



Delivering for patients, populations and the NHS

Local strategic medicines optimisation



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Foreword

Medicines are the most common intervention utilised in healthcare, and the second highest item of expenditure in the NHS (£17.4bn in 2017/18) following staff costs. Over 1 billion prescriptions are dispensed in the community each year, and it is estimated that a GP practice serving around 30,000 patients can expect to issue half a million prescriptions a year. The same GP practice has a potential error rate in their prescriptions of 5% with approximately 300 medicines-related, non-elective hospital admissions each year. In the pharmacy community, we have a responsibility to improve medication safety for populations, ensure medicines are used optimally to achieve the best outcomes for patients and to get the best value for the taxpayer from our spend on medicines.

Local medicines optimisation teams based within commissioning structures and led by pharmacists, have a big role to play in ensuring medication safety and optimisation across local areas. These teams make a wide-ranging contribution to the local NHS system; improving population health, constantly trying to improve the quality of prescribing and implementing local and national medicines policy. As well as improving the quality of medicines related services, they also support the sustainability of the NHS by maximising the value for every NHS £ spent on medicines, ensuring that this has the most impact for patients, the public and taxpayers and that patients get the biggest possible benefit from taking their medicines. It is often said that the most expensive medicines are the ones that are not used properly.

The development of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) offer an opportunity for delivery of these benefits across wider

footprints and organisational boundaries, and these local teams will need to adapt to the new NHS architecture if they are to play their full part in integrating pharmacy services into these emerging structures. Local pharmacy leadership will need to be strong, credible, broad reaching and visionary if we are to really get good value from medicines for patients and the taxpayer.

The Regional Medicines Optimisation Committees (RMOCs) provide national support for local medicines optimisation teams decision-making and, importantly, reduce unwarranted variation through the implementation of national approaches for those areas where the system tells us there is greatest need. However, it will still be down to local systems and medicines optimisation teams to implement the outputs based on local circumstance, so it will be vital that they engage in the process and operate across a whole health economy.

Local strategic medicines optimisation teams are a valued component of the NHS system and will continue to be vital to the development of systems in the future. As I said in 2015 in a blog for NHS England, the role of pharmacists is set to grow and grow over the coming years. The evolution of the commissioning system offers an even greater opportunity for us to bring our skills and knowledge to bear strategically and across wider systems.



**Keith Ridge, Chief Pharmaceutical Officer,
NHS England**



Introduction

The structure of the NHS is evolving. Local systems are coming together to form new place-based systems of care, more services are being delivered out of hospital in community settings, and commissioning of services for populations is taking place across larger footprints. NHS Clinical Commissioners (NHSCC) is the national membership organisation for Clinical Commissioning Groups (CCGs) and our members are at the heart of the process, leading and working within local systems to deliver transformational change while ensuring value for money.

The NHS spends £16.8 billion on medicines a year. The optimisation of medicines usage to deliver improved outcomes for patients and value for money has been a cornerstone of the commissioning system for many years. At its core, medicines optimisation is about ensuring that patients are being prescribed appropriate medicines, that these are being taken correctly, that unnecessary medications are avoided, wastage is reduced, and patient safety is improved.

This document outlines the contribution that locally delivered medicines optimisation in a CCG brings to the system and how this can be maximised in the evolving commissioning landscape. We highlight five actions that can be taken nationally to support medicines optimisation within new commissioning structures. We include several operational case studies that demonstrate the value that these teams have brought for patients and the NHS. Many areas are introducing a range of these interventions and taking a strategic approach to medicines management

To develop the content of this document, NHSCC undertook a survey of CCG medicines optimisation leads with follow-up interviews conducted with members of the NHSCC medicines group. This brings together CCG chief officers, heads of medicines optimisation and clinical and prescribing leads to discuss current medicines-related issues.

