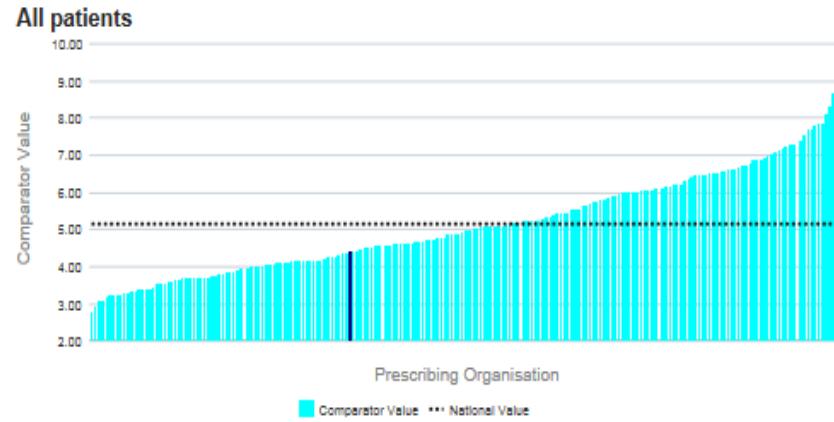
2016 target: 50% reduction in
the number of inappropriate
antibiotic prescriptions by 2020



Polypharmacy

'Problematic polypharmacy' - prescribing of multiple medicines inappropriately, or where the intended benefit is not realised

Polypharmacy Prescribing Comparators



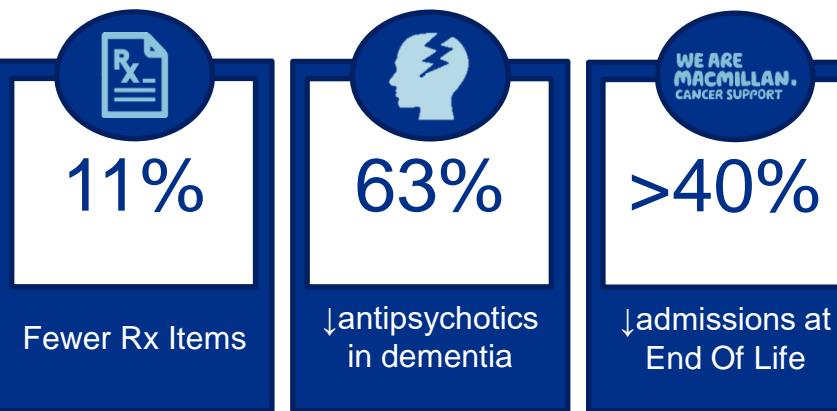
October 2017 data: patients prescribed 10 or more unique medicines

- 5.15% of ALL patients
- 8.19% (aged 65 and over); 9.76% (aged 75 and over); 10.46% (aged 85 and over)

- Average no. of prescription items per head in 2016 was 20, compared to 14.8 in 2006
- De-prescribing medicines in a controlled way reduces the risk of medicines related complications and this requires clinical medicines reviews
- NHS England's care home vanguards have reduced these risks and the NHS is rolling out the Enhanced Health in Care Homes Framework and developing a medicines optimisation in care homes scheme

