



MLCSU
Clinical
Medicines Management
and Optimisation



Midlands and Lancashire
Commissioning Support Unit

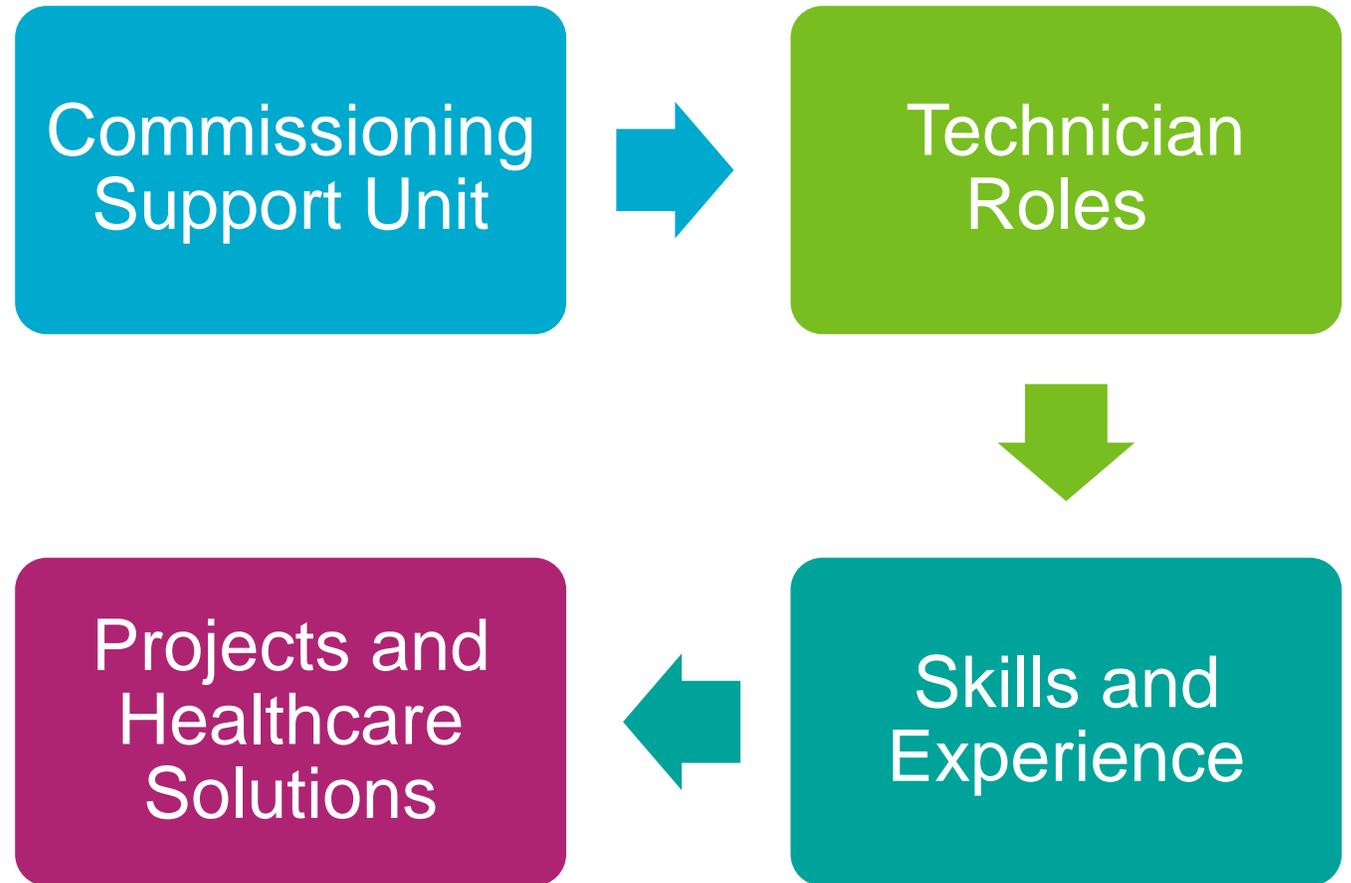
Innovative use of multi-skilled Pharmacy Technicians in the CSU