The future of medicines optimisation

As the commissioning system develops, opportunities exist to deliver medicines optimisation at a larger scale while still retaining the value of local relationships, maximising the benefits for patients and the NHS. This could take the form of a strategic medicines optimisation team sitting at an integrated care system (ICS) or sustainability and transformation partnership (STP) level. There are some areas already undertaking a medicines optimisation function across a footprint larger than an individual CCG, either sharing this function with neighbouring CCGs or across a wider area through a commissioning support unit (CSU).

In the future, medicines optimisation functions should be delivered at the appropriate level for the decisions that are being made. For example, the development of a local formulary or approaches to address population health issues such as the use of opioids, could be led by an STP medicines optimisation function working collaboratively with local CCG-employed medicines teams and provider chief pharmacists to deliver a coherent and consistent approach across the system. Other functions would be better undertaken at that local CCG level, for example, working with local GP practices to support improved safety, quality and cost efficiency of prescribing, although the overarching strategic direction should be set at an STP/ICS level. Already many areas are operating across CCG boundaries, for example, the NHS England Medicines Optimisations in Care Homes scheme provides funding to a lead CCG in an STP area, which in turn facilitates pharmacist support to care homes in the whole STP area. The principle of subsidiarity should be applied to the local medicines optimisation functions and then linked to a pharmacy network that geographically covers an STP footprint.

We hope that this document provides a useful resource for system leaders and the wider NHS to learn more about medicines optimisation and the teams that support delivery across the country, and act as a starting point for further consideration about how this contribution could be maximised in the future.

National support

Our members have told us that there are five ways in which national organisations can support the delivery of local medicines optimisation now and in the future:

1 Effective communication and engagement with local medicines optimisation teams

The case studies below demonstrate the value local strategic medicines optimisation can provide for patients and a local area. NHS England should support this key element of the workforce through the development of a formal network of local strategic medicines optimisation leads. This would enable two-way communication of policy challenges and solutions, networking across the system and provide an opportunity to highlight relevant CPD opportunities. Many of the solutions to current national challenges can be found locally and similarly national approaches will only be effective when the personnel responsible for delivery are engaged with the development process.

2 Identify opportunities to develop national guidance for local implementation

CCG medicines optimisation leads have identified several areas where the development of national guidance would support local teams. Recent examples include commissioning guidance for an initial 18 specific medicines that should not be made available in primary care and medicines that can be purchased over the counter, both developed in partnership with NHSCC. NHS England should commit to work with local medicines optimisation teams to identify other areas for action. The regional medicines optimisation committees (RMOCs) must work collaboratively, communicating with CCGs to identify opportunities and support implementation, rather than being directive and then seeking adherence.

3 Support local medicines optimisation teams by taking national action

NHS England has a key role to play in negotiating improved deals with pharmaceutical companies for specific products and items, with the ability to be responsive to changing circumstances. Local organisations do not have the capacity to address increasing cost and pricing issues on an individual basis. NHS England should, however, recognise that the timescale for implementation of these proposals can be lengthy as there will be local obstacles that need to be overcome.

4 Balance the need for national oversight with the flexibility for medicines optimisation teams to make decisions based on local assessment of need and priority

Our members reported that a bureaucratic or restrictive national regime would limit their ability to deliver value to the local system. NHS England should work with local medicines optimisation teams to minimise the burden of reporting and facilitate improved mechanisms for national oversight where appropriate. It is vital that flexibility to determine priorities for a local system is maintained, to ensure that the system delivers for the local population and remains in budget.

5 Utilise the expertise of local medicines optimisation teams

National solutions will always require local implementation, and furthermore local knowledge and relationships in implementation will be essential to ensuring their success. Therefore, NHS England and the other arm's length-bodies must ensure that where national support is provided to improve local prescribing practice, for example NHS England funded clinical pharmacists in GP practices, they should use CCG medicines optimisation teams to co-ordinate, advise and provide local leadership and support implementation.