Polypharmacy case study: NHS Ealing CCG

MDT - Argyle Care Home Service

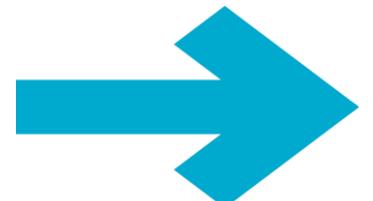
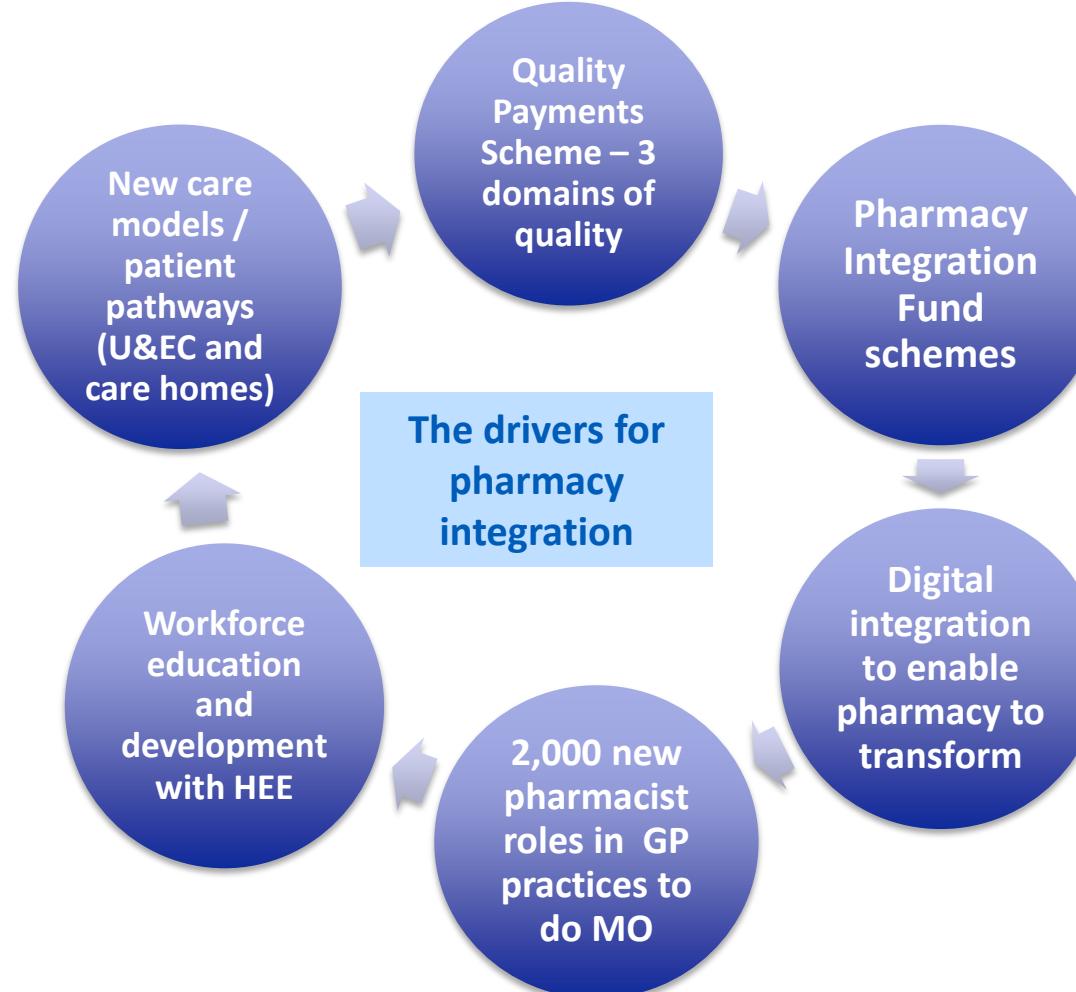


