

Staffordshire and Stoke-on-Trent Integrated Pharmacy and Medicines Optimisation (IPMO) Strategy

2024 to 2026



Table of Contents

Introduction.....	3
Context	3
Alignment to Other Strategies.....	4
What are we aiming to achieve by 2026	5
How we plan to achieve this	5
Monitoring progress and next steps	6

Introduction

NHS England first issued guidance on the integration of pharmacy and medicines optimisation (IPMO) to Sustainability and Transformation Partnerships (STPs) in 2018. This programme set six primary objectives, many of which have moved on in the intervening period, but some are still to reach their full potential.

These were:

- To develop and test a core set of principles that set out how NHS pharmacy and medicines optimisation can be best integrated into STPs/Integrated Care Systems (ICSs).
- To define the functions of leadership for NHS pharmacy and medicines that should be undertaken at system level and describe how these would be delivered.
- To ensure visible professional expertise and leadership in NHS pharmacy and medicines at system level.
- To identify and accelerate strategies to achieve medicines optimisation at scale to improve patient outcomes and value for money across primary and secondary care.
- To explore the approach to developing an integrated, flexible, clinical pharmacy workforce that can deliver high quality and sustainable medicines optimisation at scale, across a local system.
- To inform the national priorities on how best to support system in unlocking barriers that will increase opportunities for effective medicines optimisation in STP/ICS's.

There have been many significant changes since this guidance was published. These changes warrant the development of a new strategic approach to the integration of pharmacy and medicines optimisation across Staffordshire and Stoke-on-Trent.

The advent of the Integrated Care Board (ICB) and more structured approaches to system working has been pivotal in bringing a greater focus on the contribution that an integrated approach can bring. This applies both to the health of the population we serve but also to the sustainability and resilience of services that both the public and other professional groups rely on.

As part of the development journey for the IPMO strategy, it has been clear that there are significant workforce challenges that need to be overcome as a means to enabling the wider ambition set out in this document.

A separate IPMO workforce strategy document has therefore been produced to support this and it is recommended that the two strategies are considered integral.

Context

The prescribing of medicines and appliances is the single largest healthcare intervention. Across Staffordshire and Stoke-on-Trent (SSot) ICB, more than 25 million prescriptions are dispensed annually in primary care.

The total investment in medicines and prescribed appliances across all sectors is believed to exceed £450m every year within our system.

Pharmacy and medicines optimisation teams are key to the setting of medicines policies and development of governance as well as the operational aspects of procurement, production and supply of medicines. The same teams also provide professional advice to clinicians and patients

Staffordshire and Stoke-on-Trent Integrated Care System

alike to optimise the clinical outcomes, while minimising the inherent risk of harm due to adverse effects of medicines.

Since the NHSE guidance was first published, there have been significant developments in pharmacy workforce education and training. This has increased the potential contribution that the profession can make to supporting delivery of ICS priorities. Legislative changes have also been made that further enable this and there is therefore a need for the system to have an effective plan to capitalise on these opportunities.

Some welcome change is already occurring with the delegation of community pharmacy along with dental and optometry contracting to ICBs. Pharmacy professionals are also actively contributing to clinical care in employed roles within Primary Care Networks (PCNs) and general practice, in addition to the more traditional settings.

Community pharmacy is also more active in the clinical space than previously, with national services such as “Pharmacy First”, hypertension case finding and oral contraception services. Our system is also currently hosting a range of pilot sites exploring the opportunities related to independent prescribing in community pharmacy.

Within NHS Trusts and provider services, there are growing opportunities for pharmacy teams to engage in advanced practice and to become accredited as consultant pharmacists. However, there are currently no formal consultant pharmacist level roles within the system.