Julie Lawson – Medicines Optimisation Technician

Jill Cropper - Medicines Optimisation in Care Homes Technician (MOCH)

Max Huizar - Medicines Optimisation Technician

Aims and Objectives

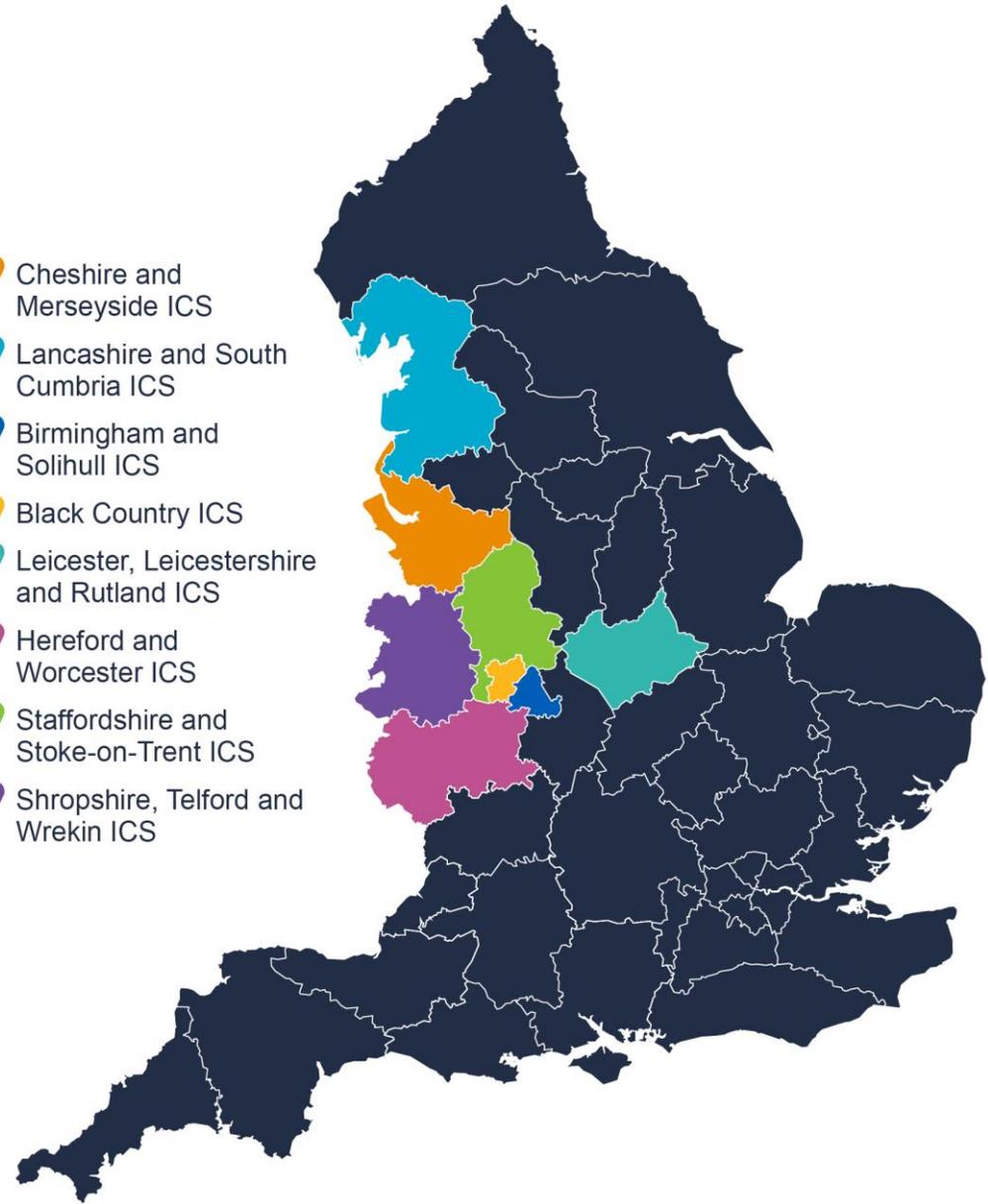


The Footprint



NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) supports the NHS and social care sectors offering a broad career path for pharmacy technicians

- Cheshire and Merseyside ICS
- Lancashire and South Cumbria ICS
- Birmingham and Solihull ICS
- Black Country ICS
- Leicester, Leicestershire and Rutland ICS
- Hereford and Worcester ICS
- Staffordshire and Stoke-on-Trent ICS
- Shropshire, Telford and Wrekin ICS



About NHS Midlands and Lancashire CSU



Midlands and Lancashire
Commissioning Support Unit



Customers and Systems



Lead CSU for 8 integrated care systems

Plus diverse clients from NHSE/I, ICSs and ICBs, trusts, primary care and local authorities.