Pharmacy integration to support medicines optimisation

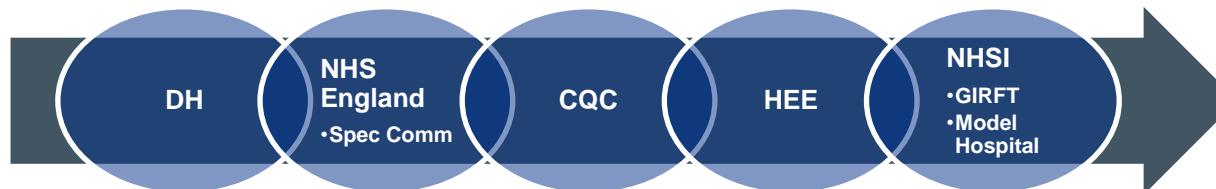
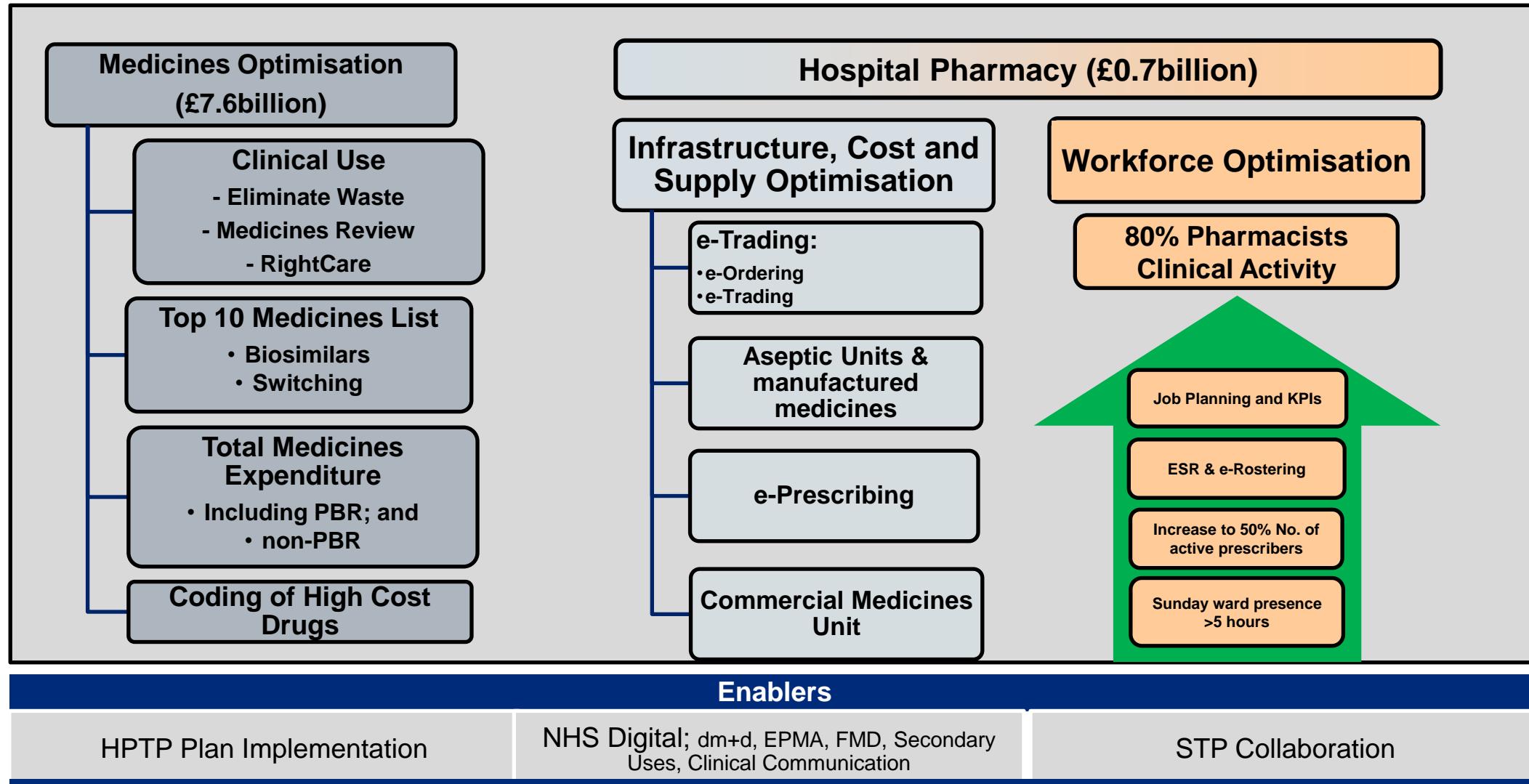
To support system wide medicines optimisation, NHS England is enabling the transformation of pharmacy practice to improve the quality and efficiency of services for the public

Pharmacy Integration
Fund set up to enable pharmacist and pharmacy technician integration in primary care as part of new multi-disciplinary healthcare teams, making the most of their clinical skills, particularly for the benefit of people with long-term conditions

Up to 5% of fund used to evaluate each project
Evaluation looks at scalability and sustainability and informs future commissioning plans



