



## NHS Strategic Medicines Policy

National Clinical Homecare Association Conference – 16 June 2022  
Dr Bruce Warner, Deputy Chief Pharmaceutical Officer for England

NHS England and NHS Improvement



## Chief Pharmaceutical Officer priorities



- **Independent prescribing as part of pharmacy practice by 2026**
- **Inclusive pharmacy practice**
- **Assurance of post-registration practice**
- **Developing the role of pharmacy technicians**
- **Support for ICS/ICB, trust and PCN pharmacy teams, systemwide integration and medicines optimisation**
- **Strengthening pharmacy professional leadership**

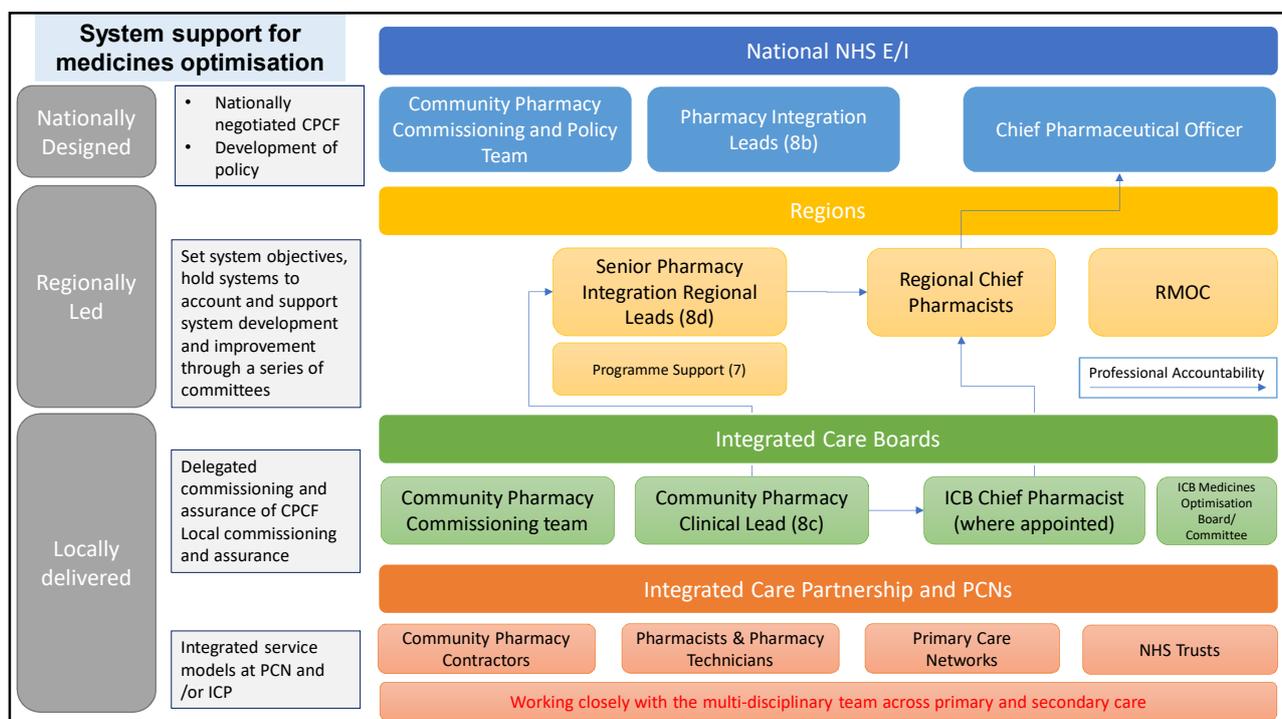
## Integrated Care Systems and the new healthcare landscape



- Integrated Care Systems (ICSs) are partnerships that bring together NHS bodies and local authorities with other local organisations that have a role in planning and delivering joined-up health and care services and improving the health and wellbeing of people in their area.
- The purpose of an ICS is to facilitate collaboration and joint action between these partner organisations to:
  1. Improve outcomes in population health and healthcare
  2. Tackle inequalities in outcomes, experience, and access
  3. Enhance productivity and value for money
  4. Support broader social and economic development
- Under the Health and Care Act (2022) ICSs will now be placed on a statutory footing from 1<sup>st</sup> July 2022.
- When the new statutory ICS arrangements are established Clinical Commissioning Groups (CCGs) will be closed down, and their functions conferred on ICBs.

