



*Wigan Borough  
Clinical Commissioning Group*

**Medicines  
Optimisation Strategy  
2015-20**



<b>DOCUMENT CONTROL PAGE</b>	
<b>Title</b>	Medicines Optimisation Strategy 2015-20
<b>Supersedes</b>	N/A
<b>Minor Amendments</b>	N/A
<b>Author</b>	Anna Swift
<b>Ratification</b>	Medicines Management Group 24/6/15 Clinical Governance 30/06/15 Governing Body 28/7/15
<b>Application</b>	N/A
<b>Circulation</b>	All Practices 5 Boroughs, Bridgewater and WWL Medicines Management WBCCG website
<b>Review</b>	2020
<b>Date Placed on the Intranet/Sharepoint: Following Approval</b>	<b>EqIA Registration Number</b> 68/15

## Contents

1. Introduction.....	1
2. Purpose .....	5
3. The CCG Vision for Medicines Optimisation.....	5
4. The 4 Medicines Optimisation Principles .....	5
5. CCG Medicines Optimisation Governance and Infra-structure .....	6
6. Local Prescribing Groups .....	7
7. CCG Medicines Optimisation Objectives .....	8
8. Delivering the Objectives .....	9
9. Delivery Plan .....	14
10 Roles and Responsibilities.....	15
11 Equality, Diversity and Human Rights Impact Assessment .....	16
12 Consultation and Approval Process.....	16
13 Dissemination and Implementation.....	16
14 Monitoring Compliance .....	16
15 Standards and Key Performance Indicators .....	17
16 References and Bibliography.....	17
17 Associated CCG Documents and Useful Contacts.....	17

## Executive Summary

Medicines optimisation is a person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines.

Good medicines optimisation will support the CCG in achieving its vision, ambitions, and objectives, in turn delivering the NHS outcomes.

This strategy documents the vision and objectives for the delivery of the medicines optimisation activities of WBCCG.

It identifies the purpose of all medicines optimisation activities.

Our medicines optimisation vision is that all Wigan Borough CCG patients and their carers will be supported by knowledgeable clinicians to make decisions about which medications to take to help them to feel better and/or live longer.

Where medication is taken by a patient the clinician will ensure medication is used in a safe way that is evidence-based and value for money for the NHS.

This applies to all patients prescribed any medication irrespective of underlying medical condition ensuring parity for all conditions whether they are physical or mental.

### 1. Introduction

#### 1.1. The Wigan Borough CCG (WBCCG) system wide vision is:

Health and social care services should support people to be well and independent and to take control of their own care. Services should be provided at home, in the community or in primary care, unless there is a good reason why this should not be the case. All services in our Borough should be safe and of a high quality and part of an integrated sustainable system led by primary care.

#### 1.2. Our ambitions for the people of the Borough of Wigan over the next five years are:

- Addressing with others the wider determinants of health and ensuring that they contribute to improving health outcomes
- Targeting support on those patients with a higher dependency on health services, to improve the management of the individual's conditions and contain the use of services
- Shift the delivery of services from in-hospital to out of hospital in order to create a sustainable Health and Social Care System in the Borough of Wigan
- Continually improve the quality and efficiency of seamless care services both in and out of hospital

#### 1.3. Our three quality objectives are:

- Patient Safety - Do no harm - keep patients as safe as possible.
- Clinical Effectiveness - evidencing that care/treatment is both clinically and cost effective.
- Patient; Service User or Carer Experience of Care - capturing an understanding of satisfaction through feedback on personal experiences of care.

- 1.4. The CCG corporate objectives are:
- Supporting our population to stay healthy and live longer in all areas of the Borough
  - Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available
  - Function as an effective commissioning organisation that puts patients first
  - Function as an organisation that consistently delivers its statutory duties
- 1.5. The high-level national outcomes that the NHS aims to improve are grouped around five domains:
- Preventing people from dying prematurely
  - Enhancing quality of life for people with long-term conditions
  - Helping people to recover from episodes of ill health or following injury
  - Ensuring people have a positive experience of care
  - Treating and caring for people in a safe environment and protecting them from avoidable harm

Wigan Borough CCG Ambition	NHS England Ambition	Wigan Borough CCG Quality Objectives
Understanding and ensuring that <b>the wider determinants of health</b> contribute to improving health outcomes	Securing <b>additional years of life</b> for the people of England with treatable mental and physical health conditions	<p>There will be <b>no avoidable injury or harm to people from healthcare they receive</b>, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services</p> <p>The <b>most appropriate treatments, interventions, support and services</b> will be provided at the right time to everyone who will benefit, and we will strive to eradicate wasteful or harmful variations.</p> <p><b>Mutually beneficial partnerships</b> between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making</p>
Focussing on those patients with a <b>higher dependency</b> on health services	<p>Improving the health related <b>quality of life</b> of the 15 million+ people with one or more long-term conditions, including mental health conditions</p> <p>Increasing the proportion of <b>older people living independently at home</b> following discharge from hospital.</p>	
Improving the quality and efficacy of <b>in-hospital care</b> towards creating a sustainable health and social care system in the Borough of Wigan	<p>Increasing the number of people with mental and physical health conditions having a <b>positive experience of hospital care</b></p> <p>Making significant progress towards <b>eliminating avoidable deaths</b> in our hospitals caused by problems in care.</p>	
Improving the quality and efficacy of <b>out of hospital care</b> towards creating an integrated and sustainable health and social care system in the Borough of Wigan	<p>Increasing the number of people with mental and physical health conditions having a <b>positive experience of care outside hospital</b>, in general practice and in the community</p> <p>Reducing the amount of <b>time people spend avoidably in hospital</b> through better and more integrated care in the community, outside of hospital</p>	