With a total healthcare spend of **£14.9bn**



Of the NHS, for the NHS



“A valued strategic partner”
Lancashire and South Cumbria ICS

Customer satisfaction:
98% of customers ‘satisfied’ or higher



Finance



£108m
Annual turnover



£35m
Generated in new business



Workforce



1900+
Staff, including leaders in their field



28
established supply chain partners adding expertise



Towards Excellence
Level 3 Accredited



Innovation



Awards in 2021

3
Won

8
Shortlisted



Leading digital transformation programmes for Digital First projects



TALENTone, flexible resourcing providing skills and capacity



Mobilising a “Gold Command Room” to ease system pressure



MDL mobile app making it easy to stay up to date with MLCSU

Our Values



Quality and Excellence
in our services



Adding Value
exceeding customer expectations



Partnership Working
with our customers and suppliers



People Matter
patients, staff and customers



Transparency and Integrity
in everything we do

HEALTHIER PLANET
HEALTHIER PEOPLE

We are focused on reducing our carbon footprint and delivering our services sustainably

Medicine Optimisation in Care Homes- MOCH

Rational and safe use of medicines

Minimise risk by safe and secure handling

Provide support to promote cost-effective use of medicine

Modify and manage prescribing

Provide education and training to care home staff

Aim to reduce unnecessary wastage

Support in the implementation and development of pathways and guidelines

Work as part of a multi-disciplinary team to influence opinions

System Support Pharmacy Technicians

Specialist skills and prescribing data expertise



Wide range of tools



EMIS & SystemOne searches, budget reports, databases



Ad-hoc, bespoke reports and analysis



Ability to benchmark against national level data and local peers

Consultancy Team Technicians

Provide bespoke support

Have specialist training, skills and experience

Mentoring support to PCN Technicians, deliver education and training sessions

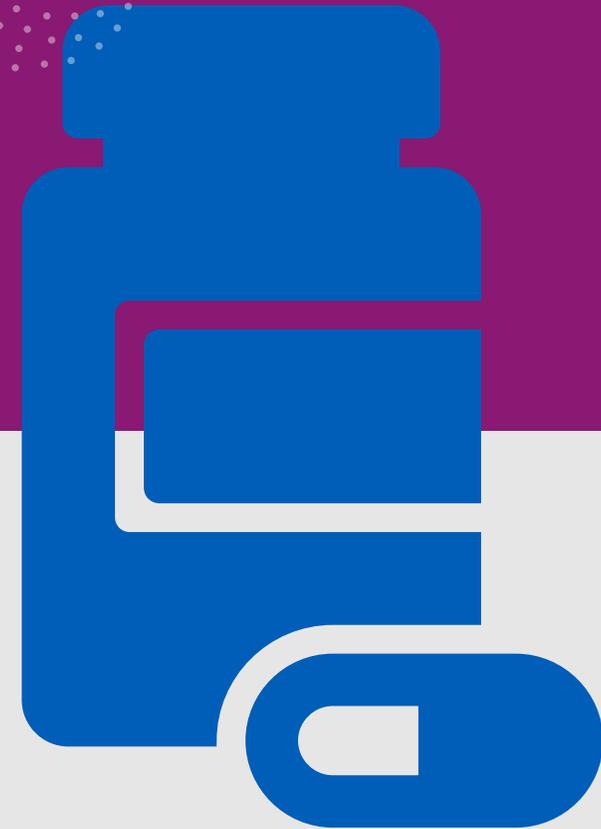
Project Management support

Patient clinical services

Medicines Optimisation Technicians

Support ICBs, PCNs and GP Practices with:

