

Enw'r Pwyllgor: Name of Sub-Committee:	Medicines Management Operational Group (MMOG)
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Subhamay Ghosh, Consultant Anaesthetist and Associate Medical Director for Quality and Safety
Cyfnod Adrodd: Reporting Period:	Meetings held 27 th September & 29 th November 2022
Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:	
<p>Approval of Guidelines that Impact on patient pathways and access to medicines. MMOG approved a number of guidelines and protocols that have a direct impact on patient care and the services that support our patients.</p> <p>Pilot use of elastomeric pumps by the Acute Response Team (ART) team in Pembrokeshire The Medicines Management Operational Group (MMOG) approved this pilot project where the Acute Response Team will deliver antibiotics by continuous infusion device changed once a day enabling the use of more narrow spectrum antibiotics to reduce the risk of C.diff infections and allow patients home sooner. This is aligned with Antimicrobial Guidelines and represent value based HealthCare. Patient outcomes will be assessed for impact and reported back to MMOG.</p> <p>Cardigan Same Day Urgent Care (SDUC) stocking morphine injection The approval of Cardigan SDUC stocking morphine injection to enable pain-control in patients waiting for transfer to other sites. Initially no morphine has been stocked on site, however it was identified that some patients were not receiving optimum pain relief while awaiting transfer to hospital. This has been considered and resolved with the approval of stock of a small amount of morphine injection. The necessary storage and record keeping requirements are in place. This will reduced the risk of a patient having to bear significant pain unnecessarily.</p> <p>SNAP (Acetylcysteine for paracetamol overdose) The approval of the adoption of the adapted Scottish & Newcastle guidelines for the administration of acetylcysteine infusion for the treatment of paracetamol overdose. This unlicensed regimen is included on the national TOXBASE database and reduces concentration of the infusions (reducing nausea and vomiting) while administering the same dose over 12 hours (rather than 21 hours). This potentially will save the life of an individual who is experiencing paracetamol overdose and while this has been available previously there is now appropriate guidance on use in place.</p> <p>Pharmacy and Medicines Optimisation Draft Strategy (Appendix A) The Pharmacy and Medicines Optimisation Strategy has been developed in close collaboration with the wider teams. It is based very much on the National Welsh Government endorsed vision for pharmacy. Pharmacy: Delivering a Healthier Wales, but with a local interpretation applied. The draft strategy has been considered in its early stages by MMOG and since then shared across the organisation informally for comment. Any comments received have been included in the final draft. It is anticipated that this will be approved at MMOG on 31st January before going for formal internal consultation. The strategy sets out high level goals for the next 5 years for the team to work towards. Each aim will be supported by Specific, Measurable, Achievable, Relevant and</p>	

Time-bound (SMART) measures as part of the developing implementation plan. Progress on this will be reported back through MMOG. The Committee is asked to feedback any comments.

Health and Care Standard 2.1 Managing Risk and Promoting Health and Safety: People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented

Health and Care Standard 2.6 Medicines Management: People receive medication for the correct reason, the right medication at the right dose and at the right time.

Risgiau:

Risks (include reference to Risk Register Reference):

Medicines Management Risk Register

The Medicines Management Operational Group agreed the following actions:

953 WDA and Home Office Controlled Drugs licence As the Wholesale Dealers Licence and Home Office Controlled Drugs Licence have been received this risk will be reviewed with a view to removal.

New Thrombosis Associated Risks

Lack of accessibility of Thrombosis guidelines

There is a risk that prescribers will not access up to date thrombosis guidelines as they are not currently available on an easy to access app. This will lead to an impact/effect on patients having inappropriate treatment which could cause harm to the patient, possible complaints and claims which will have an impact on the staff involved and the reputation of the Health Board.

Completion of Thromboprophylaxis Risk Assessments

Failure to complete and document the thromboprophylaxis risk assessment for all hospital inpatients may lead to failure to prescribe or inappropriate prescribing of thromboprophylaxis. This could lead to potential patient harm, complaints and claims. Claims may not be indemnified by the Welsh Risk Pool.

Health and Care Standard 2.1 Managing Risk and Promoting Health and Safety

Gwella Ansawdd:

Quality Improvement:

Significant achievements in the September & November 2022 meetings include:

Hormone Replacement Therapy Formulary

MMOG received and approved the first HDUHB formulary for hormone replacement therapy developed with Sexual Health and based on current British Menopause Society. This guidance will inform GPs and clinical teams and support patient access to these treatment options. It has been accompanied with training and education sessions through the medicines management teams 'Prescribing Leads' sessions with support of consultants from the service to increase awareness of the guidelines and improve access to HRT where appropriate.

Nicotine Replacement Therapy (NRT) Supply Procedure

This procedure has been agreed to improve access to NRT for patients on admission to the Mental Health and Learning Disabilities wards. This will have a positive impact on patient care through targeting those patients that are smokers leading to increased health risks. To support

patients and the public to give up smoking making treatment available for use when needed is essential.

Food Based Treatment Leaflets

These leaflets were approved and have been developed as part of a bigger project with Care Homes, wards and individuals to provide a training package so that food based interventions are used before oral nutritional supplements. This is a project led by the Medicines Management Dietetic Team to reduce the reliance on oral nutritional supplements (sip feeds) initially in care homes but will be implemented across the Health Board. The use of recipes to prepare tasty alternatives with similar nutritional content has been received positively to date. Monitoring and measuring impact is part of the project as it progresses.

Patient Safety

- **World Patient Safety Day Quiz Friday September 16th 2022** Successful stands were held on all sites and a wide range of staff engaged in activities designed to raise awareness of potential medication errors. Two themes have been identified from the World Patient Safety Day Quiz : allergies and calculations of drugs. The antimicrobial pharmacists are looking at taking the issue of 'allergies' forward as a part of their educational sessions.
- **Medicines Error Reporting Group (MERG) Exception Report**
Over 900 incidents per annum concerning medicines are submitted to Datix with the highest number noted in unscheduled care. (Audit Commission estimated 7000 medication doses administered daily in an average general hospital) The highest category of reports is 'non-administration'. A bulletin to staff about omitted doses has been circulated to staff. Targeted information has also been prepared to help Agency staff.

Health and Care Standard 2.6 Medicines Management

Health and Care Standard 3.1 Safe and Clinically Effective Care: Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

Argymhelliad:

Recommendation:

QSEC is requested to note the content of the Medicines Management Operational update report.

QSEC members are asked to feedback comment on the strategy.

Dyddiad y Cyfarfod Pwyllgor Nesaf:

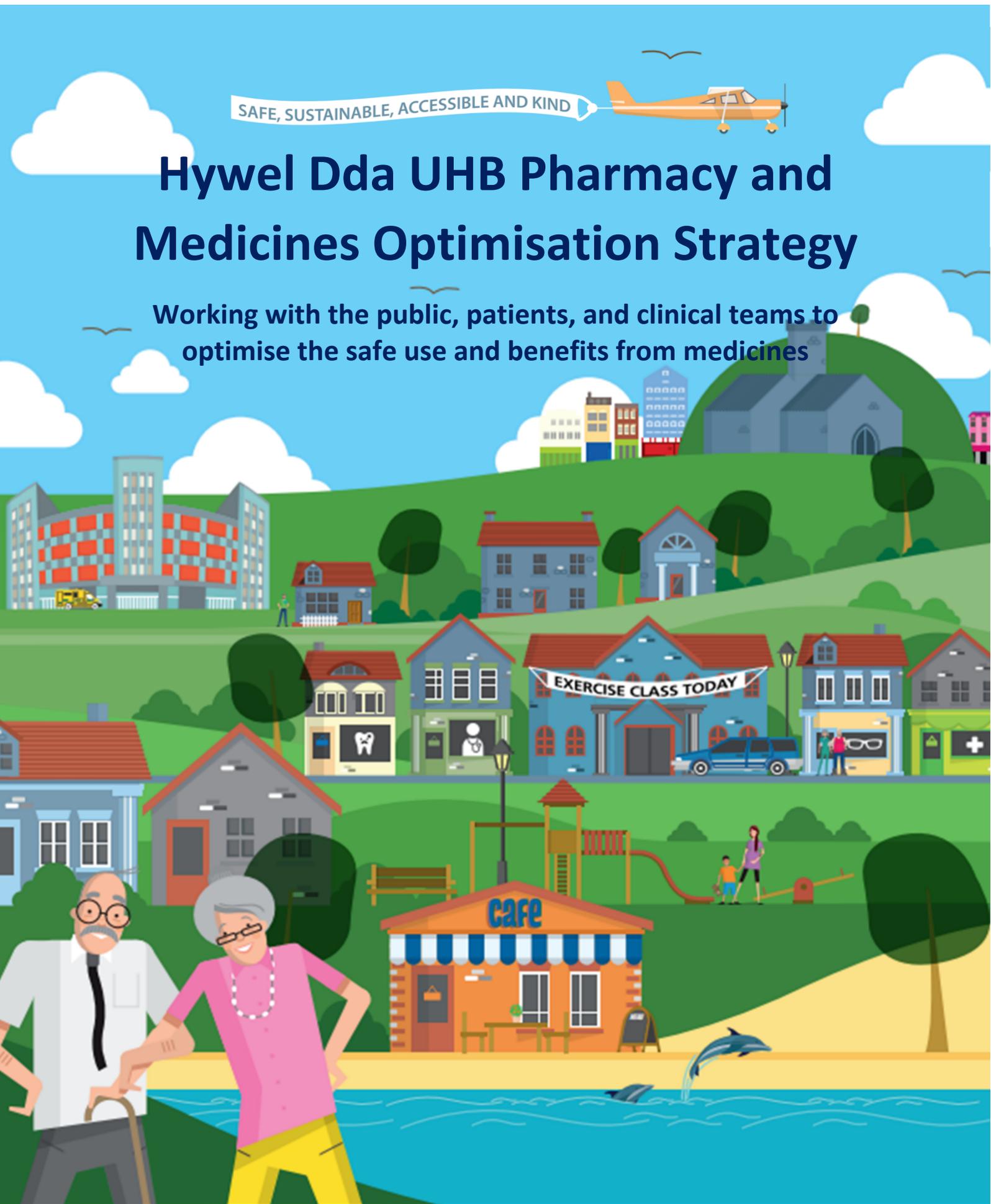
Date of Next Medicines Management Operational Group:

31st January 2023

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND

Hywel Dda UHB Pharmacy and Medicines Optimisation Strategy

Working with the public, patients, and clinical teams to optimise the safe use and benefits from medicines



Contents	Page
Executive Summary	3
Introduction	4
Background	5
The Themes	
Theme 1: Enhancing Patient Experience	8
Theme 2: Developing the Pharmacy Workforce	10
Theme 3: Seamless Pharmaceutical Care	12
Theme 4: Harnessing Innovation and Technology	14
Theme 5: Use of Resources: Value Based Healthcare	17
Appendices	
A. Implementation & Monitoring Plan	19

Executive Summary

Medicines remain the most common intervention undertaken across the NHS, with over 10 million items being prescribed every year within Hywel Dda UHB in primary care alone. Add to this the increasing complexity of treatment options for conditions such as cancer, and the advance of genomics and advanced therapy medicinal products, optimising the use of medicines has never been more important. Medicines Optimisation focuses on value-based healthcare, in order to maximise the benefits, and reduce the risk of medicine related harm to patients. This is a balance between cost efficiencies, patient preferences and outcomes looking through the lens of a whole system rather than each element in isolation.