- 1.6. Medicines optimisation is a person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines. Good medicines optimisation will therefore support the CCG in achieving its vision, ambitions, and objectives in turn delivering the NHS outcomes.
- 1.7. At the end of December 2014 WBCCG had:
- Patient population of 320,000
  - 64 GP Practices
  - 218 General Practitioners
  - 33 Non-Medical Prescribers
  - 72 Community Pharmacies
  - 41 Dental practices
  - 33 Opticians
  - 50 Care Homes with approximately 2069 beds
- 1.8. The 5 clinical areas where we spend the most money are:
- Steroid inhalers used for respiratory conditions such as asthma and COPD
  - Drugs used in diabetes
  - Antiepileptic's which are used to manage epilepsy and other conditions such as nerve pain
  - Pain killers
  - Nutritional supplements, mostly SIP feeds
- 1.9. The CCG has prescribing item growth of 1.73% (April – November 2014), the England average prescribing item growth for the same period is 2.72%.
- 1.10. The CCG has prescribing cost growth of 1.48% (April – November 2014), the England average prescribing cost growth for the same period is 1.81%.
- 1.11. Prescription item growth for the previous financial year (April 13– March 14) for the CCG was 0.48% compared to the England average of 3.59%.
- 1.12. Prescription cost growth for the previous financial year (April 13– March 14) for the CCG was -0.83% compared to the England average of 3.29%.

## **2. Purpose**

- 2.1. This strategy documents the vision and objectives for the delivery of the medicines optimisation activities of WBCCG.
- 2.2. It identifies the purpose of all medicines optimisation activities.
- 2.3. Working within this strategy will improve the CCG's ability to deliver against its vision, ambitions and objectives.
- 2.4. Successful implementation will ensure that the public, stakeholders and staff are aware of, understand and engage with the CCG and its programme of medicines optimisation activities.
- 2.5. The term patient is used throughout this strategy and refers to patients and their carers.
- 2.6. The term medication is used throughout this strategy and refers to prescribed medication, oxygen and medical devices.

## **3. The CCG Vision for Medicines Optimisation**

- 3.1. WBCCG patients and their carers will be supported by knowledgeable clinicians to make decisions about which medications to take to help them to feel better and/or live longer. Where medication is taken by a patient the clinician will ensure medication is used in a safe way that is evidence-based and value for money for the NHS.
- 3.2. This vision applies to all patients prescribed any medication irrespective of underlying medical condition ensuring parity for all conditions whether they are physical or mental.

## **4. The 4 Medicines Optimisation Principles**

- 4.1. Aim to understand the patient's experience
  - Patients are more engaged, understand more about their medicines and are able to make choices, including choices about prevention of illness and disease and healthy living
  - Patients' beliefs and preferences about medicines are understood to enable a shared decision about treatment
  - Patients are able to take/use their medicines as agreed
  - Patients feel confident enough to share openly their experiences of taking or not taking medicines, their views about what medicines mean to them, and how medicines impact on their daily life
- 4.2. Evidence based choice of medicines
  - The best overall patient outcomes are obtained from choosing a medicine using the best available evidence (for example, following NICE guidance, GMMMG guidance etc.) and these outcomes are measured
  - Treatments of limited clinical value are not used and medicines no longer required are stopped
  - Decisions about access to medicines are transparent and in accordance with the NHS Constitution

- 4.3. Ensure medicines use is as safe as possible
- Incidents of avoidable harm from medicines are reduced
  - Patients have more confidence in taking their medicines
  - Patients feel able to ask healthcare professionals when they have a query or a difficulty with their medicines
  - Patients remain well and there is a reduction in admissions and readmissions to hospitals related to medicines usage
  - Patients discuss potential side-effects and there is an increase in reporting to the Medicines and Healthcare products Regulatory Agency (MHRA)
  - Patients take unused medicines to community pharmacies for safe disposal
- 4.4. Make medicines optimisation part of routine practice
- Patients feel able to discuss and review their medicines with anyone involved in their care
  - Patients receive consistent messages about medicines because the healthcare team liaise effectively
  - It becomes routine practice to signpost patients to further help with their medicines and to local patient support groups
  - Inter-professional and inter-agency communication about patients' medicines is improved
  - Medicines wastage is reduced
  - The NHS achieves greater value for money invested in medicines
  - The impact of medicines optimisation is routinely measured

