

UKMi and Medicines Optimisation in England: A Consultation Royal Pharmaceutical Society response

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

General comments

We do not believe that the term 'medicines optimisation' should be defined, rather that it should be described enabling a shift in mindset for health and social care professionals as well as patients and the public.

There are a number of 'elements' to medicines optimisation which are described in the consultation.

The RPS are developing high level guiding principles on Medicines Optimisation and throughout the process of developing these, have engaged with a large number of patient groups and healthcare professionals. We can work with UKMi to engage with patients and to understand better what services they would find useful in relation to what UKMi already provide.

Detailed comments

1. Do you agree with our overall analysis of where UKMi can support medicines optimisation?

- **What area(s) do you think should be our highest priorities?**

We believe that the highest priority areas are the production of good, robust information to support local decision making including a place for healthcare professionals to go to regarding advice on medicines. CCGs and CSUs will require this information, particularly around local IFRs and local developments in relation to medicines. In addition support to 'deliver' medicines optimisation in England is vital. This could be down to individual patient level, as now where the regional UKMi centres support hospital practice. The emphasis should be on local issues,

for example 'transfer of care', whether from out-patient appointment or in-patient episode. Some treatments will be defined by NICE guidance, but often local clinical pathways are designed and the MI service at the various levels supports this.

- **Please describe any other areas that we should consider**

One of the other areas that should be considered is the development of the evidence base to support medicines optimisation. There is a large amount of evidence which describes the current problems around medicines (i.e. lack of adherence, medicines waste, medication errors, admissions and readmissions to secondary care) but more evidence to demonstrate what actions should be undertaken to provide a solution to some of these issues, along the lines of the NMS evaluation, would be useful to support best use of clinical practitioner effort to optimise medicines.

2. Could UKMi produce more advice and information for patients and their carers?

- **If so, what are the best means to deliver this?**

We believe that UKMI could produce more advice and information for patients and their carers and the best way of doing this would be to have a national helpline available that patients can access when they have a query about their medicine. However, many of the queries are likely to be practical rather than clinical so UKMi would need to ensure the right workforce were available to deliver this service.

- **Please identify areas that you feel are a high priority.**

We believe that ensuring UKMi continues to be readily available to those healthcare professionals working in primary care would be a high priority and also that those professionals working in primary care are aware of the resource available to them.

- **Should this information be available directly to patients and/or available via a healthcare professional?**

The information should be both available to the healthcare professional but also directly to the patient. However, there are already other channels, such as NHS Choices, which deliver patient facing information about conditions and medicines so UKMi would need to consider how they could work with the options that are already available to patients. For healthcare professionals information is also already available in a variety of sources such as via NHS Evidence.

3. How do you think that healthcare professionals could be encouraged to make more use of the information and advice available via UKMi services?

We believe that this is about UKMi having a presence and making potential customers aware of the range and variety of services they have to offer.

- **What services should UKMi provide that would help healthcare professionals in their efforts to optimise medicines?**

UKMi could provide evidence based commentary to assist with clinical management of individual patients and development of clinical pathways, including the place of innovative new medicines in those pathways

- **How should our services be promoted?**

Please see our response above.

4. In what new ways can UKMi support commissioners and providers of healthcare to optimise outcomes and value from medicines?

- **What else might we do to best encourage the safe use of medicines?**

UKMi should work with NRLS and the team accountable for the safety agenda within NHSCB which sits under the remit of the Chief Nursing Officer

- **Are there new ways to assist in the effective use of medicines?**

5. Medicines information services currently support regional and local medicines use QIPP programmes. Given the changes, particularly in England, in how and by whom medicines related QIPP priorities will be delivered, how do you think UKMi might continue to provide useful support for commissioners and providers to meet challenges in this area?

UKMI could continue to provide useful support by exploring and challenging QIPP initiatives, using the available evidence base, so there can be an open and frank discussion as to whether a particular direction really offers both value for money while maintaining or improving clinical standards.

6. How can UKMi best work with you and the organisation(s) that you represent?

- **How should we engage you?**

As the professional body for pharmacists it is important that we are aware of standards that need to apply in relation to evaluation and dissemination of the evidence base with respect to medicines optimisation, and in particular where it is the role of the pharmacist as the healthcare professional that is critical to delivering the right outcome for patients

- **What areas of work might we be able to collaborate on?**

We may be able to collaborate on practice standards and professional development

- **Would you be content with more material developed “nationally” by UKMi at the expense of that locally produced?**

In some areas there may be benefits for work to be developed at a national level in order to avoid unnecessary duplication.

7. Do you have any specific comment on services that we currently provide?

- **Are there some that you particularly value?**
- **Are there any that you feel could be improved?**

We have no comments on these questions



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