

Polypharmacy: Supporting the Pharmacist Workforce - Keynote

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National Pharmacy Leadership Team



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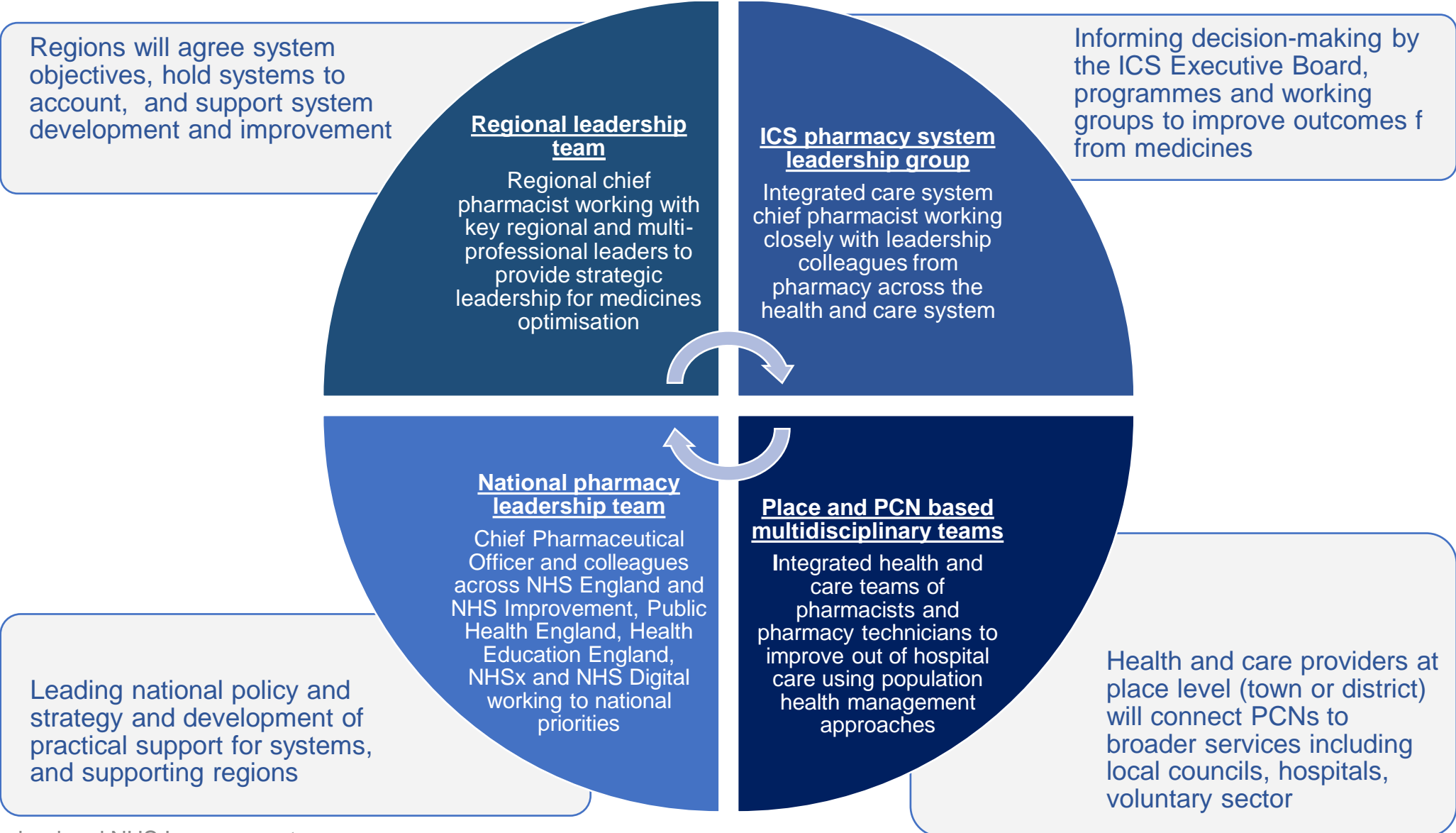
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Collaborative pharmacy and MO leadership across ICS



COVID-19 re-emphasised the importance of integrated system working and accelerated progress



Service specification for SMR



- Identify and prioritise the PCN's patients who would benefit from a structured medication review, which must include patients:
 - i. in care homes
 - ii. with complex and problematic polypharmacy, specifically those on 10 or more medications;
 - iii. on medicines commonly associated with medication errors
 - iv. with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls
 - v. using potentially addictive pain management medication
- Offer and deliver a volume of SMRs determined and limited by the PCN's clinical pharmacist capacity
- Ensure invitations for SMRs provided to patients explain the benefits of, and what to expect from SMRs
- Ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs
- Clearly record all SMRs within GP IT systems
- Actively work with its CCG in order to optimise the quality of local prescribing of:
 - i. antimicrobial medicines;
 - ii. medicines which can cause dependency;
 - iii. metered dose inhalers, where a lower carbon device may be appropriate
 - iv. nationally identified medicines of low priority
- Work with community pharmacies to connect patients appropriately to the New Medicines Service
- <https://www.england.nhs.uk/wp-content/uploads/2020/09/SMR-Spec-Guidance-2020-21-FINAL-.pdf>