## 5. CCG Medicines Optimisation Governance and Infra-structure

### Governance

- 5.1. The WBCCG Medicines Management Group is a sub group of the Clinical Governance Committee.
- 5.2. The Medicines Management Group reports to the Clinical Governance committee supporting its aims and objectives.
- 5.3. The purpose of the Clinical Governance Committee is to provide assurance to the Governing Body with regard to the Internal Controls of the Organisation. This links closely with the work undertaken through the Corporate Governance Committee.
- 5.4. The Clinical Governance Committee must demonstrate that there is an effective and consistent process in respect of commissioning for quality and safety across the Wigan Borough, ensuring that any areas of concern and underperformance are identified and acted upon and high standards of care and treatment are delivered.
- 5.5. The remit of the Committee is to gain assurance on quality indicators.
- 5.6. The Clinical Governance Committee ensures that the quality agenda drives improvements in productivity and prevention through innovation and provides assurance that patient safety is paramount in all commissioning and re-commissioning decisions.

- 5.7. The Clinical Governance Committee promotes and assures clinical quality so that patients receive effective and safer care with a positive experience of services commissioned by the CCG.

## **Infra-structure**

- 5.8. The permanent Medicines Management Team at the time of writing consists of:
- Associate Director for Clinical Services (1 whole time equivalent (wte))
  - Clinical Director for Medicines Management (GP) (0.2wte)
  - Medicines Management Champions – 1 GP from each of the 6 localities (2 sessions per month per GP)
  - Assistant Director Medicines Management (1wte)
  - Assistant Director Medicines Management Oxygen (1wte)
  - Senior Medicines Management Pharmacist (1wte)
  - Medicines Management Technicians (6.5wte)
  - Support Officers (1.5wte)
- 5.9. Fixed term posts
- Care Home Pharmacists (2wte)
  - Integrated Care Pharmacists (1.4wte)
  - Medicines Management Dietician (1wte)
  - Medicines Management Stoma Nurse (1wte)
- 5.10. Additional support is provided by CCG data analysts as required.

## **6. Local Prescribing Groups**

### **Greater Manchester Medicines Management Group (GMMM).**

- 6.1. GMMM is the coordinating group for decision making around medicines and in particular high cost medicines for Greater Manchester. It also has a role in performance monitoring of health economies prescribing.
- 6.2. The decisions of this group and its sub-groups will impact on the CCGs ability to manage prescribing in clinical or financial terms.
- 6.3. It is the remit of the GMMM to co-ordinate the overall strategy and to establish a robust mechanism to allow for easy flow of information to and from the overarching committee and the subgroups (at the time of writing there are 3 subgroups – Formulary, New Therapies and Interface).

### **WBCCG Medicines Management Group**

- 6.4. The purpose of this group is to develop and support the implementation of the Wigan Borough CCG Medicines Optimisation Strategy. With aims and objectives including the following:
- influencing local professional opinion on drugs, therapeutics and associated pharmaceutical issues in accordance with national and local policy and guidelines
  - disseminate medicines optimisation information to all practices across the Borough via the Locality meetings and to feedback Locality issues to the Medicines Management Team

- develop and review annually the Wigan Borough CCG medicines optimisation work programmes to support the delivery of QIPP and Greater Manchester prescribing targets
- advise on the development and implementation of medicines optimisation policies, formularies and guidelines co-ordinated across primary and secondary care
- advise and make recommendations to assist in the resolution of medicines optimisation problems relating to the interface between primary, secondary, tertiary and social care

6.5. The main provider organisations working with WBCCG all have Medicines Management Groups.

6.6. A member of the Senior Medicines Management Team attends each of these groups representing the CCG to ensure that organisations work together to improve medicines optimisation for the patients of Wigan Borough and to ensure there is a consistent medicines optimisation message.

## 7. CCG Medicines Optimisation Objectives

1	Patients and Clinicians are supported to implement shared decision making on the use of medication
2	All Clinicians implement current evidence based prescribing ensuring cost-effective use of resources.
3	All medication is used safely
4	Medicines optimisation is included within all commissioning and service re-design arrangements to deliver assurance of safe, high quality and cost-effective use of medicines across providers and to promote seamless care across health economy interfaces
5	Contribute to GMMMG work streams to ensure that effective arrangements are in place for local decision making in line with the NHS Constitution and national guidance
6	Deliver challenging medicines optimisation QIPP initiatives each year promoting quality and innovation as well as productivity and prevention in pathways of care involving medicines
7	Work with all stakeholders/ commissioned providers e.g. patients, primary care based contractors, community providers, secondary care, care homes, local authority to ensure medicines optimisation is part of routine practice
8	Develop and use metrics that demonstrate the benefits of investing in medicine optimisation both to patients and health economies

See appendix 1 for details of how these objectives support the CCG ambitions, quality ambitions, corporate objectives, NHS outcomes framework and medicines optimisation principles.

