

HJ Medicines Optimisation and Pharmacy

Current priorities and 25/26 plans

Presented by:

Denise Farmer National Pharmaceutical Adviser Health and Justice

Thank You!

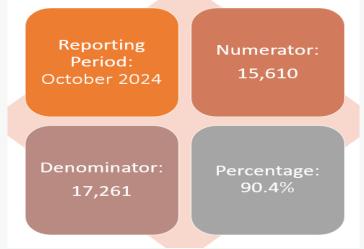


Some Successes



10th Sept and 22nd Oct: Early release scheme (SDS40):

- Releases after serving 40% of sentence
- Approx 3000 across both dates
- No issues with medicines continuity- 28 days supplied



Medicines reconciliation outcomes:

- Sustained success over 2025
- 90% prisons meeting 80% target
- Toolkit available to support release and transfer improvements: <u>Continuity of Care in</u> <u>Detained Estates - Health and Justice Medicines</u> <u>Optimisation Network - FutureNHS Collaboration</u> Platform



Nasal Naloxone: Officer use

- Partnership with HMPPS + £
- Supply and training via HJ SMS teams
- Local HMPPS SPOC to lead at each site
- Used >100 times so far = saving lives

2024/25 Programme final phases

CGM in HJ

Tools and guidance
Implementation support
NHS England framework

Data and digital

EPS FoT and fast followers

Digital transfer of HJIS Rx (new)

Data integration of vaccs and

SMRs into national datasets

SMRs in HJ

Actions for implementation planning

Tools and guidance

Dashboard set up

COVID, flu and RSV vaccination

VVE and outcome monitoring
Planning for Spring 2025 (COVID)
Inclusion of flu and RSV data
in FDP

January - March 2025

National phase of programme development ends

Plans to increase regional HJ pharmaceutical advice

Implementation passes to regions and sites to plans and progress

Local, regional and national reporting to inform use/uptake

Sharing good practice

What next for naloxone in 2025?

- HMR 2012 regulations changing allowing more organisations/staff to possess naloxone and supply take home supply: <u>The Human Medicines (Amendments Relating</u> to Naloxone and Transfers of Functions) Regulations 2024
- HMPPS will be able to order and handle naloxone themselves
- Transition to new model planned for 2025 including HMPPS commissioned training for all officers
- Review of models of take home supplies will be neededpartnership approach to maximise uptake and access against common criteria



What next for medicines continuity in 2025

- Continue to explore options for using evidence bags to support transfer and court supplies
- Focus on outcome improvement and use of SEAT templates- regionally led
- YouTube videos for released people about accessing medicines in the community
- Design a leaflet and poster to complement the videos
- Impact assessment of move to 28-day EPS prescription supplies on release



Discharge Percentage: 29% Transfer

Percentage: 32.6%

Looking to 2025/26: Programme drivers

10 year plan in Spring will drive priorities: 3 shifts:

shift 1: moving more care from hospitals to communities

shift 2: making better use of technology in health and care

shift 3: focusing on preventing sickness, not just treating it

In the meantime:

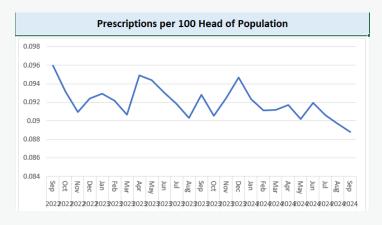
- Antimicrobial Stewardship
- Medicines safety and access
- Focus on women in custody and mental health
- Pharmacy careers, training and workforce

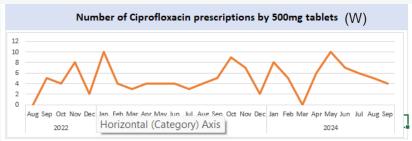


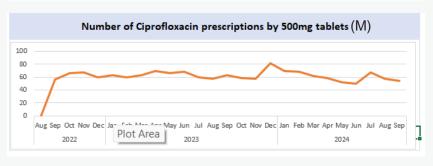


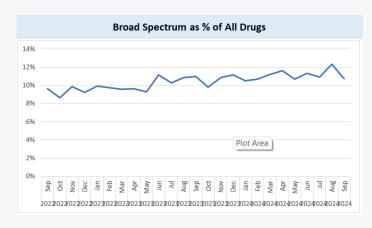
Help build a health service fit for the future