Increasingly, there are opportunities for pharmacy teams to influence at the point of prescribing, enhanced with higher number of independent prescribers and individuals fully integrated within multi-professional teams across all sectors of care. It is vital we grasp the opportunities to work across the pharmaceutical pathway, to enable the service to wrap around our patients aligned to the Health Board's Clinical Strategy of delivering care closer to home, where appropriate.

To enable pharmacy to progress in delivering improved services, with our patients at the centre, this strategy outlines the approach with a focus on five key themes, aligned to Pharmacy: Delivering a Healthier Wales document:

- Theme 1: Enhancing Patient Experience
- Theme 2: Developing the Pharmacy Workforce
- Theme 3: Seamless Pharmaceutical Care
- Theme 4: Harnessing Innovation and Technology
- Theme 5: Use of Resources: Value Based Healthcare

Through delivery of key objectives within each of these themes, pharmacy will ensure better outcomes, experience and pharmaceutical services for our patients. This will be achieved by focusing on patient safety and reducing the risk of medicines related harm through medicines optimisation supported by a highly skilled, agile and positive workforce, we will deliver high quality pharmaceutical care for our patients.

This document outlines the strategic intent and objectives for the next 3-5 years for Hywel Dda UHB

Introduction

Delivering a Healthier Mid and West Wales

Hywel Dda UHB in 2018-19 undertook the first steps to the delivery of a healthcare system that meets the needs of our population. This was a wide-reaching consultation and resulted in the Health Boards Strategic Document: Delivery a Healthier Mid and West Wales. That can be found on the Health Board's website:

<http://www.wales.nhs.uk/sitesplus/documents/862/A%20Healthier%20Mid%20and%20West%20Wales%20FINAL%20amended%20-%202028.11.18.pdf>

This document outlines the direction of travel for the Health Board, moving services into community and focusing on the delivery of high-quality specialist care through a new hospital site. Two of the four district general hospitals will be re-purposed to provide services to patients nearer their homes supported by community hubs and strengthening primary care services. The focus of Teulu Jones and the impact on how they access pharmacy and medicines optimisation services is a key theme running through this strategy.

Pharmacy and Medicines Optimisation services stretch across the patient pathway; prevention and provision of services by Community Pharmacy; working as part of multi-professional teams in community and primary care to provide expert knowledge on all issues relating to medicines; ward-based pharmacy services and specialised areas in acute sites. In addition, pharmacy provides a highly specialist technical service for patients providing timely access to highly complex treatments for chemotherapy.

It is essential that the services provided by pharmacy across the spectrum support the delivery of high-quality patient care wherever patients may need to access their care, and that the skills of the whole pharmacy team are embedded to release clinical capacity and influence decisions at the point of prescribing.

Significant changes to both undergraduate and post graduate pharmacy education, promoting multisector training will allow the development of pharmacy teams that have a broad understanding of the whole system for our patients. This will have a significant impact on the way we provide and develop our services and work force to meet the needs of our patients in the coming years.

The Pharmacy profession has its own 10-year vision document: *Pharmacy: Delivering a Healthier Wales* developed by the profession through the Royal Pharmaceutical Society (Wales) and the Welsh Pharmacy Committee with Welsh Government endorsement. This document had recently been updated to reflect the impact of Covid-19 on how we deliver our services.

[Pharmacy Vision.indd \(rpharms.com\)](#)

The Health Board's Pharmacy and Medicines Optimisation strategy provides the vision and direction for Hywel Dda UHB aligned to these two key strategies for the delivery of high-quality pharmacy services and medicines optimisation.

In addition, this strategy has been informed by other key national documents that will transform our services.

- a) Welsh Government Policy Document Six Goals for Urgent and Emergency Care, providing a focus on key priority areas that will improve patient care:

[Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 \(gov.wales\)](#)

- b) The new Pharmacy Contract document, Presgripsiwn Newydd, which sets out the will to move to delivery of clinical services through our Community Pharmacy work force supporting patients closer to home in their own community.

[Presgripsiwn Newydd - A New Prescription \(gov.wales\)](#)

- c) The recently published Transforming and Modernising planned care and reducing waiting lists where optimising patient flow is a key element of improvement.

[Transforming and modernising planned care and reducing waiting lists | GOV.WALES](#)

Alongside these national documents, there is the Health Board's response to the National Digital and Decarbonisation strategies, as well as the Health Board's Value Based Health Care and Palliative Care and End of Life Strategy, that has been taken into account

[Digital Service Team - Digital Response 2021 v3 .pdf - All Documents \(sharepoint.com\)](#)

[Value Based Health Care - HDUHB VBHC Strategy 2022-2025.pdf - All Documents \(sharepoint.com\)](#)

There are currently two reviews relating to pharmacy services that will publish towards the end of 2022/23. The first a review of independent prescribing and the role of pharmacy, with a focus on development pathways in anticipation that all newly qualified pharmacists will be 'prescriber ready' in 2026. The second, Welsh Government are commissioning a review of Pharmacy Services in the Acute Sector that will inform future service provision and look to optimise patient flow.

Due to the relatively close publication, the recommendations from both reviews will be incorporated into this document following a re-refresh within 12 months of approval of the strategy to ensure alignment.

Background

Pharmacy and medicines optimisation is a key driver for patient care and safety through a value-based healthcare approach across the Health Board.

This strategy sets out the five-year vision for pharmacy within HD UHB, underpinned and fully aligned to the vision for Pharmacy across NHS Wales.

Within this document are five overarching themes, under which sit twenty goals identified to support delivery of the vision, the themes are:

- Enhancing Patient Experience
- Developing the Pharmacy Workforce
- Seamless Pharmaceutical Care
- Harnessing Innovation and Technology
- Use of Resources: Value Based Healthcare

Delivery of high-quality patient care is central to all the pharmacy team across the Health Board. Improving and developing ways in which we can better patient outcomes and experience continues to be the focus of all we do within the service, regardless of where that care may take place. The safe and effective use of medicines and encouraging patients to better understand and manage their own needs supports the direction of travel for our patients across the Health Board.

In 2020-21, expenditure on medicines alone was over £100M across primary and acute, with primary care prescribing accounting for around two thirds of the expenditure. Over the past 5-10 years the costs have been contained and driven down in primary care, while expenditure in the secondary care sector with the advent of highly specialist medicines continues to increase at a rate of 10-15% each year, oncology medicines (not exclusively) being the main drivers. This increases the pressure to ensure that medicines are managed effectively and risk of harm to patients is minimised across the sectors.

Value Based Healthcare is at the heart of high-quality pharmaceutical care and there is a need to recognise that expenditure on medicines will reap benefits in other areas of the Health systems as patients are able to stay at home for longer and rely less on the specialist hospital services. As a result of this there is growing demands for the management of chronic conditions in community with the resulting management of polypharmacy, as key area of focus for pharmacy professionals to address. Increasing number of pharmacists and pharmacy technicians in GP practice with a focus on clinical interventions through detailed medication reviews and review of systems and processes rather than costs and switches will lead to safer and more effective value-based healthcare.

National initiatives such as Transforming Access to Medicines (TrAMS) are essential to NHS Wales to deliver value for money with provision of highly complex and ready to administer medicines for our patients.

Review of the current prescribing trends across Hywel Dda UHB highlight some key disease areas that the Health Board is demonstrating a high variation in practice and higher than average levels of prescribing, therefore a more focused approach to ensure value-based healthcare is evident,

The All-Wales Medicines Strategy Group (AWMSG) publishes National Prescribing Indicators, providing a mix of efficiency and patient safety indicators to drive through improvements.

Improvement in the achievement of these indicators remains an important element to enable the Health Board to demonstrate quality and assurance across primary care prescribing. These form the focus of much of the patient safety agenda for pharmacy teams, working across professions to reduce the risk of harm.

Pharmacy makes up a very small proportion of the workforce within Hywel Dda accounting for less than 2%. The ability and growing influence that pharmacy has on patient education, collaboration and decision making for prescribing choices, impacts significantly on patient outcomes. Pharmacy providing advice and support early on in the therapeutic pathway not only improves efficiencies within whole systems approach, it maximises the strengths of the skill set and potentially reduces harm to patients through appropriate choices early on the patient pathway, at the point of prescribing using their expertise.

The Vision

This strategy sets out the vision for pharmacy across Hywel Dda UHB for the next five years. There are the four key pillars, aligned to Pharmacy: Delivery a Healthier Wales, outlining the aims in and key targets within each of these pillars, in addition to a focus on decarbonisation and value-based healthcare.

Working with the public, patients, and clinical teams to optimise the safe use and benefits from medicines



Theme 1: Enhancing Patient Experience

The pharmacy team are the experts in the management of medicines, and hence it is appropriate to utilise these skills in the decision-making process with both patients and health care colleagues to improve the safe and effective use of medicines. Putting patients at the centre of care is a key focal area of both the Health Board Clinical Strategy and

Pharmacy. It is essential that the pharmacy teams have the skills and confidence to provide patients with information in appropriate formats, including apps, to maximise the benefits from medicines.

The development of clinical services through Community Pharmacy will increase access for our patients to a health professional, with the appropriate skills, to support them to manage their medicines locally, avoiding a GP or A&E attendances. It is vital these continue to develop as part of a whole system approach to patient care. Increasing awareness across both healthcare professionals (HCP) and patients on these developing services and how to best access is required to ensure maximum benefit.

Ensuring key pathways are fully supported within medicines such as palliative care and end of life where patients, and their families, deserve compassionate and joined up services to enable quick and appropriate access to their medicines and pharmaceutical support as part of multi-professional seamless teams. Admissions associated with medicines related harm account for up to 6.5%¹ of admissions therefore implementation of proactive initiatives to reduce harm, such as achievement of the National Prescribing Safety Indicators is important.

To continue to develop services for our patients, quality improvement and research lends to patient focused approach in the development of our services.