## 8. Delivering the Objectives

### **Patients and Clinicians are supported to implement shared decision making on the use of medication.**

- 8.1 Shared decision making is an approach where Clinicians and Patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.
- 8.2 For medication this means discussing the aims of treatment, the benefits to the individual of taking a medication and the risks to the individual of taking the medication. The patient then decides whether or not they wish to take a recommended medication based on their own needs, preferences, values and beliefs; this is patient-centred care.
- 8.3 To achieve this, we are encouraging the development of new relationships between Patients, Carers and Clinicians, where they work together, in equal partnership, to make decisions and agree a care plan.
- 8.4 In addition, we want to put shared decision making not only at the care level, but also at the strategic and commissioning level, with patients involved in the co-design, co-commissioning and co-production of healthcare.
- 8.5 Without these changes, we cannot achieve the required transformational culture change to support shared decision making.
- 8.6 Shared decision making is a process, but to assist the patient in making decisions, a range of different tools have been developed e.g. patient decision aids.
- 8.7 Along a care pathway, there are decision points where a simple choice is not possible, rather a number of treatment options need to be considered. Decision Aids provide clear, comprehensible information to the patients on the condition, and the treatment options. They outline outcomes, risks and uncertainties in a clear unbiased form, and help to actively engage patients in shared decision making.
- 8.8 Decision Aids come in a variety of forms – including one page sheets outlining choices (e.g. option grids), more detailed leaflets (e.g., brief decision aids and shared decision making sheets), computer programs, DVDs, mobile apps and interactive web-sites (e.g. patient decision aids). Examples relating to medicines include the NICE decision aids on anticoagulants for stroke prevention in AF and statins for primary prevention and the Rightcare diabetes decision aids.

<http://www.nice.org.uk/guidance/cg180/resources/cg180-atrial-fibrillation-update-patient-decision-aid2>

<http://www.nice.org.uk/guidance/cg181/resources/cg181-lipid-modification-update-patient-decision-aid2>

<http://sdm.rightcare.nhs.uk/pda/diabetes-additional-treatments-to-improve-control/introduction>

NHS England documents: <http://www.england.nhs.uk/ourwork/pe/sdm>

- 8.9 We will raise awareness of these tools and support clinicians to use them during patient consultations.

- 8.10 Shared decision making will support work to reduce wasted medication as patients who are more knowledgeable about their condition and are involved in treatment decisions are generally more likely to take their medication as prescribed resulting in less wasted medication.

**All Clinicians implement current evidence based prescribing ensuring cost-effective use of resources.**

- 8.11 Evidence-based prescribing is the conscientious explicit and judicious use of current best evidence, in helping individual patients make decisions about their medication in the light of their personal values and beliefs.
- 8.12 Evidence-based prescribing requires clinicians to have access to the current best evidence, to be able to interpret this evidence and apply it to the patient in front of them integrating the evidence with the patient's personal needs, their values, beliefs and wishes.
- 8.13 To support the use of evidence based medicine we will need to address:
- Training and educational support
  - Attitudes toward evidence based practice and research
  - Patient demand for evidence-based care
  - Logistical and organisational considerations
  - Institutional and leadership support
  - Policies and procedures
  - Access to appropriate evidence

**All medication is used safely.**

- 8.14 All medications have side effects and can cause patient harm. When using medicines we need to ensure the benefits obtained are greater than the harms they can cause.
- 8.15 Using medication safely means making sure the right medication is used at the right dose, for the right length of time, reviewing the medication with the patient to see if they are experiencing any side effects, making sure any monitoring needed is carried out and appropriate action taken based on the results, making sure the medication is discontinued when the benefits no longer exceed the risks.
- 8.16 As the population ages, there are more patients with multiple long-term conditions. Medications are often used to manage conditions resulting in patients taking a large number of medications - polypharmacy.
- 8.17 Polypharmacy has previously been considered something to avoid. It is now recognised as having both positive and negative potential, depending on how medicines and care are managed.
- 8.18 For many people, appropriate polypharmacy will extend life expectancy and improve quality of life. Their medicines use will be optimised and prescribed according to best evidence. In problematic polypharmacy there can be an increased risk of drug interactions and adverse drug reactions, patients may be less likely to take their medication and quality of life for patients may be reduced.

- 8.19 Under prescribing in older people has also gained recognition as a concern. In some cases, drugs that are recommended for some conditions are not prescribed by doctors because of fears of causing polypharmacy-related problems in the patient. It may be that those at highest risk for complications have the lowest chance of receiving recommended medications and therefore may have poorer quality of life and increased mortality.
- 8.20 Medicines optimisation ensures more appropriate polypharmacy so that the various trade-offs between benefit, harm, patient acceptability and choice have been considered and an explicit decision on the drug to use has been made with the patient.
- 8.21 Medicines optimisation will reduce inappropriate polypharmacy leading to the safer use of medication and improved patient care.
- 8.22 We will continue to develop our work to improve the safe use of medication including developing and implementing shared care protocols, reviewing GP prescribing of red drugs and providing comprehensive review of patients medications in care homes and through the integrated care project.
- 8.23 We will continue to encourage incident reporting where medication errors or near misses occur. We will identify ways to increase reporting and share learning from incidents and near misses.