- Safe and cost-effective prescribing advice
- Safe prescribing systems
- Systems medicines training
- Medication reviews
- Audits & support for patients



Management and Leadership Roles

MLCSU encourages Pharmacy Technicians to develop leadership and management skills



Working with wider teams to deliver the best medicines outcomes



Technicians play a key role in Project Management

Systems and Processes

Electronic Repeat Dispensing (eRD)

Proxy Ordering

Hospital Discharge Audit



Safety Projects

Supported the Covid
Vaccination Programme

Fridge Audits

Hospital Only Medication
Audit and Protocols

Patient Centred Care

Me & My Medicines Clinics



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graph TD; A[Me & My Medicines Clinics] --> B[Sue Ryder]; B --> C[Asylum Seekers]; C --> D[National Diabetes Prevention Programme (NDPP)]
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Sue Ryder

Asylum Seekers

National Diabetes Prevention Programme (NDPP)

Any Questions?

Thank you for listening to us today.

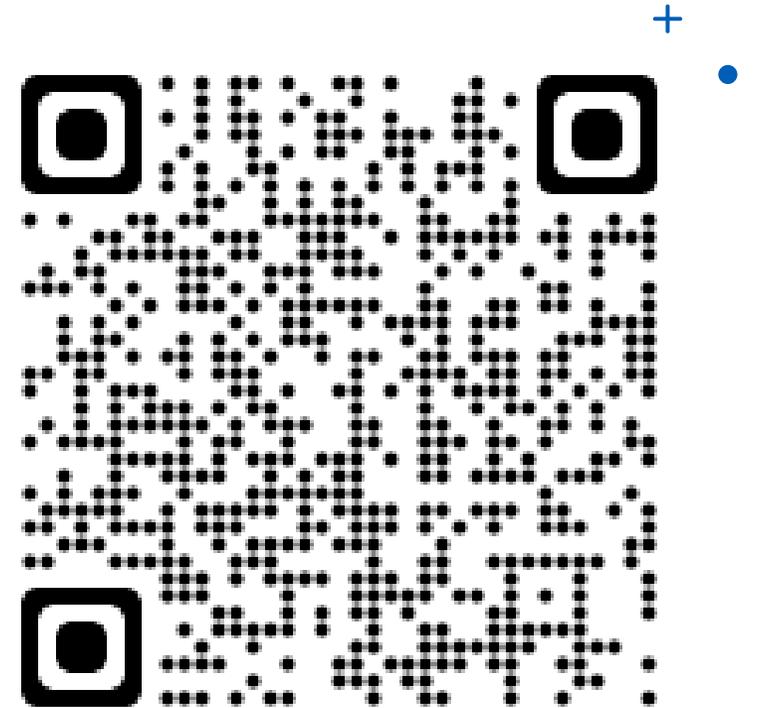
If you would like any more information on anything we have talked about today our Contact details are:

Midlands and Lancashire CSU

mlcsu.medicinesoptimisationsupport@nhs.net

www.medsopt.midlandsandlancashirecsu.nhs.uk

Twitter @mlcsu



Me and My Medicines Clinics



- Technician led non-clinical medication review clinics were set up across the local area giving patients a greater understanding of their medications and empowering them to take responsibility for their own health.
- Pilot clinics were trialed in each area.
- Emis searches were created to identify patients aged between 65-80 on 3 to 7 medicines.
- Patients were invited into clinics and asked to bring their medications with them.
- Following the Me & My Medicines campaign patients were encouraged to ask questions or raise any concerns about their medicines.
- After successfully running and reviewing two pilot clinics, a further nine GP practices were selected.
- In the first seven months 257 patients with a wide range of comorbidities were seen in clinics. The technicians gave Inhaler counselling to 23 and realigned 52 medicine quantities. There were 4 high level interventions (for example, stopping duplication of medication), 146 medium level (for example, correcting variation to licensed doses), and 532 low level (for example, appliance Maintenance and reminder of blood pressure checks).
- Patients, relatives and GP practice staff also gave positive feedback.

