

Protected Learning Time – Medicines Optimisation Update

26 September 2024

Agenda

2:00 – 2:10 Introduction

2:10 – 3:00 Medicine Optimisation Workplan 2024/25: Areas of focus due to increased prescribing growth:
Nutrition, Dry Eyes and Appliances

3:00 – 3:15 Break

3:15 – 3:25 Medicines Safety

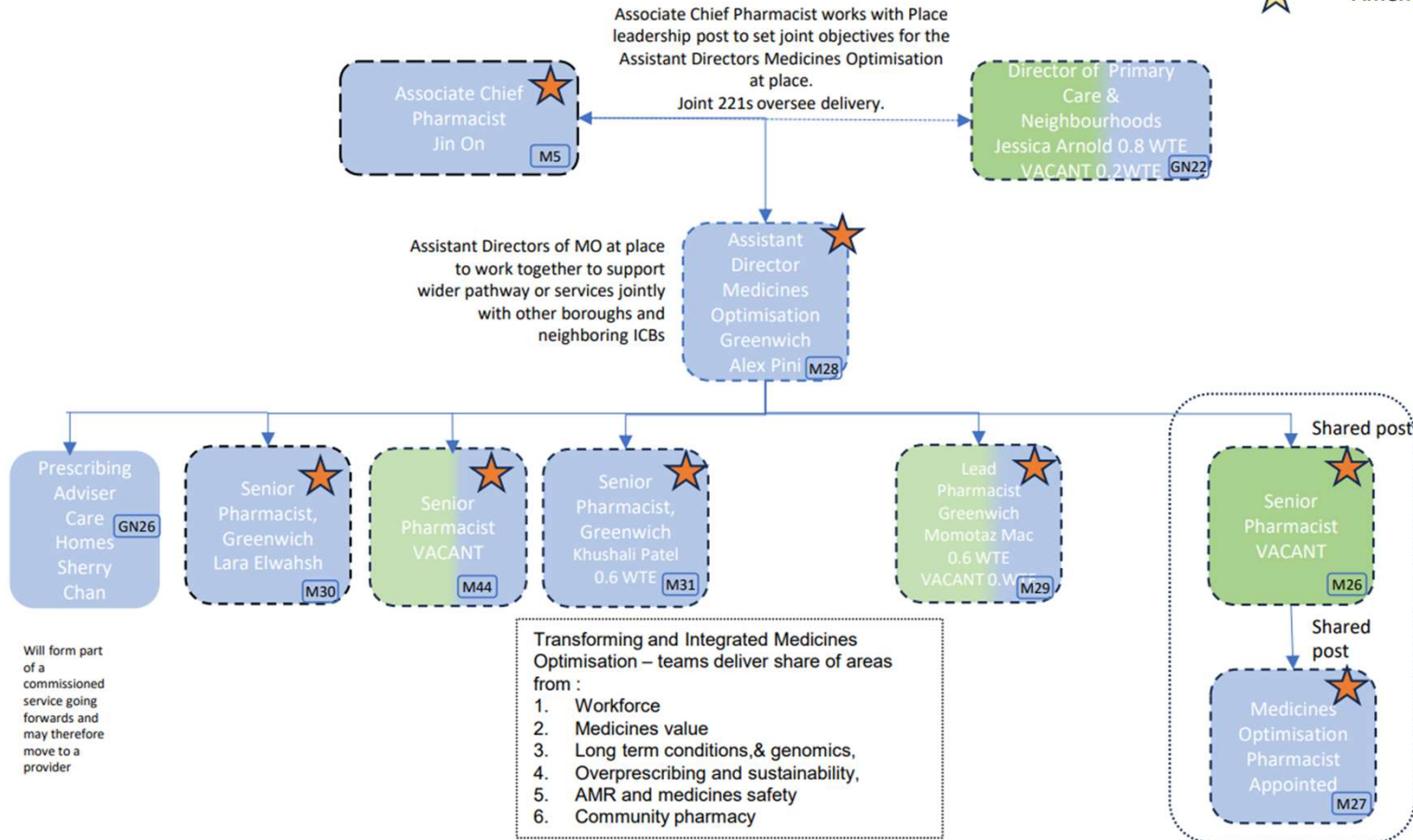
3:25 – 3.55 Polypharmacy

3:55 – 4:55 Community Pharmacy Services

Greenwich Place Structure – Medicines Optimisation Team

Greenwich.Pharmacy@selondonics.nhs.uk

★ New posts
★ Amended posts



SEL priority actions

Our priority actions – what we will do

1

Ways of Working. Develop supervision roles for trainee pharmacists in 2025 who will qualify as independent prescribers in 2026. Develop pathways for community pharmacists to prescribe as part of Integrated Neighbourhood Teams (INTs) in line with competency frameworks. Develop shared workforce arrangements, training and career paths for pharmacy professionals to work in INTs and deliver personalised care e.g. working with social prescribers.