**Medicines optimisation is included within all commissioning and service re-design arrangements to deliver assurance of safe, high quality and cost-effective use of medicines across providers and to promote seamless care across health economy interfaces**

- 8.24 As contracts are re-negotiated and services redesigned medicines optimisation will be included in service specifications.
- 8.25 All providers will be required to follow national guidance such as NICE guidance.
- 8.26 All providers will be required to follow local guidance which includes all GMMMG guidance, pathways, formulary, Red Amber Green (RAG) list, do not prescribe list and local documents e.g. WBCCG Antimicrobial Guidance. These documents are all based on current up to date evidence ensuring evidence based prescribing and value for money.
- 8.27 Shared decision making will be promoted.
- 8.28 Patient care will be improved due to seamless care across the prescribing interfaces.
- 8.29 Where appropriate reporting of prescribing data will be encouraged to allow monitoring of quality prescribing.

**Contribute to GMMMG work streams to ensure that effective arrangements are in place for local decision making in line with the NHS Constitution and national guidance.**

- 8.30 GMMMG is the coordinating group for decision making around medicines and in particular high cost medicines for Greater Manchester. It also has a role in performance monitoring of health economies prescribing.
- 8.31 The Group consists of GPs, pharmacists and other key healthcare professionals. GMMMG seeks to identify and champion the appropriate use of medicines across Greater Manchester taking into account cost effectiveness, quality, equity and patient safety. The group is formally accountable to the Greater Manchester collaboration of CCG's.
- 8.32 The Medicines Management Senior Pharmacists and GP Clinical Lead support the GMMMG Medicines Management Committee and the New Therapies and Interface sub-groups. We also ensure we have input into the Formulary sub-group.
- 8.33 We actively encourage our main providers to input into relevant work streams and to participate in sub-group meetings. This ensures Wigan's views are heard and acted upon.
- 8.34 We will continue to contribute to GMMMG work streams to ensure that effective arrangements are in place for local decision making in line with the NHS Constitution and national guidance.

**Deliver challenging medicines optimisation QIPP initiatives each year promoting quality and innovation as well as productivity and prevention in pathways of care involving medicines**

- 8.35 QIPP initiatives will be developed by the Senior Medicines Management Team in conjunction with the GP Clinical Lead and Medicines Management Champions, which includes the QIPP prescribing plan, Peer Reviews and development and implementation of business cases for new work areas identified.
- 8.36 Key to the delivery of QIPP initiatives is ensuring engagement with the GPs through working with Medicines Management Champions and the Peer Review process.
- 8.37 Feedback from GPs from Peer Reviews has enabled the development of, and recruitment into, the roles of Medicines Management Dietician, Stoma Nurse, Care Home Pharmacists and Integrated Care Pharmacists.
- 8.38 These posts provide vital expertise and support to practices to enable them to implement the Medicines Optimisation Strategy and QIPP plan.
- 8.39 To ensure on-going delivery of this strategy we will need to secure appropriate support and funding for staff required to deliver the QIPP plan.

- 8.40 The Medicines Management Team will identify QIPP areas where work can be carried out with our main providers to ensure we are all working to a common goal.

**Work with all stakeholders/commissioned providers e.g. patients, primary care based contractors, community providers, secondary care, care homes, local authority to ensure medicines optimisation is part of routine practice**

- 8.41 The Senior Medicines Management Team has developed good links with our main providers - WWL, Bridgewater and 5 Boroughs. We have instigated regular interface meetings with these providers and will continue to develop these links to ensure a consistent approach to medicines optimisation is taken by all providers.
- 8.42 There is representation from the Senior Medicines Management Team on the main providers Medicines Management Groups.
- 8.43 The Senior Medicines Management Team provides advice as and when required to the Quality Safety and Safeguarding Group (QSSG) process and will develop this support as required.
- 8.44 The Medicines Management Champions work with their Localities to both deliver key medicines optimisation messages and feedback issues to the Senior Medicines Management Team for resolution.
- 8.45 Strong working relationships have been developed with the CCG Patient Participation Groups (PPGs). Including the development of an antibiotic campaign with waste identified as a future area of work. Further enhanced engagement with PPGs will be important as we develop the use of shared decision making.
- 8.46 The Senior Medicines Management Team provides support to the Local Authority on all aspects of medicines optimisation and pharmacy locally commissioned services to ensure joined up working with public health under a memorandum of understanding.
- 8.47 Support is provided to the Local Authority Quality Assurance Team for care homes and to safeguarding reviews where medication is involved. Further enhanced engagement with the Local Authority will be required as we work together to prevent ill-health and the development of long-term conditions.
- 8.48 We will continue to work with Community Pharmacies to develop services provided by pharmacies to support delivery of the Medicines Optimisation Strategy.
- 8.49 Working with stakeholders will support on-going work to reduce medicines waste as all those involved in the on-going ordering and supply of medications will work together to support patients to only order those medications they require.
- 8.50 We are developing our work with care homes through the care home pharmacists and medicines management dietician. This work will ensure medication review of patients to reduce inappropriate polypharmacy, improve patient outcomes and support care homes to review ordering systems to reduce waste medication.
- 8.51 Support to GP Practices for the admission avoidance and over-75's enhanced services is being developed by both the Integrated Care and Care Home

Pharmacists focusing on medication review to improve patient outcomes and prevent readmissions.