Clozapine Audit & Protocol



Clozapine is a second-generation antipsychotic indicated for refractory schizophrenia and psychosis in Parkinson's disease. It is a high-risk medication, with prescribing normally retained in secondary care. Patients prescribed Clozapine require close monitoring, with a need for primary care clinicians to be aware of secondary care prescribing due to important drug interactions and the potentially fatal side-effects associated with treatment.

The Medicines Optimisation Technicians carried out an audit and found that 36% of patients prescribed Clozapine didn't have it on their medication records.

The benefits of having Clozapine visible of the medication record, include; enhancing patient safety and minimising the following potential risks:

- Inadvertent co-prescribing of interacting medications
- The potential to miss side effects or not attribute them to clozapine therapy
- Clozapine being missed on admission to another care setting.

We then ensured that Clozapine was added to the records of **all** the patients prescribed it by secondary care.

We also created and added a prescribing safety protocol to the GP prescribing system which will alert prescribers to the potentially fatal side-effects of Clozapine.

+++THIS PATIENT IS TAKING CLOZAPINE+++

1. **INFECTION**: Consider urgent FBC if there are signs and symptoms of infection, e.g., sore throat, fever, or flu like symptoms. Clinicians should seek specialist guidance if neutropenia or agranulocytosis is identified and simultaneously notify the mental health team.
2. **CONSTIPATION**: All patients on clozapine must be monitored and treated for constipation. Clozapine-induced gastrointestinal hypomotility can progress to severe and fatal bowel obstruction.
3. **SMOKING**: On cessation of smoking, plasma clozapine levels can rise dramatically (up to 70%) due to reduced clozapine metabolism. If patients change their smoking status (including switching to an e-cigarette or starting nicotine replacement therapy) the mental health team must be informed so that plasma levels can be monitored and dose adjustments made.

Hospital Discharge Audit

- Improve patient care / experience following discharge from Secondary, back to Primary Care
- MLCSU technicians worked alongside a multidisciplinary team of GP's, Practice Staff, Secondary Care Doctors and Pharmacy representatives
- Developed an audit tool to capture data from five local PCNs over a six-month period
- Provided training and support for practice staff to complete the audit
- Collated and analysed the data and presented findings to the Hospital Trust
- Participation: 5 PCNs, 43 GP practices, 820 audits completed

Sue Ryder Care Home Project



- Sue Ryder Neurological Care Centre in Preston, Lancashire is a 40 bedded unit specializing in the care of patients with long-term, complex neurological disorders including traumatic brain injury, Parkinson's and Huntington's disease. Due to the complex nature of the above conditions, the number of medicines prescribed can be extensive with patients having on average 10-15 prescribed medicines to be administered each day. The time implication of managing these medicines can be substantial, taking nursing and care staff away from patient-facing activities
- After MLCSU visited the Preston site in May 2021, it was recognized that the medicines process was very onerous and it was suggested that a pharmacy technician could be employed to take over management of medicines, thus freeing up more nursing time. This was suggested to be trialed for a six-month period initially

The remit of the role included:

Ordering and receipt of medicines

Education and training

Medication review

Medicines management
Datix queries

Key improvements and recommendations for future

Management of topical preparations

Homely remedies

Fridge compliance

Disposal of medicines and waste awareness

Oral Nutritional supplements

Pharmacy queries

Stock control and rotation

Improved relations with GP and Pharmacy

Medication reviews

Increasing patient referrals into the National Diabetes Prevention Programme in the Black Country

midlandsandlancashirecsu.nhs.uk



Midlands and Lancashire
Commissioning Support Unit

Background

We were commissioned by Black Country and West Birmingham health system to engage with GP practices and directly with patients to increase referrals into the National Diabetes Prevention Programme (NDPP). The NDPP is designed to support adults who are at a high risk of developing type 2 Diabetes Mellitus (T2DM). Participants are referred into a structured educational programme and attend a series of group sessions to empower them to make sustainable lifestyle changes to reduce their risk of developing T2DM.