2

Medicines Value. Agree collaborative cross sector plans to deliver the highest impact medicines value and reduce waste. Plans will be delivered at organisation and place level, also responding to local needs. Measure impact using multiple data sources to track medicines use across sectors. Maximise the use of **digital** and IT enablers to support more accessible care and best use of clinical time.

3

Long Term Conditions & Genomics. Implement evidence informed guidelines and pathways to improve outcomes and reduce health inequalities. Work with others including the voluntary sector to reduce inappropriate polypharmacy and implement approaches to patient-centred care and shared decision making. Design and implement specialist outreach into primary care. Agree a plan for delivering the opportunities in genomics and pharmacogenomics.

4

Sustainability and Overprescribing. Implement the new asthma and COPD guidelines to promote lower carbon inhaler prescribing. Develop an inhaler recycling scheme, reduce overordering of repeat medicines and reduce medicines waste and packaging. Implement peer support, education, training and communities of practice to support prescribers to tackle overprescribing. Pilot medicines waste amnesties, engaging with our public on overprescribing and medicines waste. Reduce the numbers of people prescribed 10 or more medicines and reduce medicines errors when people transfer between care settings.

5

Antimicrobial stewardship. Use data, decision support tools and a single prescribing guideline for primary care to improve stewardship and reduce duplication. Implement the national common ailments service including community pharmacist management of simple UTIs **Medicines safety.** Build relationships with medicines safety officers to develop a medicines safety network which can oversee cross system work such as sodium valproate in women of childbearing age and opioid stewardship.

6

Community Pharmacy integration. Establish the governance to implement the community pharmacy integration programme. Development of community pharmacy neighbourhood leaders and working with the voluntary sector. Develop a proof of concept for a community pharmacy childhood immunisation service as part of a place immunisation strategy. Develop a community pharmacy benchmarking / performance dashboard to drive up clinical service activity (including operating plan delivery), quality and consistency of care. Work with the SEL pharmacy alliance to improve consistency of access and quality of new clinical services through community pharmacy.