- 8.52 Within this work the frail elderly population will be targeted as a group particularly at risk of experiencing problems with medication. We will continue to develop this work.

**To develop and use metrics that demonstrate the benefits of investing in medicine optimisation both to patients and health economies.**

- 8.53 Prescribing data is a useful tool in assessing the effectiveness of medicines optimisation work although care must be taken when interpreting any data.
- 8.54 Prescribing data is regularly supplied to GP practices and we will continue to develop and supply data which enables practices to review and improve their prescribing.
- 8.55 Prescribing trends and metrics are analysed to identify QIPP work areas and will continue to be used to develop challenging QIPP initiatives.
- 8.56 Where prescribing outliers are identified we will continue to investigate this and take corrective steps if necessary.
- 8.57 Quality indicators will be improved, reducing variation across the CCG. This will mean the gap between the best performing and worst performing clinical areas will be reduced whilst at the same time raising the bar higher for everyone.
- 8.58 NHS England provides information on Controlled Drugs (CD) outliers and we work with the Local Area Team to ensure this data is reviewed and acted upon.

## **9. Delivery Plan**

- 9.1 All Practices in WBCCG receive support from a Medicines Management Technician. This technician works closely with all practice staff developing strong working relationships to deliver the Medicines Optimisation Strategy.
- 9.2 This is currently supplemented by the temporary posts within the team (dietician, stoma nurse, care home and integrated care pharmacists). These positions have been developed in response to GP feedback to the Senior Medicines Management Team on the support they require to deliver the QIPP plan and therefore the Medicines Optimisation Strategy.
- 9.3 The dietician has been recruited to provide advice and support to GPs on the appropriate prescribing of nutritional supplements. A key aspect of which is educating patients, carers and care home staff on appropriate feeding strategies such as food fortification, high calorie snacks and nourishing drinks.
- 9.4 A key role of the pharmacists is medication review for high risk patients e.g. the frail elderly and those in care homes. This review focuses on polypharmacy with the aim of reducing inappropriate polypharmacy whilst ensuring patients are on all medications which will benefit them e.g. stroke prevention in AF, bisphosphonates to prevent osteoporosis and reducing waste medication.

- 9.4.1 The stoma nurse has been recruited to review the use of stoma appliances and accessories in recognition of the fact that there is a lack of knowledge amongst prescribers and the established Medicines Management Team in this area.
- 9.4.2 A key role of the stoma nurse is to ensure that prescribing in this area is appropriate and cost effective, with the overall aim to improve patient care, avoid sore skin, prevent complications and reduce waste.
- 9.5 The technicians and temporary posts are supported by the Senior Medicines Management Team.
- 9.6 The Senior Medicines Management Team work closely with the Clinical Lead and Medicines Management Champions to ensure ongoing engagement with GP Practices and provision of appropriate supporting information. Feedback from the GPs enables the Senior Team to address issues with other providers, GMMMG and develop new areas of work.
- 9.7 The Senior Medicines Management Teams' primary means of engagement with all GP practices is through the medicines optimisation Peer Review process. These annual meetings enable the Senior Team to discuss medicines optimisation priorities with Prescribers.
- 9.8 The Peer Reviews secure clinical engagement and commitment from practices to work on these issues with their technician to enable delivery of the QIPP initiatives and Medicines Optimisation Strategy.
- 9.9 The Peer Review process is central to the delivery of the Medicines Optimisation Strategy and associated QIPP plan.
- 9.10 See Appendix 2 for further detail.

## **10 Roles and Responsibilities**

- 10.1 **Governing Body:** It is the responsibility of the Governing Body to approve the strategy and the review date and dissemination of policies that have been submitted by the approved Committees.
- 10.2 **Clinical Director for Medicines Management:** It is the responsibility of the Clinical Director for Medicines Management to review and advise on the strategy.
- 10.3 **Associate Director for Clinical Services:** It is the responsibility of the Associate Director for Clinical Services to lead the implementation of the strategy.
- 10.4 **Assistant Director Medicines Management and Assistant Director Medicines Management (Oxygen):** It is the responsibility of the Assistant Directors to implement the strategy with the Associate Director for Clinical Services.
- 10.5 **Medicines Management Champion GPs:** It is the responsibility of the Medicines Management Champion GPs to disseminate key prescribing messages from the strategy to Localities to support in the implementation of the strategy.

10.6 GP Practices: it is the responsibility of all GP Practices to work with the Medicines Management Team in the implementation of the strategy.

## 11 Equality, Diversity and Human Rights Impact Assessment

11.1 The CCG is committed to promoting Equality, Diversity Strategy 2013-2016.

11.2 This policy has been impact assessed EqlA number 68/15.

## 12 Consultation and Approval Process

### Consultation

12.1 This strategy has been to CCG Senior Leadership Team for consultation.

12.2 The GP Medicines Management Champions have taken this strategy to their Localities for Clinician consultation.

12.3 The Assistant Director Medicines Management has taken this strategy to the CCG patient participation forum for patient consultation.