In each ICS there will be an:

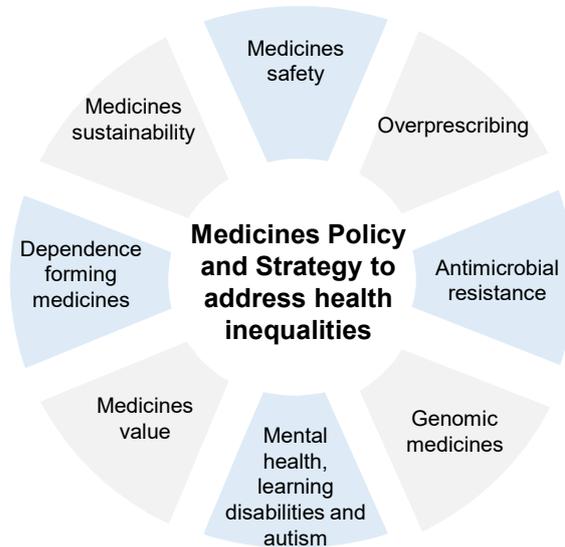
- **Integrated Care Board** (a new statutory NHS body) responsible for developing a plan to meet the health needs of the local population
- **Integrated Care Partnership** (a statutory committee formed jointly between the ICB and upper-tier local authorities): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population with a statutory duty to prepare an integrated care strategy to address the health and care needs of the population, including the provision of health, social care and public health services.



## Medicines optimisation priorities for clinical pharmacy practice



- Building on existing and new important national policy and programmes that can support ICS medicines optimisation plans
- Requires system collaboration and leadership
- Based on the needs of their local populations, regions and systems will need to determine their own medicines optimisation and integrated pharmacy workforce priorities.
- Opportunities are underpinned by work:
  - to reduce health inequalities
  - that uses data to inform decision making (for example – OpenSAFELY)
  - to deliver value to the system

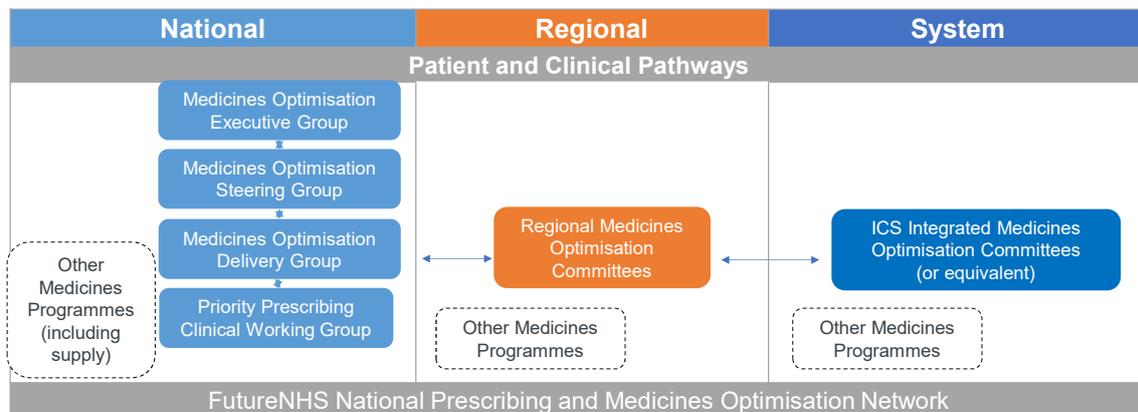


## Transforming and Integrating Medicines Optimisation



### What are we doing to support system integration of Medicines Optimisation?

- Setting up an operating framework that is responsive and supportive to systems at all levels
- A national Medicines Optimisation Executive Group will oversee delivery of medicines optimisation priorities - chaired by Steve Powis (NHSEI National Medical Director) and Julian Kelly (NHSEI Chief Finance Officer)



## Next Steps for Aseptic and NHS Manufactured Medicines Transformation



### Transforming NHS Pharmacy Aseptic Services in England

A national report for the Department of Health and Social Care by Lord Carter of Coles

Published Autumn 2020



### NHSE – Infusions and Special Medicines Board

- Chair: Dr Tim Ferris NHSE/I National Director of Transformation



### Recommendations broken down into workstreams:

- Workforce
- Regulation and quality assurance
- Finance and commissioning
- Digital innovation
- Standardisation – nomenclature, doses, products, protocols
- Infrastructure
- NHS medicines manufacturing transformation