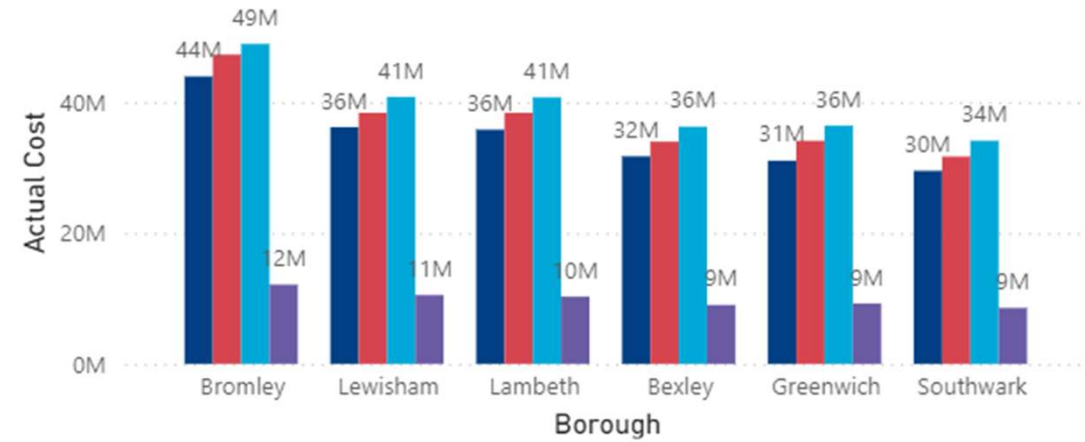
Greenwich Prescribing Trend

Actual Cost by Month

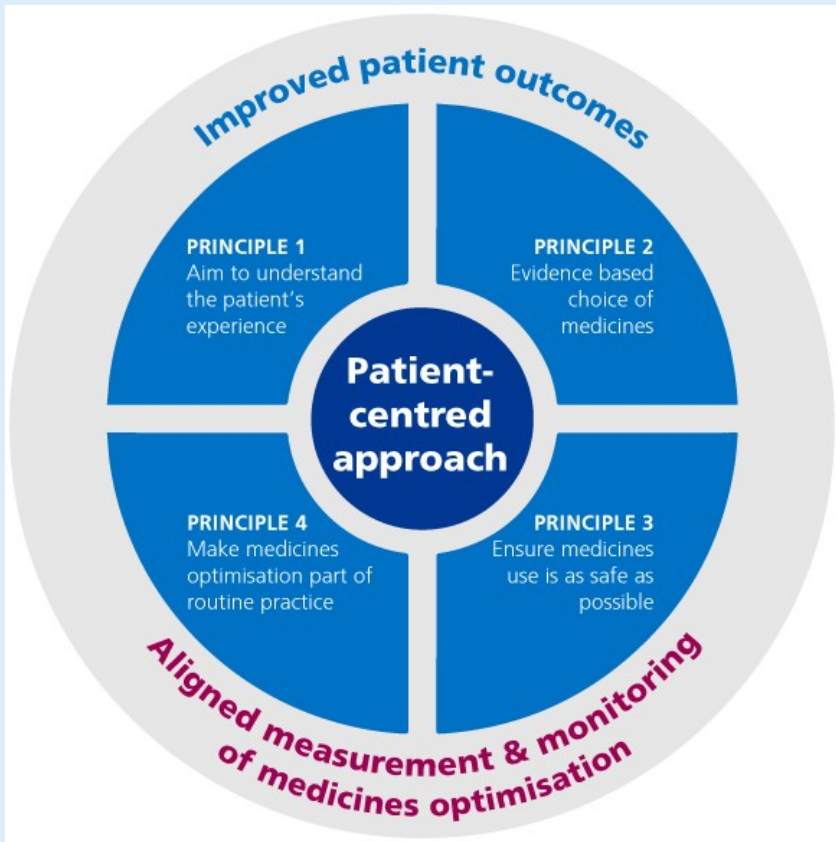


Actual Cost by Borough and Financial Year

Financial Year ● 2021-22 ● 2022-23 ● 2023-24 ● 2024-25



Medicines are the most common intervention in healthcare and occasionally social care



- **Polypharmacy:** With an ageing population, the use of multiple medicines is increasing:
 - Average number of prescription items per head of population is now 19.9, an increase from 9.5 items in 1994.
 - 15% of people in England are taking five or more medicines a day, with 7% on eight or more.
 - 10% of the current volume of medicines may be overprescribed.
- **Harm:** 237 million 'medication errors' per year in the NHS in England, with 66 million of these potentially clinically significant:
 - 'Definitely avoidable' adverse drug reactions collectively cost £98.5 million annually, contribute to 1700, and are directly responsible for, approximately 700 deaths per year.
- **Costs:** The NHS in England spent c£16 billion p.a. (after discounts) in 2019/20 – annual growth of 5.1% in primary and secondary care compared to 18/19.
- **Waste:** It has been estimated £300 million of NHS prescribed medicines are wasted each year.

Obesity Management Update – Prescribing Weight Loss Drugs

- Wegovy[®] (semaglutide):
 - Global GLP-1 shortages
 - Eligible population ~ 135,000 in SE London - if treat 50% eligible: **£182M (drug cost alone)**
 - Limited capacity within specialist weight management (SWM) services
 - Red listed – Specialist hospital weight management clinics only - Tier 4
 - Phased role out: currently phase 1 only (high risk patients requiring rapid weight loss – see next slide)
 - [Wegovy[™] access in South East London – a further update - South East London ICS \(selondonics.org\)](https://www.selondonics.org)
- Mounjaro[®] (tirzepatide) for weight loss
 - Only prescribable for T2DM in line with NICE criteria
 - NICE TA in draft, therefore not available for this indication currently
 - Likely national phase roll out
- Oviva referral
 - Tier 3 digital weight management provider
 - Under 'Right to Choose' framework marketing to GPs to refer patients for GLP-1s
 - Awaiting clarification from NHSE

Wegovy™ (Semaglutide)

Current Phase 1 criteria:

- Active malignancy where rapid weight loss required for planned therapy
- Urgent weight loss required for organ transplant
- Idiopathic intracranial hypertension requiring frequent lumbar puncture/or visual compromise
- Patient undergoing planned time-sensitive surgery for life-limiting condition, where high BMI is the primary barrier to surgery
- Weight loss required for assisted conception in women under the care of fertility services
- Obesity hypoventilation syndrome (OHS)

Current Diabetes Shortages

- **Tresiba 100units/ml FlexTouch Pen**
expected back end of 2024? [Local Guidance](#).



- **Fiasp 100units/ml FlexTouch Pen**
expected back September 2025 – [Local Guidance](#)



- **Insulatard InnoLet® 100units/ml disposable device**
Discontinued --> switch to alternative -

- **Levemir InnoLet® 100units/ml disposable device**
Discontinued --> switch to alternative



- **Injectable GLP1-RAs (semaglutide, dulaglutide, exenatide (disc.), liraglutide)**
expected back end of 2024? - [shortage support pack](#)

- Expect to see more oral semaglutide (Rybelsus®) and newer agent Tirzepatide (Mounjaro®)!
- administration, drug interactions and eye screening

New shortages/discontinuations

- **Levemir insulin all preparations (Stock until December 2026)**
 - FlexPen
 - EPACT data - 12,947 items in last 12 months
 - Penfill cartridges
 - EPACT data – 8,041 items in last 12 months
- **NovoRapid FlexTouch insulin (March 2025)**
 - EPACT data – 914 items in last 12 months
- **Insulatard Penfill insulin (all preparations) (March 2025)**
 - EPACT data – 2,339 items in last 12 months

Additional shortages.....?