The value of local strategic medicines optimisation

We have heard several examples from our members about the benefits that local medicines optimisation teams are already delivering for the patients and the NHS. These can be maximised when delivered strategically and/or across a wider footprint and include:

1 Improved patient safety

The World Health Organisation (WHO) describes patient safety as a “fundamental principle of healthcare”. In the UK recent estimates show that on average, one incident of patient harm is reported every 35 seconds. CCG medicines optimisation teams deliver increased patient safety and improved outcomes by:

- supporting and encouraging safe prescribing, particularly in primary care, through, for example, awareness-raising, sharing learning from significant event audits, and incorporation of safety measures into local improvement schemes
- developing and implementing safer systems for prescribing, within practices and/or across a health system, for example for high-risk medicines
- supporting local compliance with NICE guidance and MHRA alerts
- identifying and addressing unsafe practice
- developing systems to support vulnerable patients in the community following hospital discharge
- ensuring compliance and appropriate medicines usage
- managing the entry of new drugs into local formularies to support improved patient outcomes.

This is achieved by engaging, informing, advising and supporting transformation leads, prescribers and partners across the local health economy to implement best practice. In some areas improved IT allows CCG medicines optimisation teams to access patient clinical records (within appropriate information governance arrangements) to monitor safety, for example, checking steroid usage for those with chronic obstructive pulmonary disease (COPD). Where appropriate, systemic approaches delivered at scale will ensure the spread of approaches that improve patient safety across the country.

Developing prescribing policy statements – NHS Mid-Essex CCG

In Mid-Essex, the CCG has led an approach that has resulted in reductions in inappropriate prescribing and variation across general practice, improved outcomes for patients and delivery of cost savings. Prescribing policy statements support the implementation of formulary and prescribing guidance, providing a strong framework to support clinically effective prescribing. These emulate service restriction policies as applied to secondary care referrals. These have been produced on a range of topics, including individual medicines such as Co-Proxamol and Dosulepin and broader areas such as gluten-free foods and oral nutritional supplements.

The policy statements are public facing supporting GPs to manage patient expectations and deliver a consistent approach with confidence. Each statement is supported by an FAQ for clinicians and patients. Feedback from local patient participation groups in the co-production of the medicines waste toolkit influenced the approach to developing prescribing resources, produced with the patient journey and experience at the forefront. For example, when COPD guidance was developed, choice of inhalers was based not only on clinical data, but also on patient experience and ease of using the devices.

Effective prescribing for atrial fibrillation – NHS Surrey Downs CCG

A local approach to warfarin management through a locally commissioned service from GP practices for atrial fibrillation (AF) has been in place in Surrey for over ten years. The pharmacy-led development of standards, audit with feedback and provision of guidelines for the service in Surrey Downs CCG has delivered an improvement in time in therapeutic range (TTR) for the local population. Improvement in TTR results in improved health outcomes with a reduction in the number of strokes in the local population observed over this time.

2 Delivering population health

STPs and ICSs provide an opportunity for localities to work together at scale to address health issues for the whole population. Medicines optimisation teams are a key component of this, ensuring coherency across health and care settings for the most common intervention in the NHS, working with business intelligence leads to develop effective approaches to risk stratification and targeting. They determine and deliver those interventions that have the maximum benefit for populations and can support efforts to address health inequalities, for example, reducing the mortality rate for atrial fibrillation. They can work with public health teams to analyse substance misuse deaths, linking illicit prescription services and excessive prescribing, and support drug and alcohol, smoking cessation and vaccination policies. Where available, IT systems can support these integrated approaches, for example, allowing teams to review whether patients prescribed methadone are on substance misuse programmes.

Identification and management of hypertension – NHS Dudley CCG

In 2002, statistics for what was then Dudley Primary Care Trust showed that the mortality rate from hypertensive disease was double the average in England. Further audit by practice-based pharmacists (PBPs) in 2013 identified 11,000 patients with hypertension whose BP was not managed to target and an estimated 27,800 patients missing from hypertension registers. Over the next three years, work focussed on improving the identification and management of hypertension. NHS health checks were used to identify patients and convert to diagnosis by PBPs, who in turn managed these patients against the evidence-based blood pressure target. At the end of March 2014, over 2,000 patients had been reviewed and by the end of 2015, 1,096 new patients were diagnosed with hypertension.