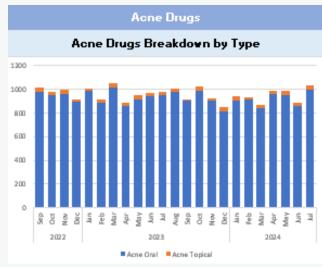
Antimicrobial Stewardship in HJ: Data

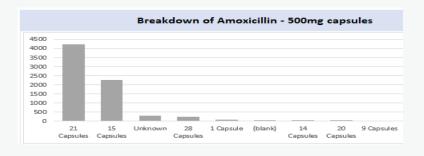




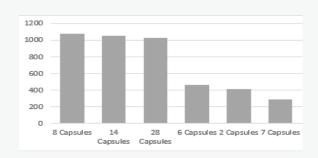








Breakdown of Doxycycline - 100mg capsules





HJ healthcare staff survey

First study to examine AMR knowledge, attitudes, and prescribing behaviour in correctional facilities.

Motivation gap: Highlights need for strategies to improve AMS implementation.

Actionable steps:

- Enhance AMS motivation via tailored interventions.
- Address acne prescribing challenges with specific guidance and support.
- Strengthen AMS practices within prison healthcare settings.

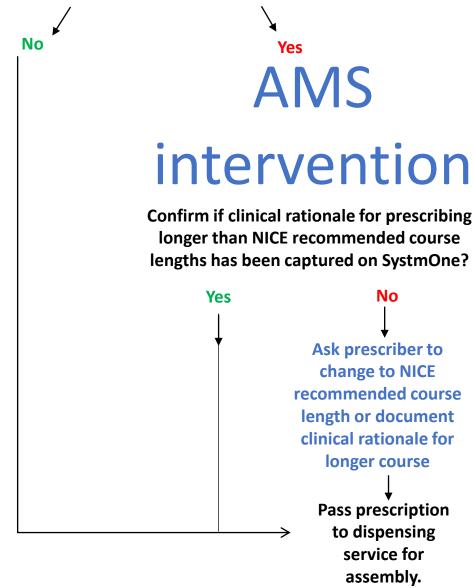




Quick Wins to preparing for the changes:

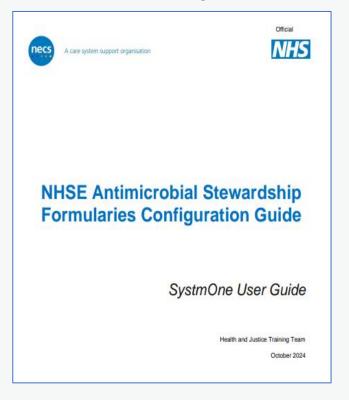
- Reconcile each prescription with the rationale on SystmOne
- Remove stock of larger packs from emergency cupboards
- Request smaller packs from over labelling supplier
- Brief the healthcare and pharmacy teams about the changes
- Liaise with subcontracted pharmacies to ensure they are aware of the changes and have appropriate pack sizes.
- Empower subcontracted pharmacy services to check rationale for larger pack sizes

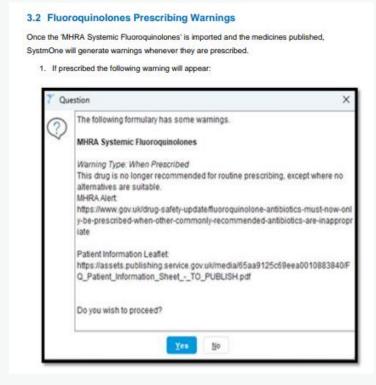
Has more than than 5 days been prescribed for respiratory tract infection or more than 3 days for UTI (female)?