[Medicines Supply Tool – SPS - Specialist Pharmacy Service](#)

[ADHD-medicines-shortages-info-for-primary-care-Oct-2023-FINAL.pdf \(selondonics.org\)](#)

[NPPG-Position-Statement-Pancreatic Enzyme Replacement Therapy PERT-V1.pdf](#)

Medicines Optimisation Resources Update

- SELnet is live!
- For primary care – your new source of information, updates and resources. [Click here to access this new resource.](#)
- The Healthcare Professionals section of the ICB website contains information for healthcare professionals working in south east London
 - [CESEL](#)
 - [SEL IMOC](#) (SEL Guidelines, Shared Care, Position Statements)
 - Childrens Health
 - [Community Pharmacy](#)
 - [Medicine Optimisation](#) (Greenwich)
 - QIPP plan, Clinical Matters, Local Guidelines



MIGRATION OF MICROGUIDE TO EOLAS MEDICAL

The **SEL Primary Care Antimicrobial Prescribing Guidelines** has migrated from the MicroGuide® platform to a new platform called Eolas (*pronounced oh-luss*) Medical®.

The guidelines on Eolas can be accessed **via an app** on phones and tablets (iOS and Android), as well as through a **desktop web browser**. In addition to hosting the **SEL Primary Care Antimicrobial Prescribing Guidelines**, Eolas Medical® offers a range of functionalities not previously available on Microguide®, including a knowledge base repository to other medical resources and guidelines such as the BNF, BNFC, NICE guidelines and other national guidance.

Please see poster for information on how to access the SEL primary care antimicrobial prescribing guidelines on Eolas Medical®

South East London (SEL) ICS
Primary Care Antimicrobial Prescribing Guidelines on **Eolas**



Get access now!

Step 1: Download the app
Search the app store for "Eolas Medical"



Step 2: Scan the QR Code
Scan the code after downloading the app to get access to your Space.



Need help getting access? email support@eolasmedical.com

QIPP Workplan 2024/25

Part 1: QIPP Indicators		Target	Baseline (Dec 22 -Nov 23)
Practices will be expected to complete all entry criteria in order to participate QIPP workplan			
1.	Self-Care or Over-the-Counter (OTC) Medicines - dry eyes/sore tired eyes	≤£258/1000 ASTRO-PU	
2.	Self-Care or Over-the-Counter (OTC) Medicines – mild dry skin/sunburn	≤£368/1000 ASTRO-PU	
3.	Self-Care or Over-the-Counter (OTC) Medicines - mild to moderate hay fever/allergic rhinitis	≤£400/1000 ASTRO-PU	
4.	Self-Care or Over-the-Counter (OTC) Medicines – vitamins and minerals	≤£468/1000 ASTRO-PU	
5.	Low Priority Prescribing	≤£283/1000 ASTRO-PU	
6.	Oral nutritional supplements (ONS)	≤£761/1000 ASTRO_PU	
7.	Cow's milk protein allergy (CMPA)	≥71%	%
8.	Excessive short-acting beta agonist (SABA)	≤23%	%
9.	Reducing course length of antimicrobial prescribing	≥75%	%
10.	Appropriate prescribing and supply of blood glucose testing strips	≥63%	%
Part 2: Quality Improvement Project			Baseline (Dec 22 -Nov 23)
1.	Tackling Inappropriate Polypharmacy/Overprescribing	Submit evidence of review for identified patients by 31/03/2025	%
2.	Implementation of national patient safety alerts (NatPSA) and medicines safety notification (MSN)		Alert Specific – Refer to Ardens Searches
3.	Unlicensed specials		£
Part 3: Good practice for management of high risk drugs			
1.	Warfarin Safety	Resources will be shared and discussed with practices to improve quality standards of prescribing high-risk drugs	
2.	Valproate Safety		

Resources

1. [SEL Integrated Medicines Optimisation Committee \(IMOC\)](#)
2. [Greenwich Medicines Optimisation Team Resources](#)
3. [Clinical Effectiveness SEL \(CESEL\)](#)
4. [Specialty Primary Care Guidelines](#)
5. [South East London Joint Medicines Formulary](#)
6. [PrescQIPP](#)
7. [Home | OpenPrescribing](#)
8. [Medicine Complete](#)
9. [NEWT Guidelines](#)
10. [MDCalc - Medical calculators, equations, scores, and guidelines](#)