The latest data demonstrates that the mortality rate from hypertension-related diseases in Dudley is now below the national average and the recorded-to-expected prevalence of hypertension is now the highest in England, demonstrating the value of the approach in ensuring patient needs are fully identified. Local estimates suggested that for the 1,000 patients whose blood pressure is now controlled, 16 strokes and 12 heart attacks have been prevented each year. This also avoided approximately £469,000 of spend for the NHS in Dudley over five years, or approximately £469 per patient.

3 Addressing inappropriate antibiotic usage

The Chief Medical Officer has stated that “The world is facing an antibiotic apocalypse.” Local CCG medicines optimisation teams have a lead role to play in ensuring that antibiotics are used appropriately and only where necessary. CCGs have a strong track record of using data and targets to drive improvements, support ongoing monitoring of recommendation of alternative treatments and review the usage of antibiotics locally. Through locally developed relationships (including with hospitals, hospices, out-of-hours services) and active monitoring inappropriate antibiotic prescribing can be addressed. In many instances the local antibiotic guardian sits within the CCG. NHS England data shows that antibacterial items prescribed per specific therapeutic group age-sex weightings related prescribing units (STAR-PUs) has decreased from 1.17 in January to December 2014 to 1.04 by October 2016 to September 2017.

Developing a medicines information databank – NHS Islington CCG

One of the key challenges at both a local and national level is engaging clinicians in the uptake of new approaches and ensuring consistent delivery across the system. Locally the relationships that medicines optimisation teams have developed with colleagues means that they are best placed to identify and address issues as they arise. In Islington, the CCG has implemented ‘MiDatabank’ to facilitate consistent and appropriate advice to clinicians and manage the team’s workload appropriately.

For the local medicines optimisation team this means that they have consistent information on the types of challenges that individual clinicians are facing and if patterns emerge appropriate support can be provided CCG wide. For example, education and training for local clinicians or the provision of increased capacity via deployment of a practice-based pharmacist. For clinicians, they receive the support to develop their practice and increased capacity to reduce their workload. Patients can be assured that they are receiving the appropriate medicine for their condition and that the local CCG is taking an active role in delivering this.

4 Supporting pharmacists

Local medicines optimisation teams are well placed to provide support to the local pharmacy workforce including those in provider, community and primary care settings. They are therefore strategically placed to support, develop and ensure the integration of pharmacy services across a CCG footprint and highlight the support that they can provide ensuring they are integral in the delivery of future care models. Local medicines optimisation teams can identify opportunities for increased pharmacist support and embed practice-based pharmacists and pharmacy technicians within primary care. They have the knowledge to maximise their potential by placing them in those areas that locally have the most need, link them with colleagues across the system, and support their professional development. Importantly, they also play a key role in future workforce planning, delivering student placements to those undertaking foundation programmes across sectors including advance practitioners and consultant posts, thereby supporting the delivery of the pharmacist workforce of the future.

5 Delivering system efficiencies

A continued challenge for local systems is the delivery of annual efficiency savings to remain in balance and release funds for investment in higher priority areas. Medicines optimisation teams are valued by local system leaders for their ability to reliably deliver these savings every year, achieving, on average, quality, innovation, productivity and prevention (QIPP) savings 23 per cent higher than their target in 2016/17, delivering £2.92 million of savings per CCG against a target of £2.38 million. CCG medicines optimisation teams were also one of the most successful contributors to overall QIPP plans. In the same year they were tasked with delivering 12 per cent of overall CCG QIPP but delivered 17 per cent of total CCG QIPP savings. In 2017/18, CCG medicines optimisation teams were tasked with delivering an average of £3.46 million in QIPP savings per CCG, approximately 15 per cent of CCG's total QIPP targets and equating to over £600 million across England. These figures were drawn from a survey undertaken of the NHSCC membership in August 2017. Local CCG medicines optimisation teams will be a vital component to ensuring that the system remains in balance in future years, with considerable financial opportunity in the adoption of a strategic approach.