### Approval

12.4 This strategy has been approved by the CCG Senior Leadership Team who have considered the content of the document in terms of best practice in medicines optimisation, delivery of the overall CCG strategy, corporate objectives and quality ambitions.

12.5 This strategy has been approved by the Medicines Management Group who have considered the content of the document in terms of current best practice and national and local guidance.

12.6 This strategy has been approved by the Clinical Governance Committee who have considered the content of the document in terms of current best practice, guidelines, legislation, mandatory and statutory requirements.

12.7 This strategy has been approved by the CCG Governing Body who have considered the content of the document in terms of delivery of the overall CCG strategy, corporate objectives and quality ambitions.

## 13 Dissemination and Implementation

13.1 This policy is available for all staff and the public to access via the CCG website. This document will be included in the Publication Scheme for Wigan Borough CCG in compliance with the Freedom of Information Act 2000.

13.2 It will be shared with the Medicines Management Team, all GP Practices, the main provider organisations and all directorates within the CCG.

## 14 Monitoring Compliance

14.1 The Assistant Director Medicines Management is responsible for monitoring compliance with the strategy.

## **15 Standards and Key Performance Indicators**

15.1 This strategy will be reviewed after 5 years

## **16 References and Bibliography**

16.1 Department of Health. NHS Outcomes Framework 14/15.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256456/NHS\\_outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf)

16.2 NHS England. Five Year Forward View. October 14.  
<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

16.3 Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England. May 2013. <http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf>

16.4 NICE. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. March 2015. <http://www.nice.org.uk/guidance/ng5>

## **17 Associated CCG Documents and Useful Contacts**

17.1 Wigan Borough CCG 5 Year Commissioning 2014-19.  
<http://www.wiganboroughccg.nhs.uk/your-ccg/our-policies/>

17.2 Wigan Borough CCG - Strategy for Quality and Patient Safety 2014-2015.  
<http://www.wiganboroughccg.nhs.uk/your-ccg/our-policies/>

**Appendix 1 - How the Medicines Optimisation objectives support the CCG objectives and ambitions**

		Implement shared decision making	Evidence based cost-effective prescribing	All medication is used safely	Medicines optimisation is included in all commissioning and service re-design arrangements	Contribute to GMMMG work streams	Deliver medicines optimisation QIPP initiatives	Work with all stakeholders to ensure medicines optimisation is part of routine practice.	Develop/use metrics demonstrating the benefits of medicine optimisation
CCG ambitions	Address the wider determinants of health							✓	
	Target patients with higher dependence on health services	✓			✓			✓	
	Shift the delivery of services from in-hospital to out of hospital				✓				
	Improve the quality and efficiency of seamless care services				✓	✓		✓	
CCG quality objectives	Patient Safety			✓			✓	✓	✓
	Clinical Effectiveness	✓	✓	✓	✓	✓	✓	✓	✓
	Patient; Service User or Carer Experience of Care	✓			✓	✓	✓	✓	✓
CCG corporate objectives	Supporting our population to stay healthy and live longer		✓		✓	✓	✓	✓	✓
	Commissioning high quality services, within the resources available				✓			✓	
	Function as an effective commissioning organisation that puts patients first	✓		✓	✓	✓	✓	✓	
	Function as an organisation that consistently delivers its statutory duties						✓	✓	

		Implement shared decision making	Evidence based cost-effective prescribing	All medication is used safely	Medicines optimisation is included in all commissioning and service re-design arrangements	Contribute to GMMMG work streams	Deliver medicines optimisation QIPP initiatives	Work with all stakeholders to ensure medicines optimisation is part of routine practice.	Develop/use metrics demonstrating the benefits of medicine optimisation
NHS outcomes framework	Preventing people from dying prematurely		✓	✓	✓	✓	✓	✓	✓
	Enhancing quality of life for people with long-term conditions		✓	✓	✓	✓	✓	✓	✓
	Helping people to recover from episodes of ill health or following injury		✓	✓	✓	✓	✓	✓	✓
	Ensuring people have a positive experience of care	✓		✓	✓	✓	✓	✓	✓
	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓	✓	✓	✓	✓	✓
Medicines optimisation principles	Aim to understand the patients experience	✓				✓		✓	
	Evidence based choice of medicines		✓			✓	✓	✓	
	Ensure medicines use is as safe as possible			✓		✓	✓	✓	
	Make medicines optimisation part of routine practice				✓	✓	✓	✓	✓