Key Strategic Goals

We will

- 1. Support pharmacy teams to make every contact with a patient count.**
- 2. Deliver services that focus on the needs of the individual, tackling health inequalities and ensuring a sustainable health care service for today's citizens as well as for future generations**
- 3. Enhance patient experience in national clinical priority areas, ensuring pharmacy services are focused on improving outcomes**
- 4. Strengthen the research and quality improvement practice of all pharmacy professionals ensuring a focus on patient outcomes**

We will achieve this through

Building on services available through pharmacy ensuring patients are aware of the services they can access across Hywel Dda UHB

1. Streamline patient pharmaceutical pathways to ensure timely access to care through collaborative working between pharmacy and appropriate health, social care and third sector services, in particular supporting palliative and end of life care.
2. Embed and implement best practice to achieve the National Prescribing Safety Indicators developed by the All-Wales Medicines Strategy Group (AWMSG)

¹ Pirmohamed M, James S, Meakin S, et al. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18 820 patients. *BMJ* 2004;329:15–19. doi:10.1136/bmj.329.7456.15 pmid: <http://www.ncbi.nlm.nih.gov/pubmed/15231615> <https://www.bmj.com/content/329/7456/15>

3. Develop health and digital literacy resources to equip pharmacy teams with skills and confidence to support individuals to understand more about their medicines, health and wellbeing and empower patients to take control of the management of their conditions
4. Embed quality improvement and research into everyday practice to drive through improved patient care and outcomes

Measures

By 2025

1. Health Board wide awareness campaign for patients and HCP on services provided through pharmacy
2. 50% of GP practices will have their own pharmacist/pharmacy technician embedded in their practice
3. Adopt and implement the professional standards for delivery of palliative and end of life care
4. All pharmacy teams will be Dementia friends (95%)
5. Demonstrate improvement in all national prescribing safety indicators and achievement of National Prescribing Indicators for antibiotics and pain
6. Completion of an e-learning programmes on health literacy (95%)
7. Increase peer reviewed research across Hywel Dda pharmacy teams by 10%

Impact on Teulu Jones

Access to healthcare through their local community pharmacy, working in collaboration alongside their GP practice to reduce need to see GP and/or attend A&E e.g. common ailments support, triage and treat. Treatment can be sought outside of the GP open hours and no appointment needed therefore making it more accessible and closer to home.

Effective signposting and support for family members to access wrap around service locally to meet their needs as much as possible. If admitted to hospital, they will be able to speak to someone about their medication and agree in collaboration on appropriate options to enhance the benefit they get from prescribed medicines.

If prescribed medication for a chronic condition, their medication will be reviewed and adjusted, in collaboration with themselves to optimise the benefits. This medication review may be undertaken by their local community pharmacy or pharmacy team attached to their GP practice or one of the Health Board team, but the outcome will be the same and appropriately shared with the relevant clinical teams.

Theme 2: Developing the Workforce

Fundamental to any improvement in medicines optimisation and the delivery of pharmaceutical care is the availability of a highly skilled and agile workforce. This will lead to a stable and sustainable workforce through high recruitment and retention levels, increasing the opportunities to improve patient outcomes.

Changes to the foundation and post foundation pharmacist posts to a multi-sector approach, along with the multi-sector pharmacy technician course will deliver a workforce that has a broad understanding and working knowledge of all elements of the patient pharmaceutical pathways across Wales. The recently established School of Pharmacy at Swansea University, supporting collaborative working, will provide opportunities to continue to develop and establish strong teacher practitioner and research posts.

Ensuring that all the Pharmacy team have access to appropriate training and identifying the opportunities to further develop a wide role, including independent prescribing, is essential to ensure care is wrapped around individuals to provide the best outcomes for that individual.

The positive impact of a pharmacist/pharmacy technician when included as part of the multi-professional approach on therapeutic choices and release of capacity of medical and nursing colleagues is now well established in a range of services and it is essential to further develop these roles, providing opportunities to increase clinical expertise and leadership skills.

A workforce strategy specifically for pharmacy focusing on key elements around recruitment and retention, education and retention, succession planning, leadership both managerial and clinical, will support the Health Board ability to deliver a learning and 'grow your own' approach for all the pharmacy team aligned to early years training

Key Strategic Goals

We will

- 5. Create an engaging work culture where leadership is empowered at all levels, wellbeing is prioritised and supporting each other in learning and development becomes the norm**
- 6. Increase the understanding of pharmacy practice in all settings for early career pharmacy professionals through a multi-sector approach**
- 7. Enhance services available to patients by increasing capacity and consistency of skills within pharmacy teams, utilising the skills of independent prescribers across the sectors.**
- 8. Establish the role of consultant pharmacists to provide leadership on clinical priority areas within Hywel Dda UHB**

This will be achieved through

1. Provide opportunities to all pharmacy employers to access non-clinical training, including leadership course and active well-being sessions
2. Create quality training sites within Hywel Dda UHB providing pre and post registration placements for Pharmacy professionals

3. Develop career pathway in collaboration with the Health Board Workforce Colleagues, RPS, Gwella and HEIW for pharmacy members working within Hywel Dda UHB from pre-foundation training to advance practice and to consultant level as appropriate
4. Develop an approach to ensure flexibility to train and time to mentor are embedded in work plans
5. Embed and develop the multisector approach of the cross-sector pharmacist and pharmacy technician training posts to maximise the benefit to patient pathways
6. Work with all healthcare professions to establish learning and training frameworks to meet the needs of medicines learning for all HCP
7. Ensure skills and knowledge is maintained across sectors to support continuity of services for patients across the Health Board and embedded within multi-professional teams, focused on improving patient outcomes

Measures

By 2025

1. All pharmacist and pharmacy technician pre-foundation and foundation roles will be multi-sector
2. A minimum of two consultant pharmacist roles in Hywel Dda UHB
3. Training hub established in Hywel Dda UHB
4. Jointly funded teacher practitioner posts with HEI
5. Provide training and education for Medical and Nursing Students and other healthcare professional building excellent working relationships and reducing the risk of medicines related harm where there is capacity
6. Number of pharmacy staff accessing leadership development
7. All patient facing pharmacists in the managed sector will be actively prescribing

Impact on Teulu Jones

By growing our own team of pharmacy staff there will be access to pharmacy services including extended and specialist services when and where needed. This will allow Teulu Jones to avoid visits to A&E and GP appointments, providing local and timely care.

A member of Teulu Jones family will have the confidence that when they see a pharmacist or pharmacy technician for management of their condition or seeking advice, that they are receiving a high-quality service as part of a whole system approach to their care.

Theme 3: Seamless Pharmaceutical Care

It is essential that the pharmaceutical care pathway for any individual is seamless across sites, sectors and organisations to support appropriate, accurate and timely access to medicines.

While cross sector working has improved with increased understanding of each sector, their specific pressures and needs, there is much more to be implemented to ensure that people within Hywel Dda UHB receive seamless pharmaceutical care.

The development of services such as Pharmacy Technician Administration, Medicines reconciliation, Pharmacy Led Discharge and Pharmacy becoming an established member of the ward level Board round will support optimising patient flow through the hospital and support effective discharge planning.

Seamless, cross sector, including Social Care, pharmaceutical pathways become more important with higher number of patients, with ever increasing complex medicine regimens, being managed safely in their own home with the right support around them. Pharmacy teams have a vital role in supporting patient and colleagues in achieving this aim.

The development of independent prescribers, increased presence of pharmacy as part of multi-professional clinical teams allows pharmacy to influence prescribing choices, increase patient access in community, release medical capacity and ensure that there is accurate and timely sharing of information of a patient's medication across sectors.

Key Strategic Goals

We will

9. **Increase patient access to pharmacist independent prescribers, ensuring the expertise of Pharmacy Independent Prescribers (PIP) are fully utilised across all care settings**
10. **Optimise the use of medicines and minimise the risk of medication related harm for scheduled care as patients transfer between care settings**
11. **Establish direct referral systems to and from within pharmacy services , improving efficiencies in service delivery**
12. **Continue Transforming Access to Medicines (TrAMS) to the most innovative and life-saving medicines including cancer therapies, intravenous antibiotics and parenteral nutrition for patients in Hywel Dda UHB**
13. **Identity and deliver a patient centred approach to reduce the Health Boards carbon footprint where possible through appropriate prescribing choices.**

We will achieve this through

1. Develop Models of care for PIPs to support & optimise patient care within defined scope of practice
2. Develop Technician led services to reform medicines admission for planned care and release clinical pharmacy capacity to support optimising patient flow
3. Collaboration and communications between settings to ensure safe transfer of information in medicines through use of Discharge Medicines Review uptake
4. Prioritise patient that are most at risk through high-risk medicines, complex regimes and narrow therapeutic indexes and additional monitoring
5. Utilise technology to develop digital solutions to improve patient care

6. Deliver high quality pharmaceutical care across the interfaces through collaboration of primary, secondary, community and social care partners to support individuals in their own homes (including care homes)
7. Patient centred approach to optimise inhaler use, focusing on a reduction in the over reliance of reliever inhaler where're possible and emphasising the importance of inhaler specific disposal and recycling and offer, where clinically appropriate to reduce the use of high carbon footprint inhaler types.

Measures

- Development of PIP formulary for community pharmacy and framework for delivery of enhanced services
- 80% Technician led medicines reconciliation to release pharmacist's clinical capacity to optimise patient flow
- Increased number of Discharge Medicine Reviews undertaken by Community Pharmacy
- Increase in the number of patients supported by Domiciliary Care Workers utilising the Medication Administration Record service
- Number of patients (and interventions) reviewed within the Same Day Emergency Care (SDEC) units
- Increased uptake of products procured through the TrAMS network
- Reduce the usage of monitored dose inhalers to 50% or below as percentage of all inhalers

Impact on Teulu Jones

To ensure that if any member of the family is admitted to hospital, they can be confident their medication information is efficiently and safely transferred to GP and Community Pharmacy, and if follow up is required then this can be supported through the community pharmacy and medicines optimisation teams.



Theme 4: Harnessing innovation and Technology

Covid 19 has taught us all that the use of technology can support and transform the way in which we work. This needs to be grasped and built on to really develop and embed system that support high quality patient care. We've seen the development of remote consultations and the increasing use of Apps to provide access to current and timely information to inform clinical decision-making process.

Coupled with this there is a need to progress the digital applications to the delivery of a transformational hospital e-prescribing pharmacy and medicines administration system. This will reduce the risk of harm from medicines to patients, increase timely access and support seamless care across sites and sectors for the benefit of patients. It will also provide improve governance and audit on the use of medicines across Wales.