Hospital pharmacy transformation

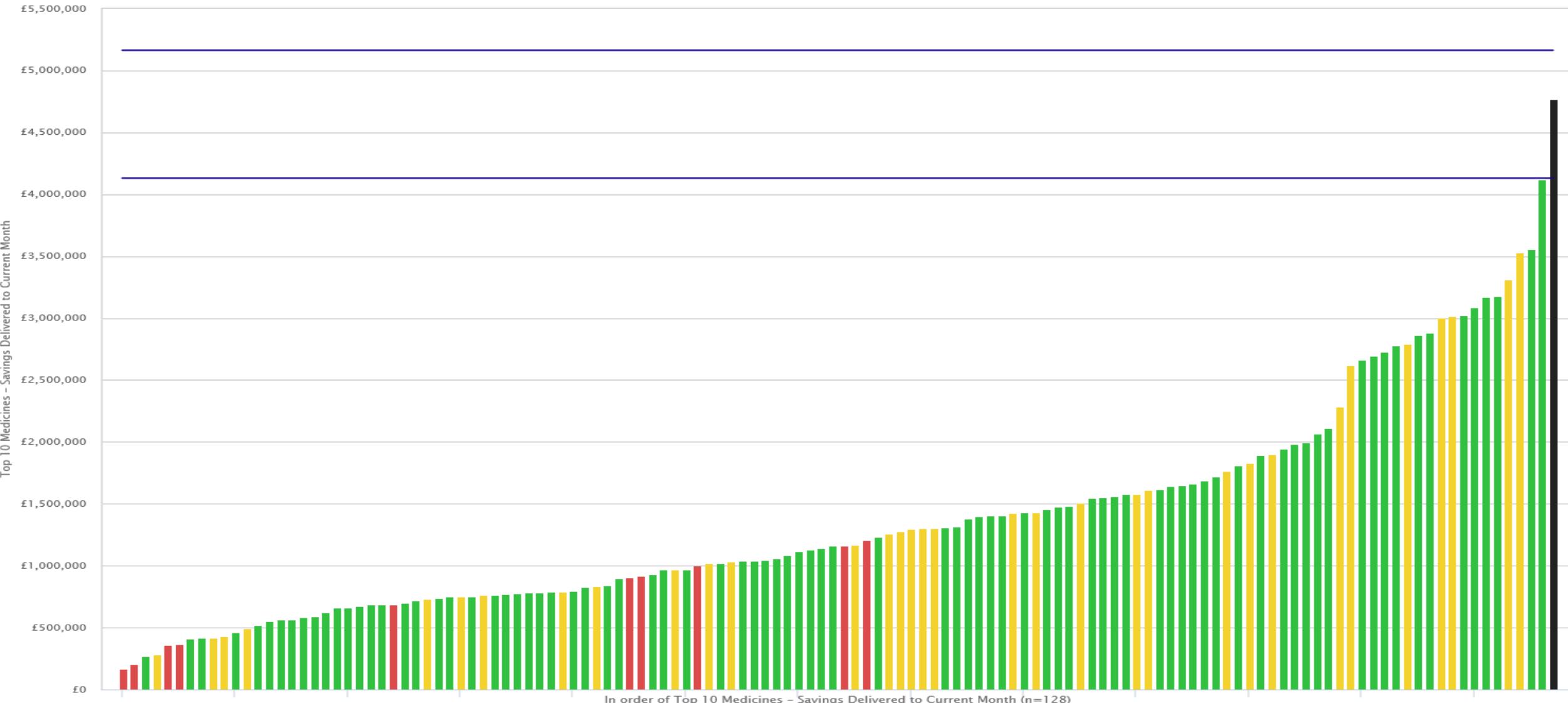


Data Extract - Examples

Top 10 Medicines – Savings Delivered to Current Month, National Distribution

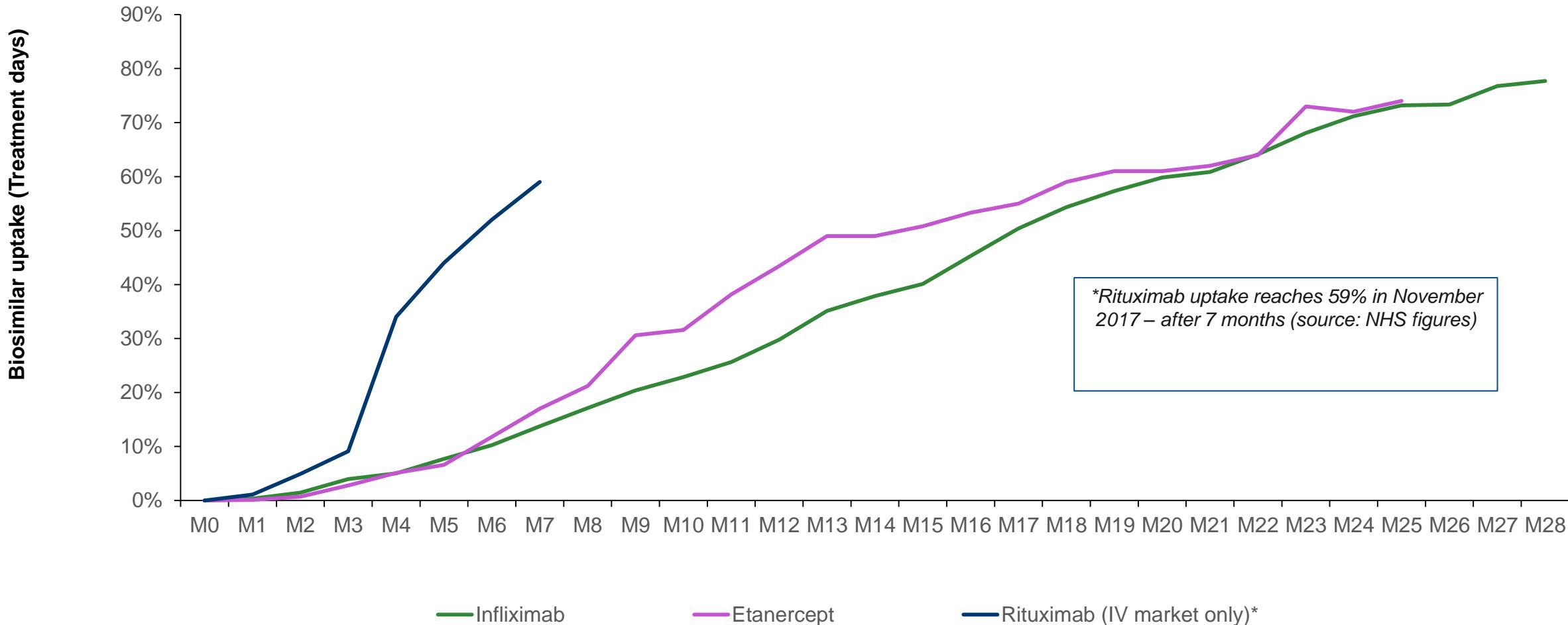
Please note that the values in this chart are rated as red, amber or green based on performance against individual trust-level benchmarks rather than the national median