Medicines Optimisation: Impact and Investment Fund



| Domain | Area | Indicators |
|---|------------------------------|--|
| Prevention and tackling health inequalities | Prevention | PR01: Percentage of patients aged 65 and over who received a seasonal flu vaccination |
| | Tackling health inequalities | HI01: Percentage of patients on the learning disability register aged 14 and over who received an annual learning disability health check |
| Providing high quality care | Personalised care | PC01: Percentage of patients referred to social prescribing |
| | Medicines safety | <p>MS01: Percentage of patients aged 65 and over currently prescribed a non-steroidal anti-inflammatory drug (NSAID) without a gastro-protective medicine</p> <p>MS02: Percentage of patients aged 18 and over currently prescribed an oral anticoagulant (warfarin or a direct oral anticoagulant) and an antiplatelet without a gastro-protective medicine</p> <p>MS03: Percentage of patients aged 18 and over currently prescribed aspirin and another antiplatelet without a gastro-protective medicine</p> |



Pharmacy Quality Scheme Guidance

- Community pharmacy teams are an integral part of PCNs
- It is important that community pharmacy teams are fully involved in the work of their PCN to achieve and deliver on the health programmes
- The business continuity and flu domains encourage pharmacy teams to work collaboratively with other primary care providers across the PCN

Network Contract DES introduces three national PCN services for 2020/21:

- Structured Medication Review and Medicines Optimisation (**links to the New Medicines Service and GP pathway to NHS Community Pharmacist Consultation Service**)

Discharge Medicines Service:

- Patients referred from NHS trusts to community pharmacy
- Medicines reconciliation, review and consultation with patient

Primary Care Pharmacy Education Pathway



- PCNs must ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs
- They must be carried out by clinical pharmacists who have completed – or who are enrolled on – the Primary Care Pharmacy Education Pathway (PCPEP) or a similar training programme that includes training on shared decision-making, as well as independent prescribing and advanced assessment and history taking skills, to enable a holistic view of a patient’s medication
- All pharmacists enrolling on PCPEP will undergo an assessment of prior learning and experience so training isn’t duplicated
- We are looking to develop robust procedures to recognise the prior learning and experience of existing general practice pharmacists so that their skills and experience can be better used
- We are developing an educational framework that will enable those existing community pharmacists who want to, to develop to the same level of clinical competence as those in PCNs, including training in independent prescribing
- We do not envisage pharmacy technicians being able to meet the criteria for undertaking SMRs, although they have a key role in supporting other clinicians to do so as part of the PCN multi-professional team
- Shared Decision Making training for 1,200 primary care pharmacists will begin in January 2021



Delivery of our plans will require collaborative, integrated employment models

- 50 community-based specialist mental health pharmacists
- Technology enhanced learning opportunities and primary care training hubs
- Reform of initial education and training for pharmacists including more clinical placements in years 1-4 and a foundation programme in year 5
- Introduction of a Foundation training year programme for pharmacists to replace the pre-registration year

Aligned with General Pharmaceutical Council reform of initial education and training standards and new developments to support specialist clinical pharmacy practice including clinical research

Why we need change to initial education and training



Pharmacists' roles have evolved significantly in response to rapid changes in healthcare and pharmacy practice

There is a growing demand for clinical, patient-facing, autonomous pharmacist practitioners

To help meet the changing demands of healthcare and patients, it is vital that all pharmacists are equipped with the skills and knowledge to work flexibly and provide clinical leadership when delivering NHS services in health and care teams

We need to ensure that the early stages of education and training of pharmacists are reformed to reflect the changing nature of practice, including the importance of assuring patient safety

To support clinical pharmacists to work together in networks across all sectors, we need a clearer continuum of professional development for pharmacists based on recognised levels of advanced and consultant practice. The RPS is putting in place the mechanisms to support employers establishing consultant posts and pharmacists that have reached the appropriate level of expertise to be recognised as such. We hope that similar developments will

follow for other levels of post-registration practice.

Overprescribing and dependency forming medicines



Overprescribing Review

- The National Overprescribing Review, led by Keith Ridge was commissioned by the Secretary of State for Health and Social Care.
- The review brought together delegates from the medicine, nursing and pharmacy professions, from academia and from patient groups and charities to investigate the problem of overprescribing in England and produce recommendations on how this can be tackled.

PHE review of prescribed medicines that may cause dependence and withdrawal including:

- Benzodiazepines and Z-drugs; Gabapentinoids; Opioids for chronic non-cancer pain; Anti-depressants
- Recommendations for implementation, covering 5 areas including:
 - Increasing use and availability of data
 - Enhancing clinical guidance
 - Information for patients and carers
 - Support from the healthcare system
 - Further research on dependency