Key Strategic Goals

We will

- 13. Implement electronic prescribing solutions across all pharmacy settings, including supporting patients to access pharmacy services through the NHS Wales app**
- 14. Ensure medication related incidents are reported and actioned to improve patient safety**
- 15. Increase capacity for pharmacy professionals to spend on patient facing activity by introducing efficiencies in the dispensing of medicines**
- 16. Embed elements of a medicine genomics plan into pharmacy practice**
- 17. Explore methods of minimising gas wastage and technologies to capture expelled gases**
- 18. Support existing working groups to raise awareness of the carbon impact of medical gases and transition to a culture where gases of low global warming potentials are prioritised**

We will achieve this through

1. Implementing and supporting the digital transformation agenda set out by Welsh Government
2. Support the use of the NHS app for improved access for patients to manage their medicines
3. Embed a culture of openness & transparency to learn from incidents and share good practice to reduce the risk of medicines related harm to our patients in collaboration with the Medication Safety Officers network
4. Reduce risk of medicines related harm through reducing the preparation of high-risk medicines at ward level
5. Develop pharmacogenomics expertise within the Health Board pharmacy team to support colleagues in developing an approach to improve patient care

Measures

1. Support the implementation of ePMA across Hywel Dda UHB and move to a paperless service
2. Utilise patient apps to support the delivery of high-quality healthcare
3. Increase the use of MedOptimise digital platform to record clinical interventions, support clinical decision making, analyse prescribing and support analysis of efficiency savings

4. Collaborate with Local Authorities to encourage improved health care outcomes in care home and domiciliary settings through automated or smart compliance aids
5. Utilisation of the Guideline App, such as Microguide, to host easily accessible clinical guidelines such as the antimicrobial guidelines and good prescribing guidelines accessible in secondary and primary care will promote evidence based prescribing
6. Pharmacy teams will develop quality assured Artificial Intelligence technologies focusing on medicines support. This system will be kept up to date and evidence based
7. Fully implement DERS across all sites with rolling maintenance schedule in place

Impact on Teulu Jones

If any member of the family is admitted into hospital the implementation of ePMA will improve their safety due to reduction in medication prescribing and administration errors. There will be an overall reduction in the time taken to prescribe, check, supply administer medication to them. If, during their admission they required intravenous medication the introduction of the space plus smart infusion pumps would ensure that the medication is administered accurately and safely.

The Choose Pharmacy platform facilitates the transfer of information from hospital to community pharmacy. The community pharmacy will be able to perform a Discharge Medicine Review, ensuring that changes to medication are implemented.

Joining the NHS application will give opportunities to take control of their own health, ordering their repeat prescriptions using their mobile phone or computer. This will remove the need for either the individual to order their repeat medication by ticking what they want on their paper copy or the need for the community pharmacist to order their medication on their behalf.

Assistive technologies, wellbeing apps and monitors will encourage individuals to promote their own wellbeing and enable pharmacists and pharmacy technicians to use the data to optimise their pharmaceutical care.

The appropriate use of smart compliance aids would allow continued independence at home and delay the or even prevent the need to involve external help from caregivers.

Theme 5: Value Based Healthcare

While value-based healthcare is threaded through out the work of pharmacy and medicines optimisation teams, this has been developed under a separate heading to provide a focus on both the value of medicines and the appropriate use of resources.

Value-based healthcare encourages us to focus on meeting the goals of our patients and to help manage expectations throughout their care or treatment. Improving how patients are

involved in decision making using the best evidence to hand, avoiding any unnecessary variation in care and becoming more creative to determine where the resources we have are best spent for improved patient outcomes.

In medicines management, this may mean that a higher cost formulation or drug is preferred, but the benefits, patient experience and outcomes more than justify these choices. It is not always the least expensive option that is the best option.

However, it is essential that where appropriate the NHS and Hywel Dda UHB, maximise the use of our resources. With the development of the TrAMS and Homecare services, there are opportunities to improve efficiencies, some of these are direct cost reductions, and others will release capacity within clinical teams

Key Strategic Goals

We will

- 18. Reduce variation in prescribing across GP practices across Hywel Dda UHB**
- 19. Develop a programme of work that will promote healthcare professionals undertaking activities that only they can do**
- 20. Maximise the opportunities provided through the Transforming Access to Medicines initiative**
- 21. Focus on key high prescribing volume areas such as diabetes, pain, respiratory and heart failure to improve patient outcomes**

We will achieve this through

1. Targeting AWMSG indicators to reduce variations across all indicators with a focus on high volume areas e.g. diabetes, respiratory, heart failure, antimicrobial stewardship and pain management
2. Release capacity in community pharmacy through implementation of national and local initiatives
3. Implement initiatives such as GF and SIP feed to reduce impact on Community Pharmacy
4. Release clinical capacity through increased use of ready to administer medicines in the acute setting supported by TrAMS
5. Identify opportunities to increase recycling of medicine packaging
6. Maximise the use of Microsoft Teams and similar technologies to reduce the need for travel
7. Utilise technology to move to a paperless service

Measures

1. 50% of practices achieving all indicators
2. Implementation of GF
3. Implementation of Food First

4. Reduction in prescription items as result of increased prescribing intervals (as appropriate)
5. Increase the use of SGLT2 (Dapagliflozin) in the treatment of Heart Failure align to the four pillars of care.
6. Reduce the use of nitrous oxide used within the Health Board
7. Develop options to recycle waste from medicine packaging
8. Encourage a reduction in travelling across the Health Board to reduce carbon footprint

Impact on Teulu Jones

Any member of the family can be confident that their care and medicines choices will be the best one for them, as well as delivering value for money for the NHS. By utilising resources as best we can, this will mean that existing services can be maintained and developed. This in turn will allow provision of a wider range of services local to the family.



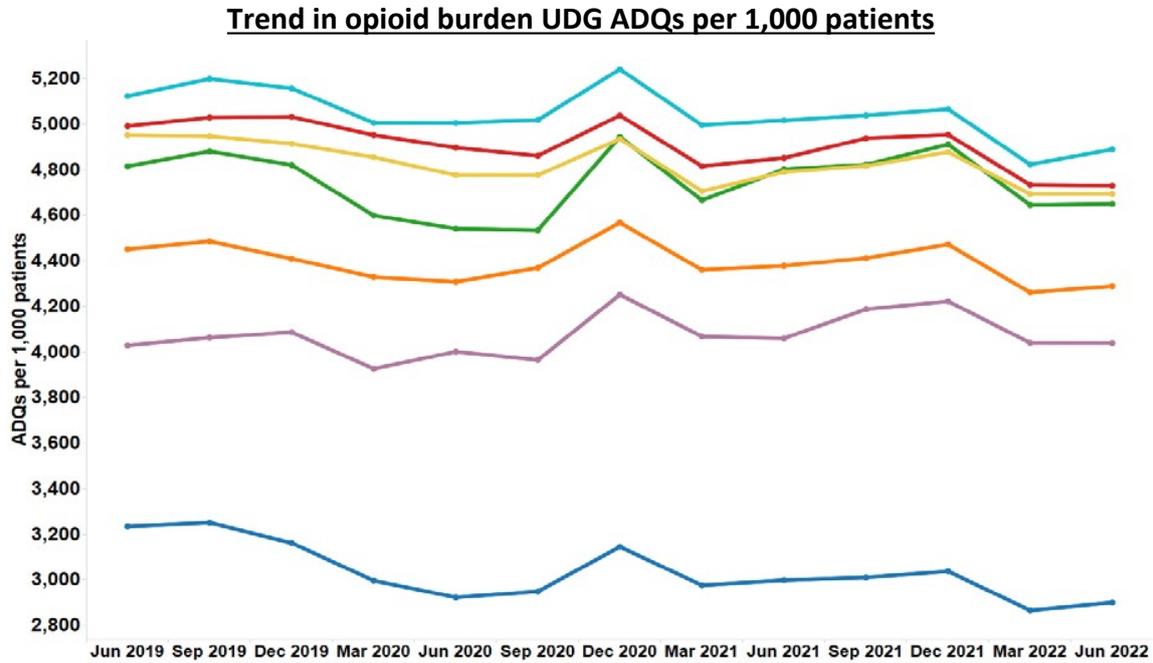
Appendix 1 –

AWTTC National Prescribing Indicators 2022-23

Priority Areas.

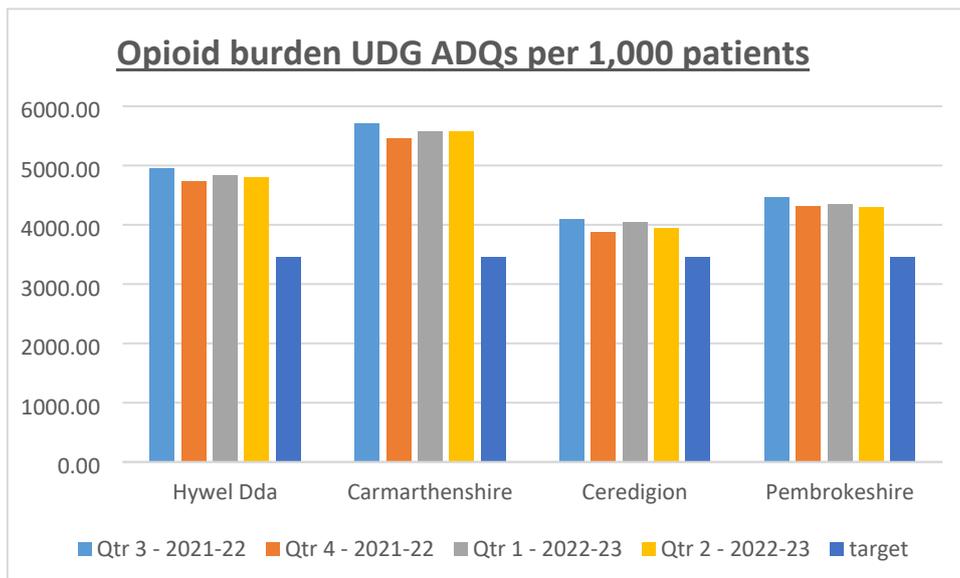
1.1 Analgesics,

1.1.1 Opioid Burden

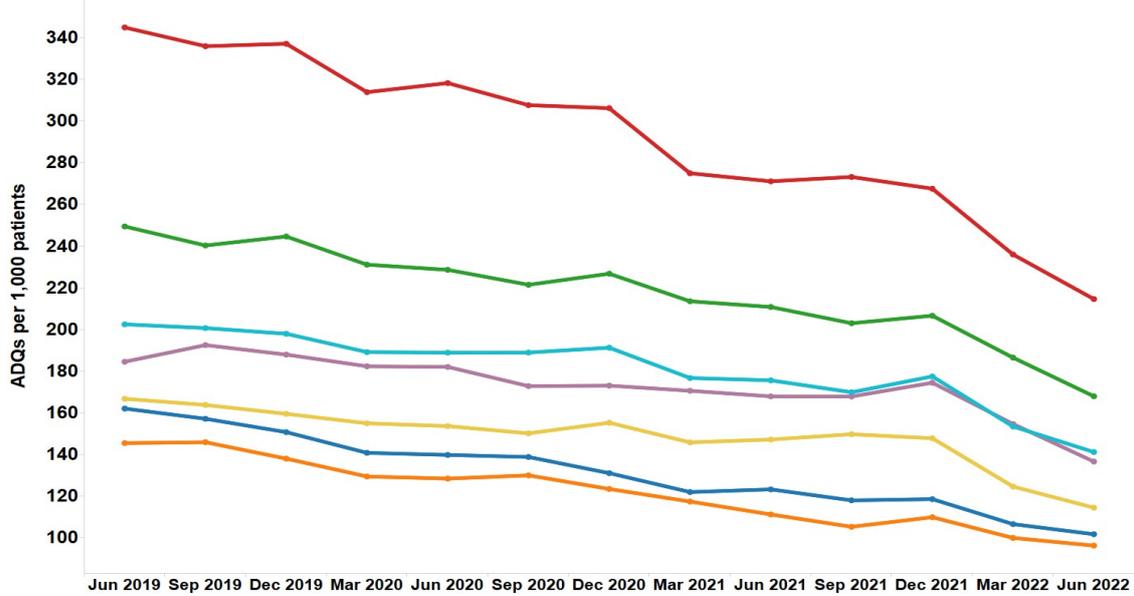


Health Board

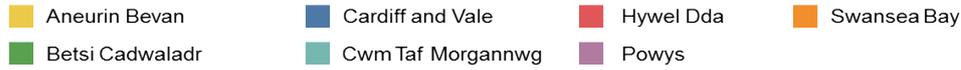
- Aneurin Bevan
- Cardiff and Vale
- Hywel Dda
- Swansea Bay
- Betsi Cadwaladr
- Cwm Taf Morgannwg
- Powys