≡ Options



Top Ten Medicines - Imatinib							
	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
● Imatinib Baseline Target Annual Saving	2017/18	£2.19m	£279.58k	£0	 Click for national variation		No trendline available
● Imatinib Monthly target saving	2017/18	£182.50k	£23,298	£0	 Click for national variation		No trendline available
Imatinib Monthly savings delivered	Nov 2017	£164.13k	● £29,620	£182.50k	 Click for national variation		
Imatinib cumulative savings	Nov 2017	60%	● 81%	100%	 Click for national variation		
Top Ten Medicines - Rituximab							
	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
● Rituximab Baseline Target Annual Saving	2017/18	£1.50m	£288.44k	£0	 Click for national variation		No trendline available
% Biosimilar Rituximab Uptake (Monthly)	Nov 2017	99%	● 95%	80%	 Click for national variation		
● Rituximab Monthly target saving	2017/18	£124.87k	£24,037	£0	 Click for national variation		No trendline available
● Rituximab Monthly savings delivered	Nov 2017	£209.73k	● £42,194	£124.87k	 Click for national variation		
● Rituximab cumulative savings	Nov 2017	138%	● 73%	100%	 Click for national variation		
Top Ten Medicines - Valganciclovir							
	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
● Valganciclovir Baseline Target Annual Saving	2017/18	£70,228	£45,828	£0	 Click for national variation		No trendline available
● Valganciclovir Monthly target saving	2017/18	£5,852	£3,819	£0	 Click for national variation		No trendline available
Valganciclovir Monthly savings delivered	Nov 2017	£6,269	● £4,283	£5,852	 Click for national variation		

Biosimilar market share in treatment days



Source: QI MIDAS Restricted MTH Jun 2017; Each product treatment day share calculated with respect to the individual, relevant accessible market

HEE Consultation



Facing the Facts, Shaping the Future
A draft health and care workforce strategy for England to 2027



For consultation



- Equip the pharmacy profession with the **skills and values required in a changing NHS landscape**. This work will ensure new staff will be ready to work in the **transformed system**
- A national pre-registration pharmacist recruitment scheme to ensure the system has the right number of **pre-registration trainees with the appropriate skills and knowledge**. We will also invest in supporting pre-registration tutors and ensure trainees continue to receive **high quality training support**
- We will support the **development of the pharmacy technician workforce** through assessing and managing the impact of national policy changes on pre-registration pharmacy technician training
- Post-registration our task moves to a **new phase working in partnership** with professional bodies and wider stakeholders by developing **common vocational foundation training for all newly qualified pharmacists**.
- We will also provide support to the **advanced clinical practitioner roll out across the NHS by aligning existing advanced and specialist pharmacist training to HEE's national ACP framework** to enable a consistent and transferable skilled ACP workforce across the NHS.
- Pharmacists will also play their role in cutting edge medicine and technology by working with NHS England to develop the technical pharmacy workforce to **manage advanced therapy medicinal products alongside the wider work in genomics**.
- Work with post-registration pharmacists to ensure they have the capability and capacity to lead the **research and development of medicines optimisation**.
- Finally HEE will enhance pre and post registration pharmacy technician development to **maximise the utilisation of extended roles within the wider pharmacy team**, as part of building teams that make the most of each member's skills and competences.