Implementing a pharmacist-led asthma and COPD respiratory clinic in general practice – NHS City and Hackney CCG

In NHS London, City and Hackney CCG the medicines optimisation team worked collaboratively with Barts Health NHS Trust on an innovative approach to asthma and COPD reviews to improve adherence to medication, thereby improving patient outcomes and releasing cost savings. To do so, a respiratory pharmacist was engaged to undertake patient reviews in line with current NICE guidelines to encourage adherence, review inhaler systems and provide those with asthma and COPD with training and assessment of their inhaler technique. Subsequent interventions have improved patients' quality of life by reducing exacerbations and over-prescribing, and increased smoking cessation. This also released significant efficiency savings of approximately £220,000 per annum.

Introduction of a specialist diabetes pharmacist – NHS Solihull CCG

CCGs have acted to address the increasing prevalence of type 2 diabetes across the west midlands. In Solihull, a diabetes pharmacist has been embedded in the local system to enable practice-based and patient-focussed multi-disciplinary team meetings. Individuals appropriate for such reviews are identified by local practices, with a meeting convened between a dietician, practice nurse, GP and the specialist diabetes pharmacist. Together they undertake an in-depth medication and treatment review to determine the most appropriate next steps.

This has led to considerable improvements for patients with diabetes in blood glucose control and therefore management of their condition. This allows for the review of medicines usage with a patient focus. The pharmacist can identify cost savings, cost neutral improvements in medications and more appropriate medicines usage. While this approach has been developed on a locality basis, this is now being adopted CCG-wide with ambitions to implement this across the whole STP footprint.

6 Linking local systems through joint approaches to medicines optimisation

The transformation envisaged in NHS England's *Five Year Forward View* can only be delivered by a fundamental transformation in the way that care is delivered, with increased collaboration between primary and secondary care and the wider health and care system. Local medicines optimisation teams have been working collaboratively with secondary care pharmacists and clinicians for some time, focussing on the role that secondary care has in the commencement of treatment. For example, teams have worked to develop local formularies and shared care guidelines with secondary care colleagues to improve patient outcomes, patient safety and release cost savings via supportive contractual arrangements with provider partners.

Addressing the chronic obstructive pulmonary disease (COPD) challenge – NHS South Devon and Torbay CCG

In South and West Devon, the local QOF disease register was used to identify 6,500 patients with COPD. The local medicines optimisation team worked with a secondary care specialist to identify the appropriate inhalers in line with the Global Initiative for Chronic Obstructive Lung Disease (GOLD) criteria. This showed that 90 per cent of patients were not receiving optimal treatments. The project was led by a pharmacist, a respiratory specialist and a clinical lead at the CCG. A series of eight training events were attended by over 250 GPs providing education on the GOLD strategy and guidance on undertaking reviews of the identified patients. For patients, this led to better management of their COPD and an overall reduction in steroid usage leading to improved outcomes. It is estimated that this will release total annualised prescribing savings of nearly £300,000 as well as leading to a substantial reduction in workload in primary and secondary care and unplanned admissions.

7 Developing and implementing innovative approaches to patient care and treatment

Over the coming years increasingly innovative approaches to patient care and treatment, as well as individual medicines, will become available. Through horizon-scanning and ongoing review local medicines optimisation teams can identify these innovative approaches and ensure that they are implemented in local areas. The team, through links with local pharmacists and the local systems, is often the delivery arm for improved community care models, for example locality hubs, care home pharmacists, out-of-hours pharmacist prescribers and practice-based pharmacists. Significantly they can provide both expertise and a pragmatic approach based on realistic assessments of population need and resource availability. These have included approaches to improve atrial fibrillation (AF) prescribing, the introduction of a specialist diabetes pharmacist to support effective management, and the development of prescribing apps for clinicians in the local area.