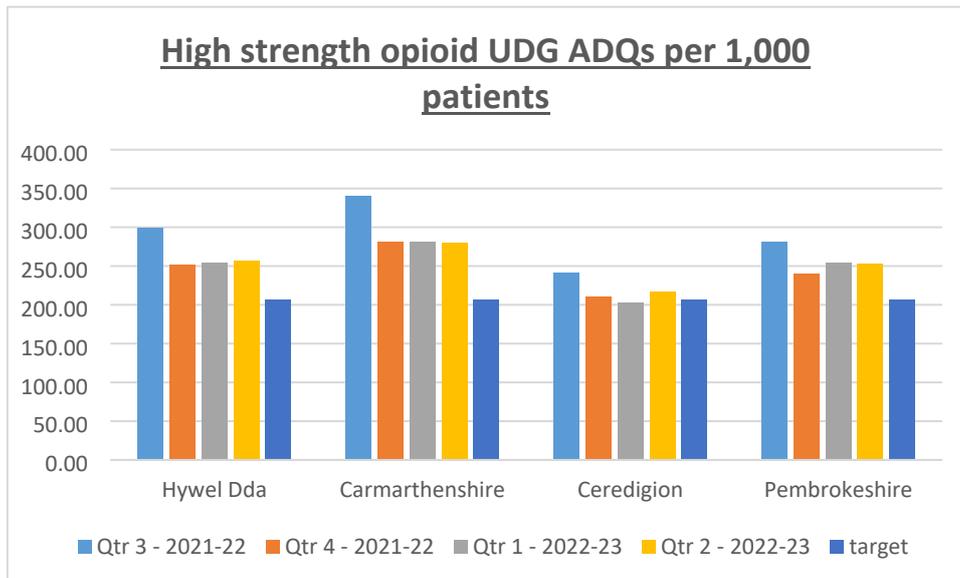
Trend in high strength opioid UDG ADQs per 1,000 patients



Health Board

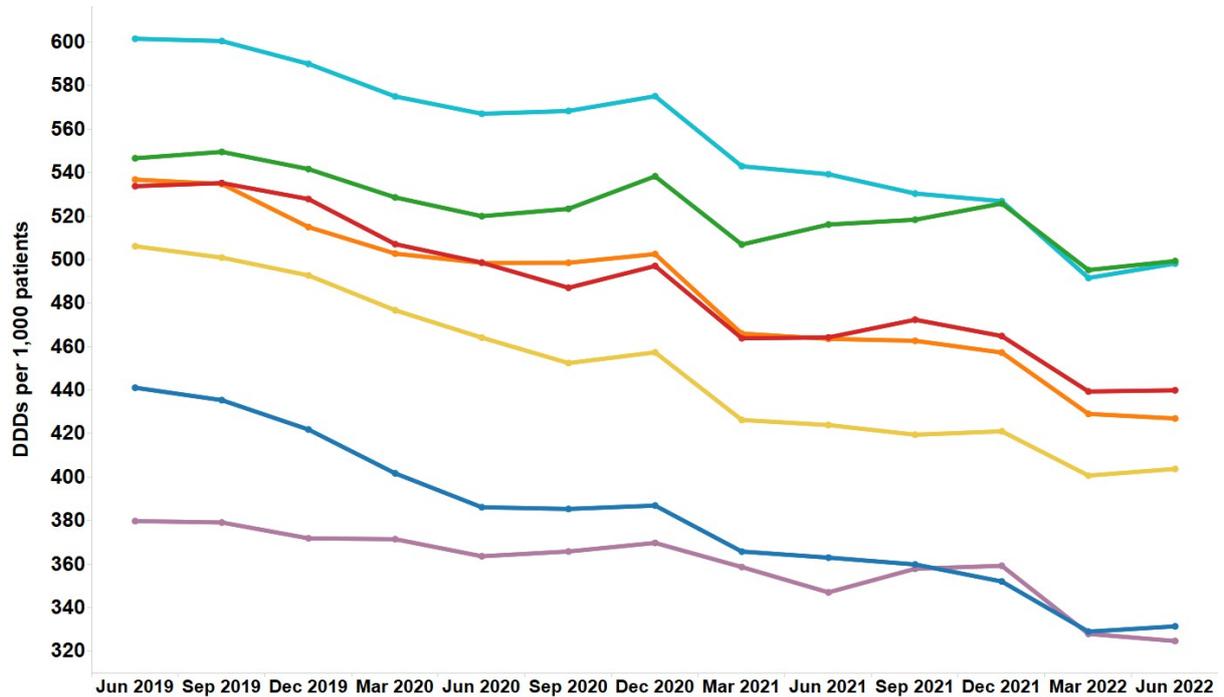


High strength opioid UDG ADQs per 1,000 patients



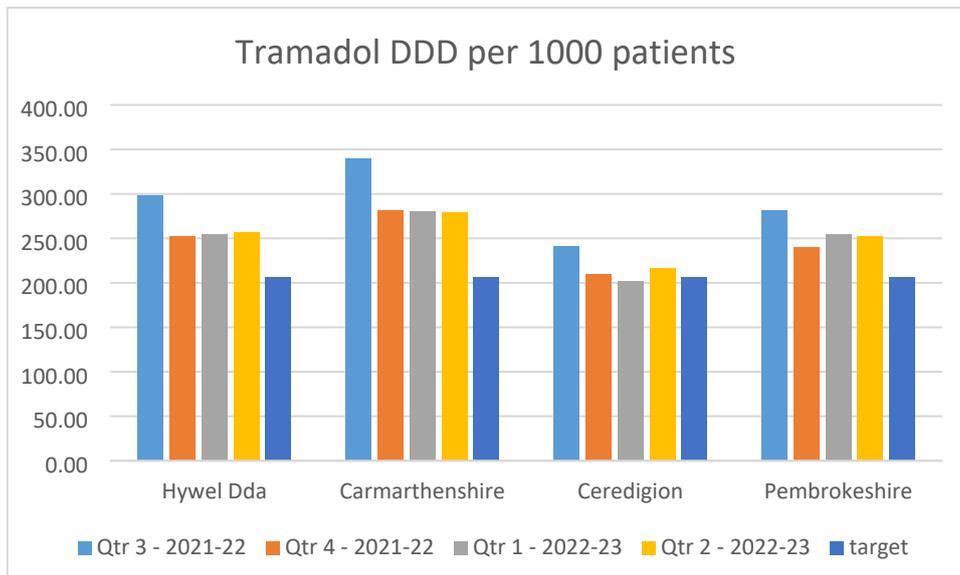
1.2 Tramadol

Trend in tramadol prescribing DDDs per 1,000 patients



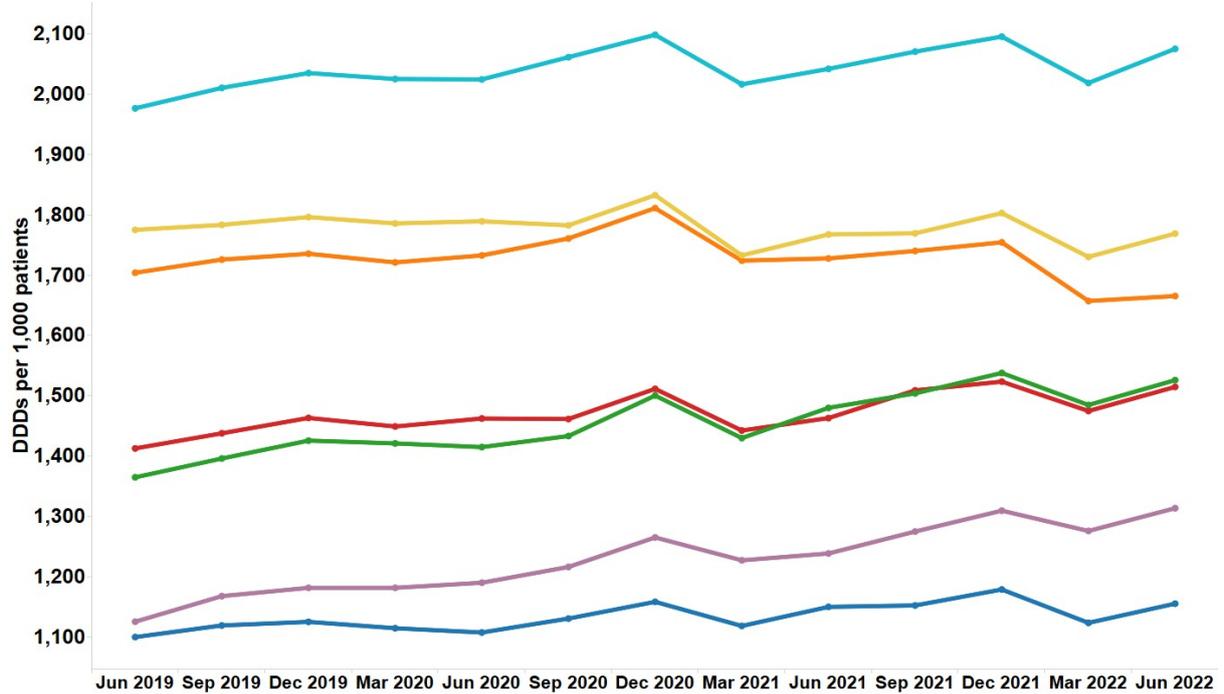
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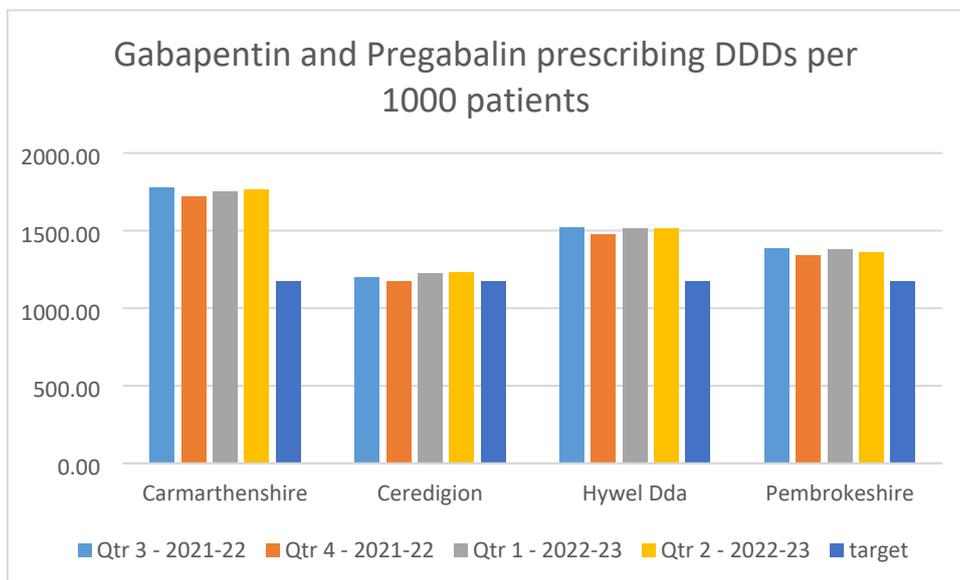
1.1.3 Gabapentin and Pregabalin