## Appendix 2 – Medicines Optimisation Plan

On-going Medicines Optimisation	Medicines Management Objectives
Promote the clinical and cost-effective use of medicines, appliances, oxygen etc. to achieve improvements in health for the population of Wigan Borough and reduce health inequalities within available resources.	2, 3, 4 and 7
Promote and develop the GMMMG formulary and prescribing guidance, widening access and awareness of this public facing guidance for primary and secondary care health professionals and patients.	2, 3, 4, 5 and 7
Work with the North West Oxygen Steering Group to share best practice and influence the development of the national framework agreement.	2,3,4,6 and 7
Annual Peer Reviews with all GP Practices.	2, 3, 5, 6, 7 and 8
Clinical briefing development to support healthcare professionals.	1, 2, 3, 6 and 7
Identify education and development needs to support delivery of education and training to a multi-disciplinary audience on prescribing and therapeutics to facilitate the implementation of evidence based prescribing.	1, 2, 3, 6, 7 and 8
Identify areas for prescribing efficiency and develop policy, audits and supporting materials to improve prescribing in these areas.	2, 3, 5, 6 and 7
Work with Prescribers to rationalise potentially wasteful usage.	2, 6 and 7
Work with Practices, Pharmacies, Appliance Contractors, Care Homes and Patients to improve repeat prescribing systems to minimise wastage.	2, 6 and 7
Proactively support medicines audit and promote learning to improve patient outcomes.	2, 3, 5, 6, 7 and 8
Proactively manage prescribing decision making software (ScriptSwitch) and practice based Medicines Management Team to continue to improve cost and quality messages to Practices.	2, 3, 5, 6 and 7
Support patients understanding of medicines and minimisation of side effects.	1 , 3 and 7
Improve levels of reporting of incidents involving medicines & improve patient safety by shared learning from outcomes.	3 and 7
Assuring compliance with NICE/MHRA/CD/good practice prescribing & national, regional and local medicines management guidance.	1, 2, 3, 4, 5, 6, 7 and 8
Work with NHS England, Wrightington, Wigan and Leigh NHS FT, CSU and other relevant providers to ensure cost effective use of High Cost Drugs e.g. biologics.	2, 3, 4, 5 and 7
Work with providers e.g. WWL, Bridgewater, Fire service to ensure safe, evidence-based, cost effective use of oxygen.	
Focus intervention to improve specific areas in the NHS outcome framework e.g. under-75 mortality from cardiovascular disease and respiratory disease and excess under-75 mortality rate in adults with serious mental illness.	1, 2, 3, 4, 5, 6, 7 and 8

Strategic Transformation of the System	Medicines Management Objectives
Integration of Medicines Optimisation into local development of care pathways via Map of Medicine and referrals.	1, 2, 3, 4, 5, 6, 7 and 8
Development, procurement and performance management of commissioned contracts with respect to medicines optimisation.	1, 2, 3, 4, 5, 6, 7 and 8
Quality assurance of all providers referencing national standards e.g. NICE guidance and CQC standards for example medicines use in care homes.	1, 2, 3, 4, 5, 6, 7 and 8
Develop medicines optimisation support for patients with long term conditions e.g. by promoting use of patient decision aids, developing medicines reviews to help increase patient understanding of their medicines and how to manage their medicines day to day.	1, 2, 3, 4, 5, 6, 7 and 8
Consider and support development of information management and technology to optimise medicines use in commissioned services e.g. Summary Care Record, Electronic Prescription Service and Electronic Patient Records across primary and secondary care and community services. Promote effective and consistent use of systems such as EMIS Web, PRIMIS to optimise access to medicines and outcomes for patients across Wigan Borough.	1, 2, 3, 4, 5, 6, 7 and 8
Promote the expansion of clinical medication review services to minimise adverse effects, reduce inappropriate polypharmacy and optimise treatment benefits, with particular focus on care home residents and frail elderly patients due to their high use of medication and increased risk of side effects.	1, 2, 3, 4, 5, 6, 7 and 8
Work with Public Health colleagues in the Local Authority on the prevention agenda.	2, 3, 4 and 7

Anticipated Working with other Organisations	Medicines Management Objectives
Promote patient decision aids more widely to allow prescribers and patients to better understand the absolute benefits and risks of treatments and so make better decisions about prescribing.	1, 2, 3, 4, 5, 6, 7 and 8
Develop and improve communication across care interfaces to promote seamless care and prevent medication errors.	3, 4 and 7
Use prescribing benchmarking in primary and secondary care to reduce prescribing variation.	4, 7 and 8
Develop gain sharing for non PbR medicines with Wroughtington, Wigan and Leigh NHS FT.	3, 4 and 7
Understand and develop homecare systems to improve quality and maximise savings.	3, 4 and 7
Ensure service redesign to further optimise medicines use within existing commissioned services e.g. Bridgewater, 5 Boroughs, WWL.	1, 2, 3, 4, 5, 6, 7 and 8
Work with the Local Area Team to effectively implement EPS2 across Wigan Borough to improve patient access to medicines and repeat dispensing services.	3, 4 and 7
Work with Local Area Team to promote error reporting and develop robust systems to ensure all incidents are investigated and learning is shared.	
Ensure effective, robust and timely joint arrangements are in place for local decision making on new medicines to optimise use of resources.	1, 2, 3, 4, 5, 6, 7 and 8
Develop joint working with the local authority particularly on the prevention agenda.	3, 4 and 7
Facilitate and promote support for self-care, particularly for those with long-term conditions, through locality providers, medicines management team, co-commissioning of pharmacy services and the expert patient programme.	1, 3, 4 and 7