As the NHS continues to struggle to meet the growing needs of patients within financial allocations, there is a clear opportunity to align, share and collaborate at system level on several areas of common interest across all sectors of the pharmacy profession. There is a clear narrative that collectively the professional impact on the care of the patients we serve can be enhanced by such an approach. These include:

- Medicines value and financial efficiency
- Medicines safety and governance
- Antimicrobial stewardship
- Pharmacy workforce
- Risk

In adopting this approach, we will continue to respect the autonomy and accountability of individual partners and organisations.

The potential benefit of an integrated approach to risk ensures that risks across the various IPMO sectors are better understood and will benefit from a partnership approach to prioritisation and resolution.

Alignment to other strategies

The NHS long-term plan¹ sets out an ambitious programme for the NHS, along with a prioritising the prevention of ill-health and premature mortality and morbidity. Medicines and pharmacy are key to this ambition. Particularly in the realm of cardiovascular disease, with the detection of hypertension in community pharmacy and the provision of antihypertensive drugs, lipid management, and anticoagulation medicines in atrial fibrillation.

¹ [NHS England » NHS Long Term Plan](#)

Staffordshire and Stoke-on-Trent Integrated Care System

Similarly, the effective provision of pharmaceutical agents to support weight loss will have an impact on preventing type II diabetes and other long-term health implications associated with obesity.

The over-arching ambition to reduce avoidable hospital admissions by better management of long-term conditions will require significant medicines optimisation input, as will the ambition for people to die in a place of their choosing, rather than an acute hospital setting.

The ambitions for early detection and treatment of cancers will also require input from pharmacy teams, as will the better management of poor mental health.

The Staffordshire and Stoke-on-Trent Integrated Care Strategy sets out four main aims:

- Improve outcomes in population health and care
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development.

This strategy for pharmacy and medicines will support delivery of the first three headings.

What are we aiming to achieve by 2026?

1. During 2024/25, there will be a clear strategy for pharmacy workforce and an associated delivery plan agreed
2. During 2024/25, there will be a clear process across the system for optimising medicines value and an initial prioritised programme of work. This work will also focus on reductions in health inequalities
3. The system pharmacy leadership and governance structures will be developed and strengthened through a distributive leadership approach
4. There will be a rolling programme of cost efficiency resulting from effective annual horizon-scanning processes
5. During 2024/25, the system will align shared priorities for medicines and agree a common plan that optimises the likelihood of success through shared endeavour.
6. During 2024/25, a system-wide approach to antimicrobial stewardship will be developed and implemented
7. During 2024/25, we will develop an integrated approach to medicines safety, building on existing systems and processes
8. By 2026, the system will have an integrated approach to medicines optimisation that reaches all clinical professional groups with prescribing rights, recognising the growing impact on non-medical prescribers
9. Collaboration across system boundaries to support consistent decision-making and approaches that reduce or eliminate unwarranted variation in the pharmaceutical care offer provided when Staffordshire and Stoke-on-Trent patients access acute care services in neighbouring systems.

How we plan to achieve this

1. We will develop an IPMO workforce strategy that reaches all sectors within the system to support high quality pharmaceutical care. This strategy will be underpinned by a series of

Staffordshire and Stoke-on-Trent Integrated Care System

plans to deliver on the needs of the system and will include training and development to support the resilience of services

2. Our operational plans will focus on improving patient outcomes and utilising population health management approaches that allow segmentation and personalisation of care to reduce health inequalities.
3. Embed systematic approaches and best practice relating to medicines safety across all services and establish appropriate assurance processes are in place
4. Define our system approach for assessing and prioritising medicines value and establish an operating model to support it
5. Engage with neighbouring and wider health and care systems and both share and adopt best practice
6. Undertake a review of IPMO governance processes and ensure they are fit for purpose
7. Develop an assurance framework demonstrating the delivery of key control measures and performance standards.

Monitoring progress and next steps

Progress on the strategic ambitions will be monitored and a revised strategy document will be developed for 2026 onwards. Much of this document identifies the building blocks for change and transformation of pharmacy and medicines optimisation, rather than a final destination.