Trend in gabapentin and pregabalin prescribing DDDs per 1,000 patients



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1.2 Anticoagulants in Atrial Fibrillation

1.2.1 Anticoagulants in patients with AF

Percentage of patients who have a CHA₂DS₂-VASc score of 2 or more who are currently prescribed an anticoagulant*

	2021–2022 Qtr 1	2022–2023	% Change
		Qtr 1	
Betsi Cadwaladr	86.5%	90.5%	4.62%
Cwm Taf Morgannwg	88.7%	90.9%	2.49%
Powys	89.0%	91.1%	2.35%
Swansea Bay	90.2%	92.2%	2.18%
Aneurin Bevan	90.2%	92.1%	2.10%
Cardiff And Vale	89.1%	90.9%	2.04%
Hywel Dda	90.5%	91.5%	1.17%
Wales	89.0%	91.3%	2.61%

1.2.2 Anticoagulant review

Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months

	2021–2022 June	2022–2023 June	% Change
	2021	2022	
Hywel Dda	27.9%	49.6%	78.0%
Aneurin Bevan	37.8%	50.5%	33.7%
Betsi Cadwaladr	41.1%	52.7%	28.0%
Cwm Taf Morgannwg	47.9%	56.5%	17.9%
Swansea Bay	57.1%	64.6%	13.1%
Powys	42.0%	46.8%	11.5%
Cardiff And Vale	56.4%	56.1%	-0.58%
Wales	43.3%	53.9%	24.6%

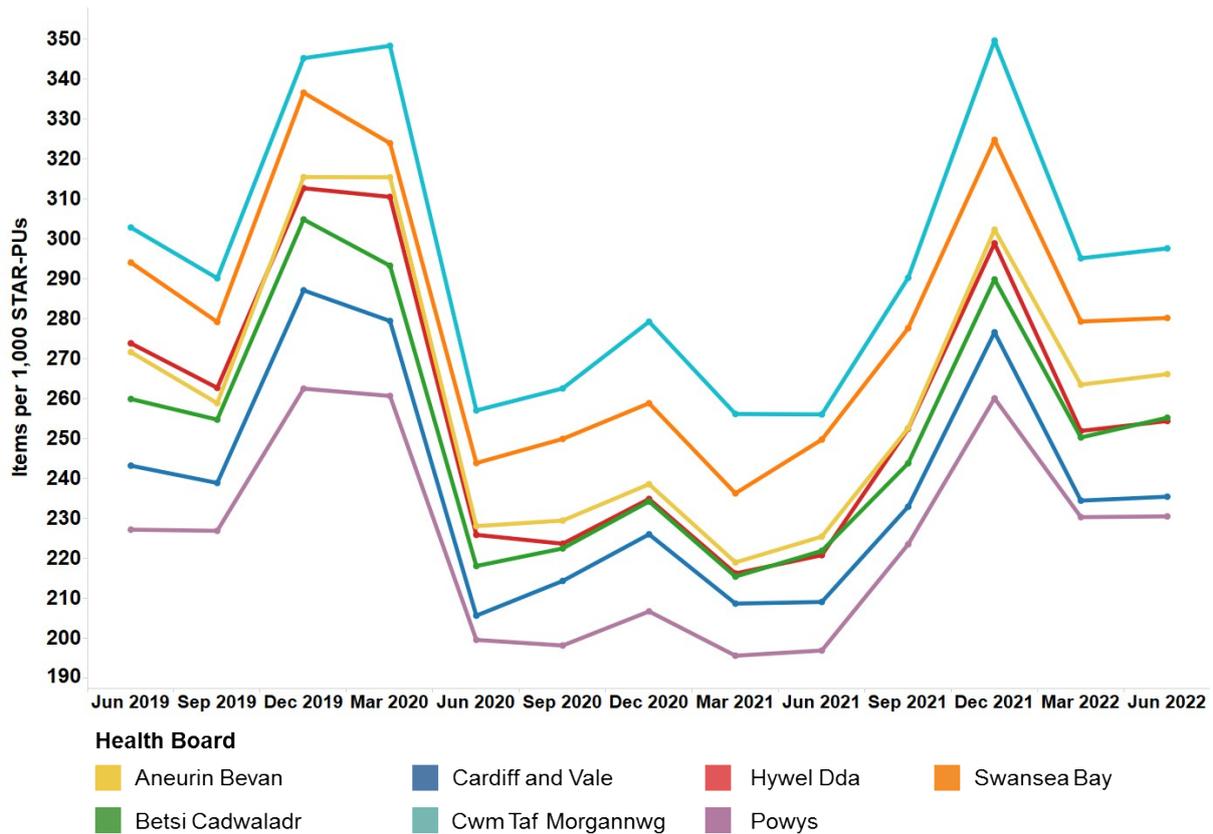
1.2.3 Patients who are prescribed antiplatelet monotherapy

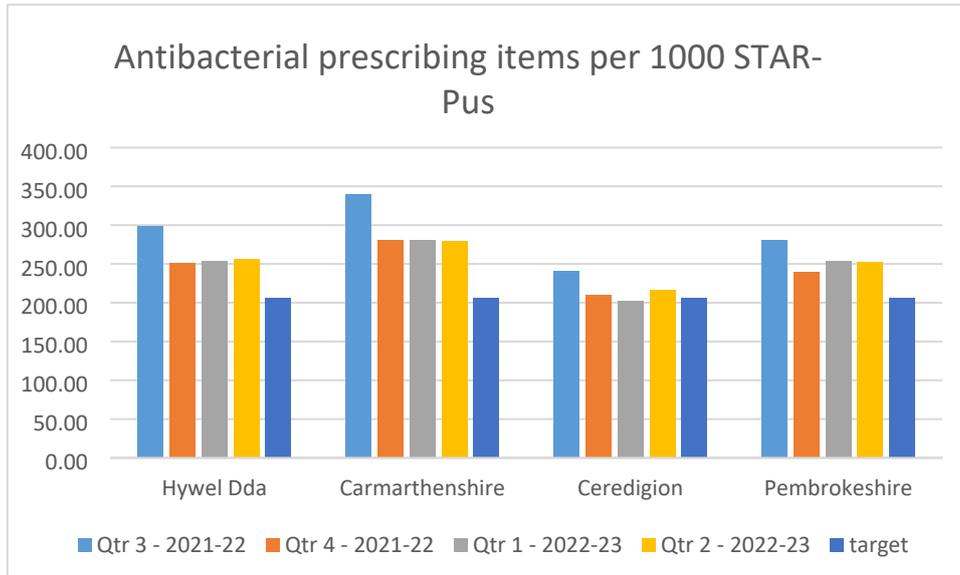
Percentage of patients who are prescribed antiplatelet monotherapy

	2020–2021 June 2021	2021–2022 June 2022	% Change
Aneurin Bevan	4.25%	3.28%	-22.9%
Swansea Bay	4.65%	3.66%	-21.2%
Cwm Taf Morgannwg	5.32%	4.37%	-17.8%
Hywel Dda	4.16%	3.48%	-16.3%
Betsi Cadwaladr	3.96%	3.40%	-14.0%
Cardiff And Vale	3.81%	3.34%	-12.3%
Powys	3.71%	3.32%	-10.7%
Wales	4.29%	3.55%	-17.1%