Development of a formulary and referral application for primary care – NHS Northern, Eastern and Western (NEW) Devon CCG and NHS South Devon and Torbay CCG

The aim of a joint formulary is to promote safe, effective, and economic prescribing in both primary and secondary care. Providing clinical guidance on the management of a wide variety of conditions, which includes locally recommended drug choices. In compiling the formulary, consideration is given to aspects of effectiveness, safety, appropriateness and cost effectiveness. There is recognition that there will be instances where prescribing outside of the formulary will be both necessary and appropriate. It is not restrictive but is a recommended list drawn up after widespread consultation amongst prescribers locally and with the backing of the NHS trusts involved.

In Devon, the implementation of the formulary involves collaboration between ten local healthcare organisations covering 1.2 million patients and is supported by a smartphone app for professionals. This allows users to browse and search for clinical guidance without an internet connection, review detailed evidence-based clinical guidance which is updated on a monthly basis, and test knowledge via interactive quizzes. Supplemental referral information for primary care contains information on the management of referrals and up to date referral criteria, and importantly are locality-specific to best reflect local need and service.

8 Reducing the burden on primary care

GP workloads have increased by 16 per cent over the last seven years while the number of GPs decreased by over 1,000 from September 2016 to September 2017 alone. The transformation envisioned in the *Five Year Forward View*, requires primary care to take on more responsibility for patient care and management, with much of this activity moved out of hospitals. There are several ways that local medicines management teams are helping to address the challenges in primary care implementing innovative approaches to support reductions in workload, such as embedding CCG-employed practice-based pharmacists, other professional non-medical prescribers or providing advice and guidance for GP employed pharmacists, ensuring that medicines are taken and administered correctly thereby reducing attendances, centralising prescribing management, and supporting skill development and continued clinical learning in the workforce through the provision of direct training.

Introducing biosimilars in secondary care – NHS Southampton City CCG

NHS Southampton City CCG worked with colleagues at University Hospital Southampton NHS Foundation Trust to implement a cost saving opportunity with the introduction of infliximab biosimilars. A secondary care consultant clinical lead worked with the CCG team to identify 150 patients suitable for switching and, crucially, arranged an investment scheme agreement to support the switch.

There were concerns about the use of the biosimilar to treat inflammatory bowel disease (IBD), therefore data monitoring was essential to ensure that the CCG could have confidence that patient outcomes were not impacted. All patients were asked to complete a questionnaire covering patient-recorded outcome measures for IBD control, disease activity scoring and side effects. Drug trough levels and antidrug antibodies were measured before and after the switch to show any changes between the biological originator and biosimilar. This data collection allows the team to monitor and respond to issues as they arise, and monitor safety or quality concerns.

Supporting general practice through cost benefit sharing – NHS Coastal West Sussex CCG

Primary care is under considerable workforce and financial pressure, with practices closing as they are no longer able to operate as viable business propositions. Medicines optimisation teams can play a role in supporting primary care by reducing workload pressures through medicines review, but also directly financially benefit local primary care development through cost benefit sharing. In NHS Coastal West Sussex CCG, six locality practice-based CCG-employed pharmacists undertake face-to-face medicines reviews with patients to ensure the most impactful and cost-effective products are being used. Fifty per cent of any savings that are accrued because of changing medication are directly allocated to primary care locality development. This not only provides incentives for GPs to use the practice-based pharmacy services, thereby releasing efficiencies and reducing the GP workload, but also delivers improved outcomes for patients.