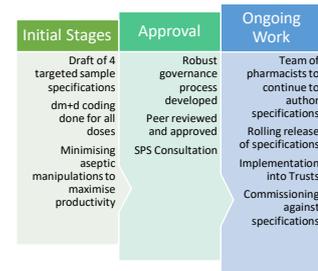
- Meet increase demand for IV chemotherapy and NHS Long Term Plan goals on cancer
- Safe and resilient supplies of these medicines
- Ability to expand Outpatient Parenteral Antimicrobial Therapy (OPAT) services to support elective recovery
- Medicines safety – reduced errors in ward-based manipulation
- Free nursing time for care by use of ready to administer aseptic doses
- Ability to support innovative new medicinal therapies and clinical trials

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## Standardisation of aseptically produced products



- Designed to develop a substitutable, sustainable and standardised product catalogue for use across England
- Unification of manufacturing practices to pave the way for national standardised training
- Implementation of 'off the shelf' models of supply from commercial compounders
- Drive for interoperable IT systems to increase productivity and reduce errors in compounding
- Working jointly with commercial compounders to alleviate pressure on the compounding network and reduce average turn around times.
- Data driven education of NHS procurement behaviours to reduce the reliance on patient specific ordering and utilise compounding capacity to produce batches of product
- Standardisation of regularly used products creates capacity to expand the use of novel treatments/ATMPs/gene therapies
- Chemotherapy is just the starting point, scope to broaden to include as many IV medicines as possible – OPAT formulary to follow similar process
- Huge cost savings from switching patient specific individual dose manufacturing to batch production - £80,000 spent in a single Trust on mark up costs in 8 months

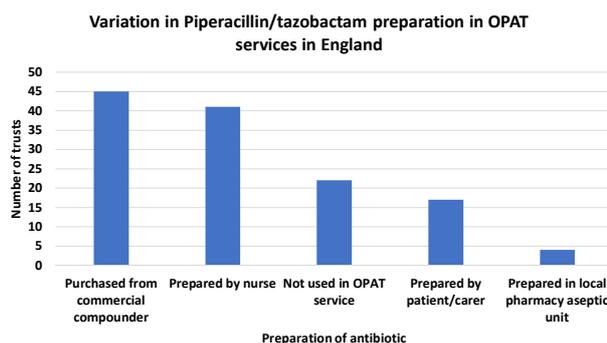


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## Outpatient Parenteral Antimicrobial Therapy (OPAT) Services in England



OPAT facilitates **early hospital discharge** and **admission avoidance** of medically stable patients who need intravenous antimicrobial therapy, offering patients treatment closer to home or at home.



Unwarranted variation of OPAT across 165 NHS trusts:

- 121 trusts identified in having an OPAT service<sup>1,2</sup>
- Third of OPAT services are commissioned by Clinical Commissioning Groups<sup>2</sup>

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<sup>1</sup>NHS Benchmarking, National Outcome Registry System, British Society for Antimicrobial Chemotherapy OPAT directory, Aseptic Data Refresh  
<sup>2</sup>NHS England and NHS Improvement, National OPAT survey, 2022.

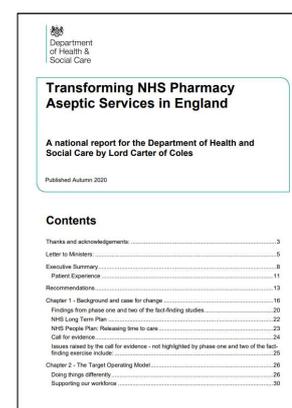
## OPAT Commissioning framework in development



- To offer models of care to address **health inequalities** and ensure equity of patient access to OPAT services in an **integrated** system
- Use of standardised ready to administer antibiotics (OPAT formulary)
- Oversight from an antimicrobial stewardship team
- Implement good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults and children in the UK<sup>1</sup>

### Opportunities

- Stability testing of antibiotics to allow access to more ready to administer products
- Use of virtual ward pathways: 40 to 50 virtual ward 'beds' per 100,000 population by December 2023.
- Total number of bed days saved in 2020/21 within OPAT services: 279,834 (2020/21) and potential for more<sup>2</sup>



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<sup>1</sup> Chapman, A.L., Patel, S., Horner, C., Green, H., Guleri, A., Hedderwick, S., Snape, S., Statham, J., Wilson, E., Gilchrist, M., Seaton, A. (2019) Updated good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults and children in the UK. JAC Antimicrobial Resistance.

<sup>2</sup> NHS England and NHS Improvement, National OPAT survey, 2022.