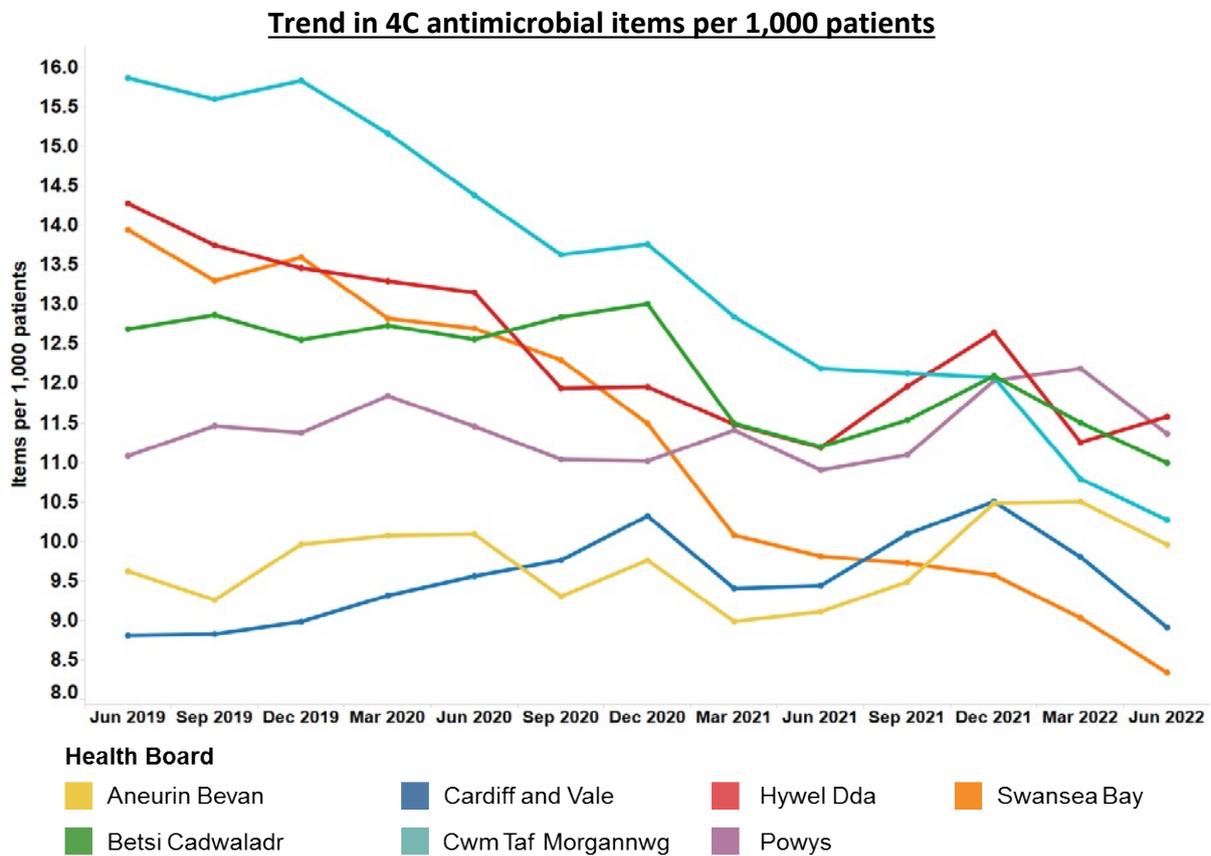
1.3 Antimicrobial Stewardship

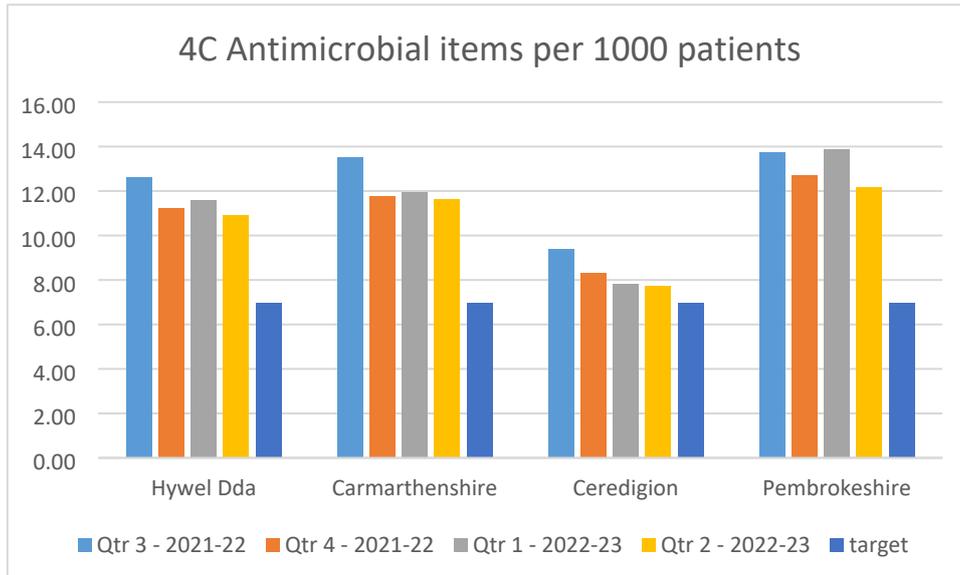
Trend in antibacterial prescribing items per 1,000 STAR-PU's





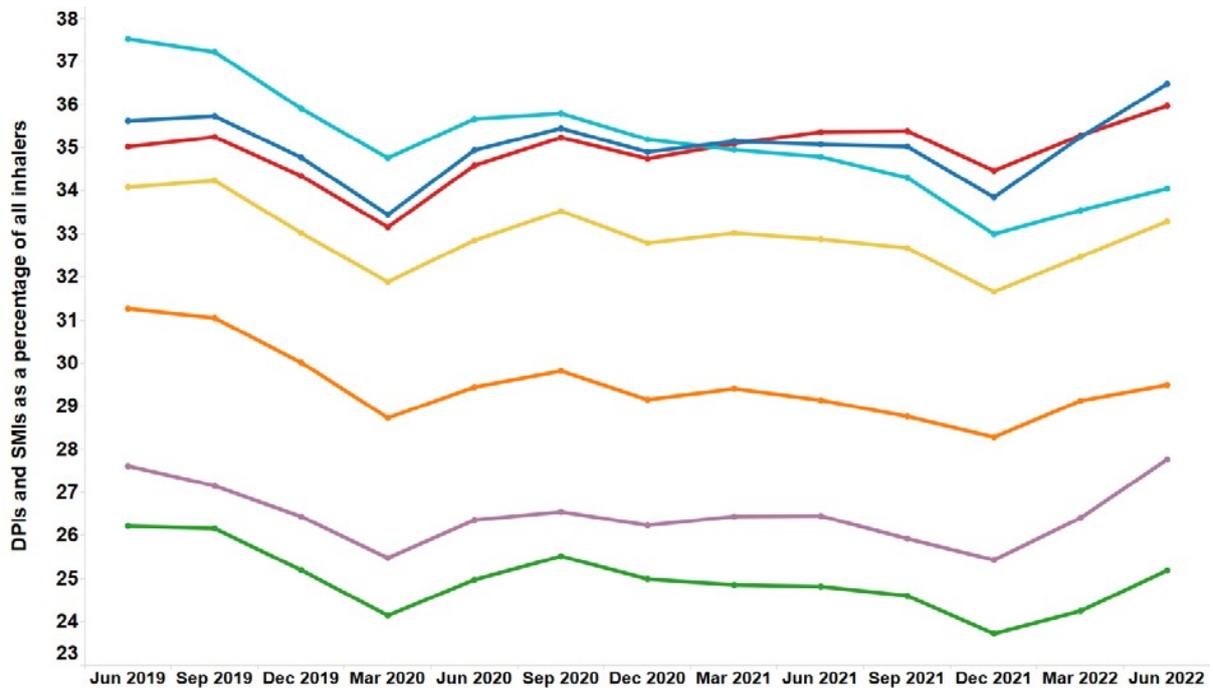
1.3.2 4C Antimicrobials

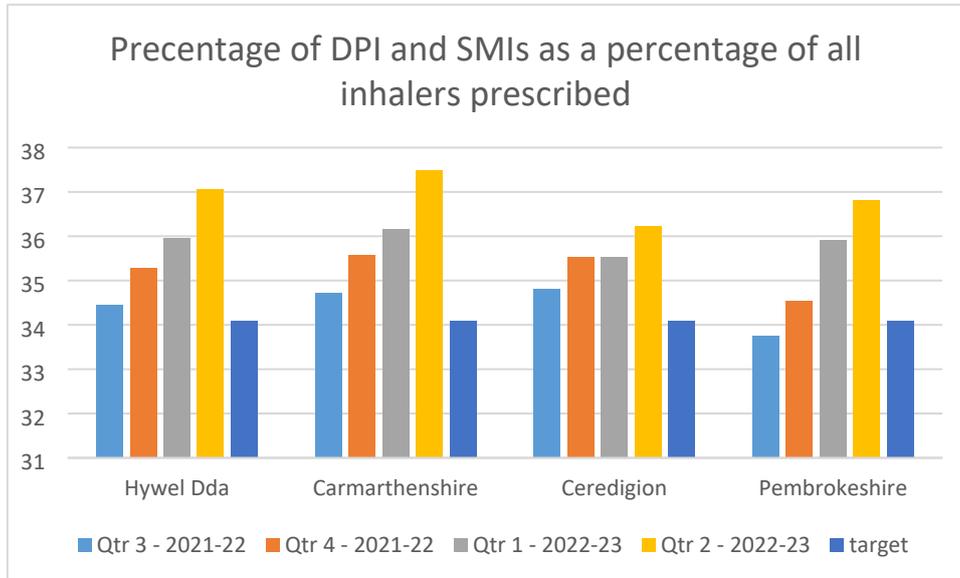




1.4 Decarbonisation of inhalers

Trend in the percentage of DPIs and SMIs as a percentage of all inhalers prescribed