The benefits of imbedded practice-based pharmacists – NHS Enfield CCG

Several CCGs have employed practice-based pharmacists to support primary care in undertaking medicines reviews with patients to release cost savings and improve patient outcomes. In NHS Enfield CCG, three practice-based pharmacists have been employed by the CCG who spend 90 per cent of their time working in primary care settings. They focus on making changes to medicines prescribed in line with the local formulary to ensure that prescribing changes are made in a timely manner, therefore releasing savings more quickly. This has resulted in a significant improvement in the rate of uptake of new formulary medications when compared to neighbouring CCGs. For example, Alzain uptake was at 5 per cent in neighbouring CCGs, while this was 49 per cent in Enfield after six months. A similar speed of adoption has been achieved for Braltus, with 56 per cent uptake in Enfield as opposed to 9 per cent locally. If similar approaches are adopted at a wider footprint across CCGs there are greater opportunities for cost savings, as well as improved uptake of formulary medicines, which is beneficial for patients and the NHS.

9 Providing pharmacist input to clinical pathways

Medicines optimisation teams are the usual conduit by which pharmacists become involved in the commissioning process through CCG-led pathway reviews. Pharmacists have clinical evaluation and analytical skills that are essential when seeking to make long-term strategic decisions about the delivery of population health. An example of this can be seen in the commissioning of biosimilars in local areas, with medicines optimisation teams driving national implementation through revision of clinical pathways and local engagement with secondary care colleagues to increase biosimilar uptake.

Supporting medicines optimisation in care homes – NHS East and North Hertfordshire CCG

In East and North Hertfordshire, the local medicines optimisation team has worked closely to support the implementation of the local enhanced health in care homes vanguard. This provides proactive support to elderly care home residents by upskilling staff, implementing multidisciplinary team working, increasing rapid responses to issues as they arise and introducing new technologies.

As part of the project, clinical pharmacists are working closely with GPs, care home staff and other healthcare professionals to provide in depth clinical reviews for patients. The team is made up of four pharmacists and one pharmacy technician who work across 40 care homes to improve the way that residents' medicines are prescribed and monitored. Improved IT systems mean that they can access patient records in the care home, and review these alongside the resident's medicines administration record (MAR) and care plan. Any changes are discussed with the resident or family member and communicated to the supplying community pharmacy. The care home pharmacist also carries out audits in homes identified as having medicines management issues. Care home residents take an average of seven to eight different medicines a day which means that there is potential for errors, but also cost savings and improvement for patients through optimised medicines usage. Between December 2015 and November 2017, 1,426 patients were reviewed with 2,238 inappropriate or unnecessary medicines stopped. It is estimated that this has saved over £354,000 in drug costs and £650,000 in hospital admission costs.

10 Supporting the self-care agenda

The *Five Year Forward View* makes the case for “supported self-care” to deliver better population health. Local CCG medicines optimisation teams support the self-care agenda by encouraging populations to take responsibility for the management of their own condition. Members of the team are active in local communities in discussing medicines optimisation with local groups and encourage patients to become active participants in their own treatment, for example, those with coeliac disease or diabetes. Teams also run public awareness campaigns, for example, on appropriate purchasing of over-the-counter medicines to support self-care.

Supporting those with coeliac disease to self-manage their condition – NHS Gloucestershire CCG

The prescribing of gluten free food in primary care is often undertaken without the provision of accompanying dietary advice. This can lead to patients becoming reliant upon prescribed products, taking an overly medicalised approach to a condition that in most cases can be managed effectively through appropriate diet. In Gloucestershire, the medicines optimisation team wished to address the high spend on gluten free products while ensuring better outcomes for patients. The provision of a practice-based dietician at a primary care level allowed for reviews of prescribing practice to be undertaken in partnership with the patient while information on effective management and dietary habits could be provided. This enabled patients to manage their condition independently, improve their diet and quality of life, and reduce their requirement to attend the GP or local pharmacy. For the local system, this has reduced the pressure on primary care and resulted in direct cost savings for commissioners that can then be reinvested in other areas.

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