Action

The collaborative project team between NHS Midlands and Lancashire CSU (MLCSU) and the health system provided a coordinated response to help increase referrals from primary care. This involved:

- A **dedicated email inbox helpline** for NDPP queries from primary care
- **Pathway documents** to provide practical information to support practice engagement and implementation of NDPP
- Development of **clinical systems searches** to identify patients eligible for referral to the NDPP.
- **Direct discussions** with eligible patients by pharmacy to encourage referral to NDPP
- Development of **electronic transfer documents (EDT)** including approved clinical language for IT systems (SNOMED codes) to inform practices of patient discussions.

An early implementation test with the help of **Thornley Street GP Practice** was fundamental to the success of the project, refining processes for rolling out to other practices.

Impact

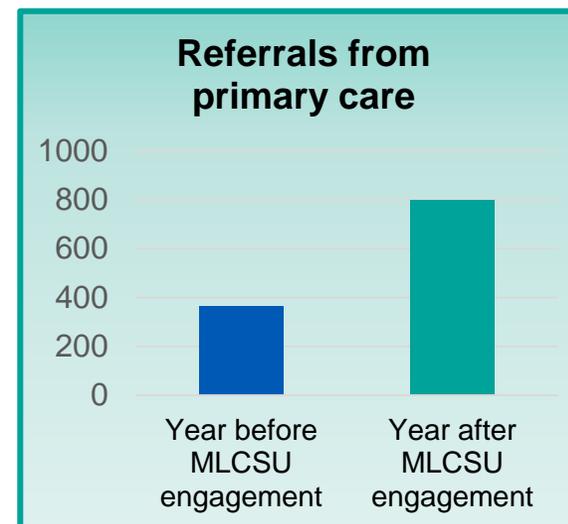
Figures from the NDPP provider (Ingeus) show that referrals from primary care more than doubled in the period since MLCSU engaged with practices – **799** referrals, compared to the year before – **364** referrals from primary care (May 2021-Jan 2022).

Since the programme commenced (April 2021–March 2023) MLCSU has:

- Engaged with **42** GP practices in the Black Country and West Birmingham region
- Referred **2130** patients to the NDPP from a total of **5437** (38% referral rate)
- Worked collaboratively with locally commissioned NDPP providers and primary care commissioning leads to maximise GP practice engagement.
- Produced personalised videos which were sent to patients from 5 practices. 277 patients were sent a link via text message and were able to select to be referred or request further information. This led to 41 referrals (15%). This was a test of concept to allow the project to reach more eligible patients.

“Thank you very much for all your support and assistance. Clearly this exercise has been very useful. I will share the results with our team.”

Ikbir Kaur | Practice Manager, Hilltop Medical Centre



General Practice Community Pharmacist Consultation Service (GP CPCS)



- The service enabled practice based teams to refer patients requesting appointments for specified minor ailments to their local community pharmacist for a consultation. This helped free up GP time to focus on IIF targets and review patients with long term conditions or more urgent needs. It also helped support patients to self-manage their health more effectively with the support of community pharmacists.
- Pharmacy technicians were involved in stakeholder engagement, creating Resource Packs, presentations, including running Q&A sessions for trusts looking to 'go live', and drop-in sessions for any queries from practices and pharmacies already live.
- Providing general support to key stakeholders during and after the implementation.
- Pharmacy technicians also took the lead on reporting regional data to both NHS England and the National team

Smoking Cessation Service



- The aim of the SCS implementation team is to support delivery of the prevention ambitions in the NHS Long Term Plan (LTP), and for community pharmacy to become a nationally available choice for patients to access smoking cessation support post discharge.
- Pharmacy technicians were able to offer support to pharmacists engaging with trusts through meetings and a series of Q&A webinars.
- Technicians were able to help follow up with the trusts who have 'gone live' answering any queries and provide support to pharmacies offering the service.

Learning Disability and Autism Project – Creating a Community of Practice



- The primary aim of this project was to upskill pharmacists and pharmacy technicians to deliver safe, effective and person-centred Structured Medication Review (SMR) for people with a learning disability. SMRs must be focused on quality-of-life improvements through appropriate medication use and will often involve family and/or paid carers.
- Pharmacy technicians involved in this project were required to evaluate and analyse data from 4 online surveys and interviews completed by participants of the project.
- Technicians were able to use this data to create graphs and charts to feedback to stakeholders.
- Finally, we were able to help produce a final report for NHS England with all our project findings and recommendations.