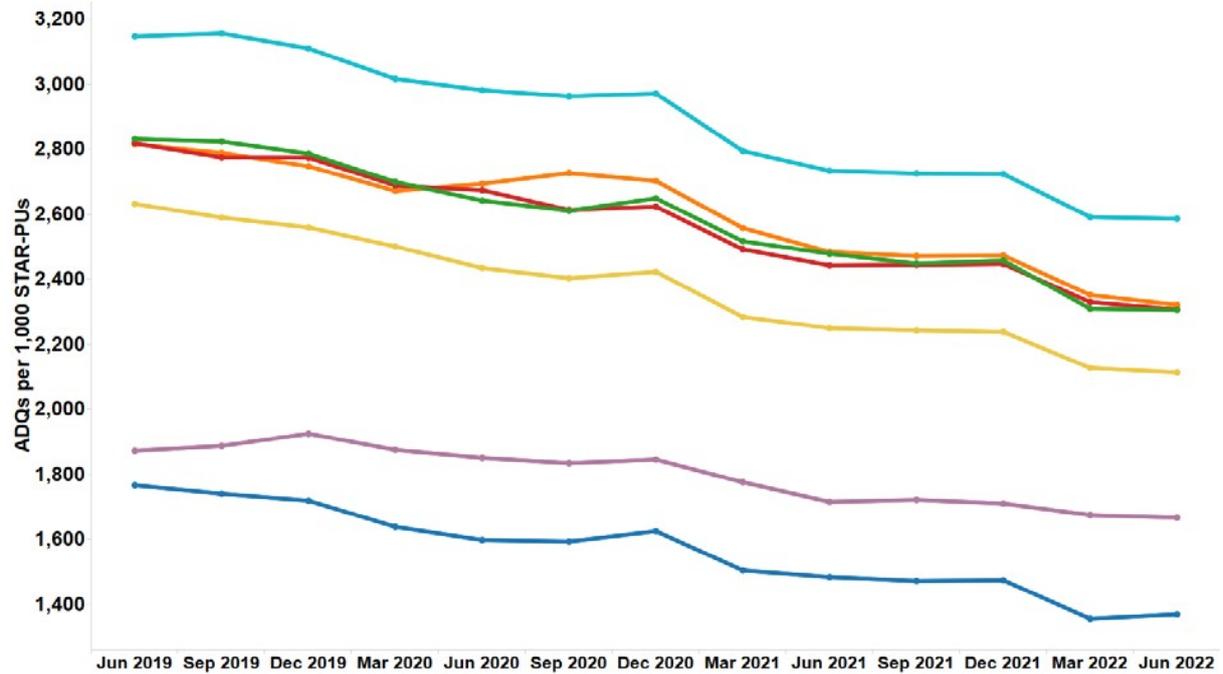




2.1 Safety

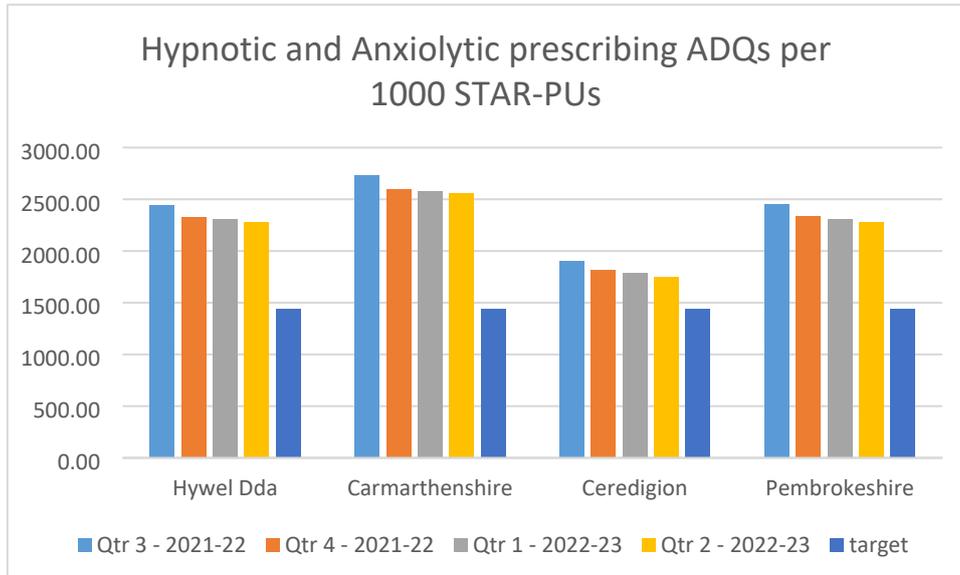
2.1.2 Hypnotics and Anxiolytics

Trend in hypnotic and anxiolytic prescribing ADQs per 1,000 STAR-PU



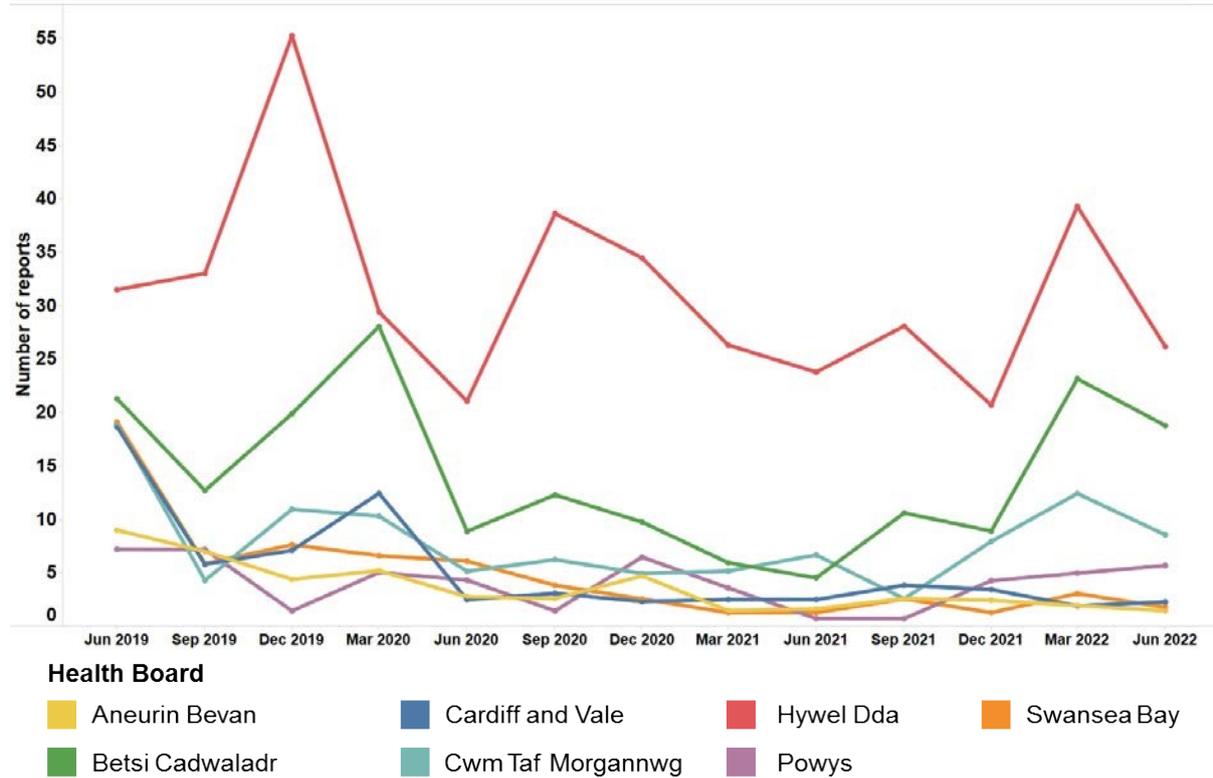
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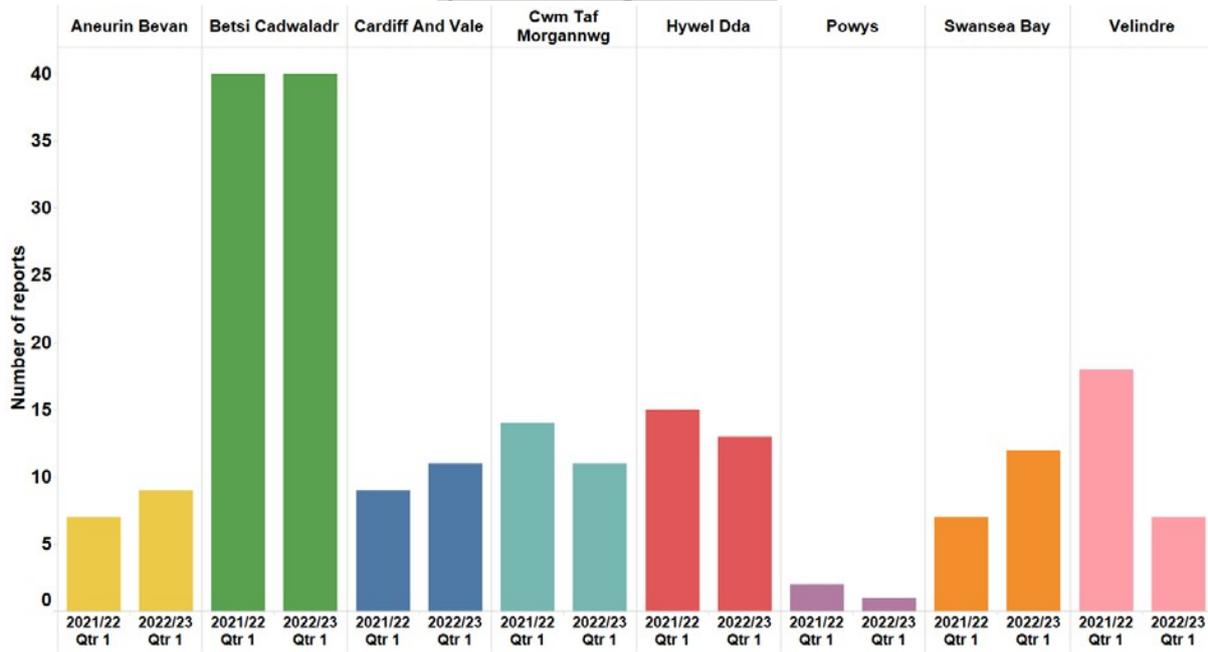


2.1.3 Yellow Cards

Number of Yellow Cards submitted by GP practices per 100,000 health board population

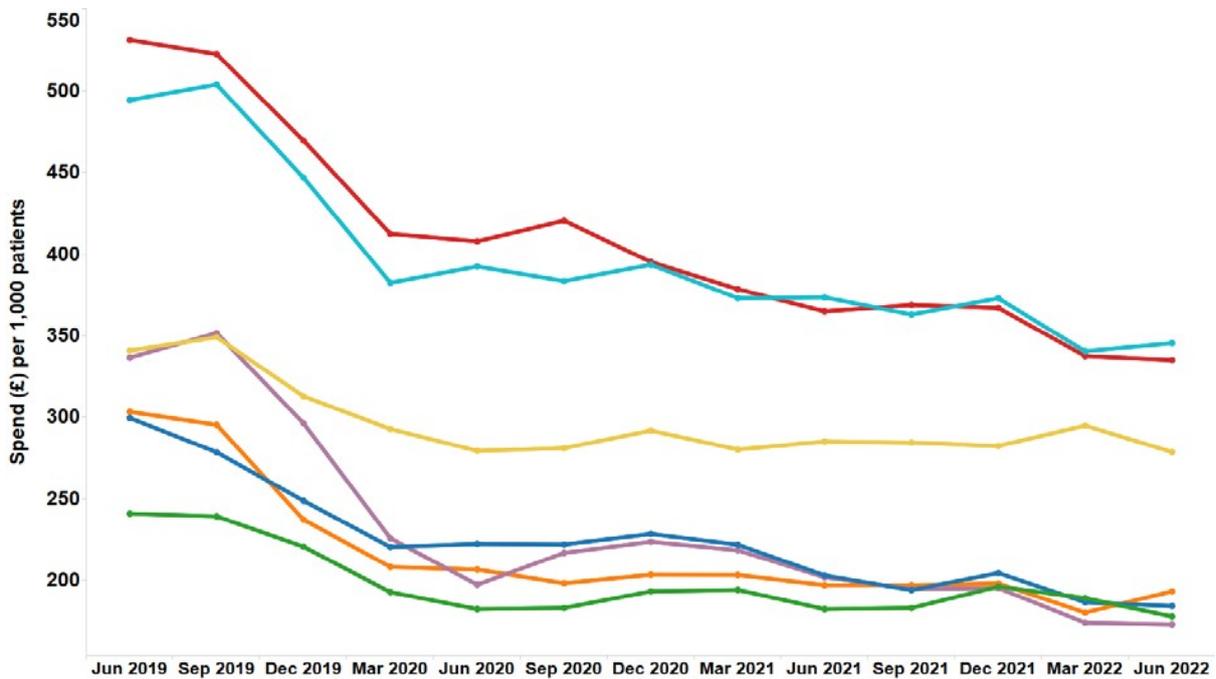


Number of Yellow Cards submitted by secondary care – Quarter ending June 2022 versus quarter ending June 2021



2.2.2 Low Value for prescribing

rend in low value for prescribing UDG spend per 1,000 patients



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- Hywel Dda
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- Betsi Cadwaladr
- Cwm Taf Morgannwg
- Powys