SystemOne HJIS formulary and alerts

- Developed a HJIS SystmOne formulary guide for antimicrobials including all sites to upload and use
 - MHRA alert warning for fluoroquinolones- have to add a reason for prescribing if used
 - Course lengths for common antibiotics pre-populated in line with NICE guidance.





Medicine	Dose	Direction's	Duration	Quantity
Amoxicillin capsules	500mg	One to be taken three times daily	5 x days	15
Doxycycline capsules	100mg	Two to be taken on day 1	5 x days	6
		One to be taken on days 2 - 5		
Flucloxacillin capsules	500mg	One to be taken four times a day	5 x days	20
Flucloxacillin capsules	500mg	One to be taken four times a day	7 x days	28
	100mg	One to be taken daily	28 x days	28
Lymecycline capsules		Note: Review at 3 x months		
		Maximum 6 x months course		
Nitrofurantoin 12 x	100mg	One to be taken twice a day	3 x days	6
hour modified release				
capsules or				
Nitrofurantoin M/R				
capsules				

Next steps

National:

- Share the HJ dashboard and continue to monitor and report on outcomes
- Share good practice from improved outcomes so processes and approaches can be used by others
- Workstream being developed looking at skincare and acne management
- Further interventions to be designed based on survey and behaviour change theory
- Additional patient-focussed information e.g. Wayout TV

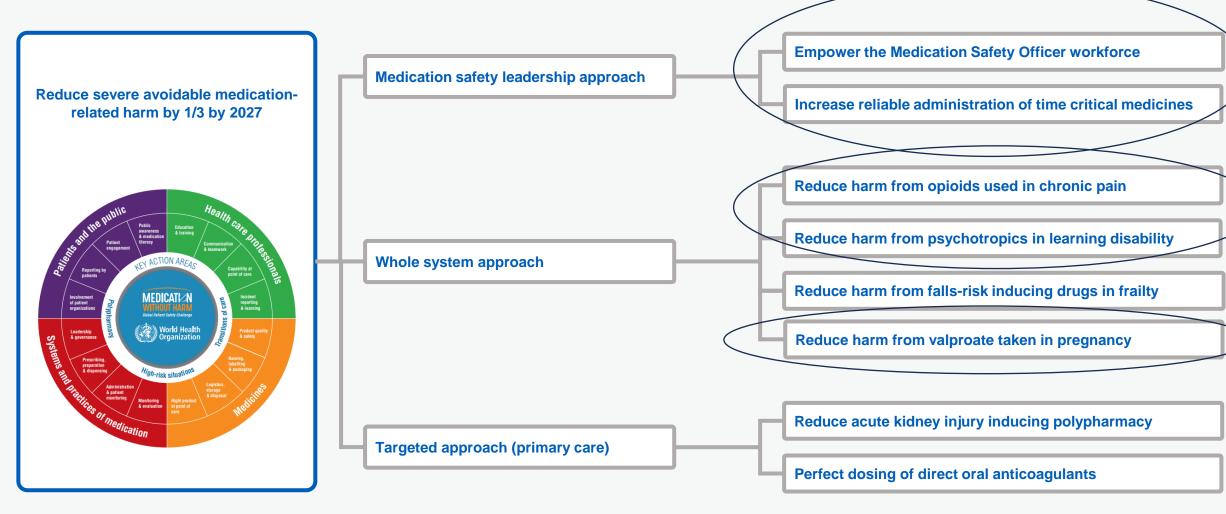
Regional

Commissioners to support sites to improve prescribing

Local- You!

Use the tools/letters shared with MMC, prescribers and pharmacy teams – empower change

Medicines Safety Priorities 2024-2027





Valproate in HJ: Female and Male estate

- Linking HJ with ICB valproate safety leads
- Sharing key information and data to support local audit



Access to critical medicines- MH pathway review

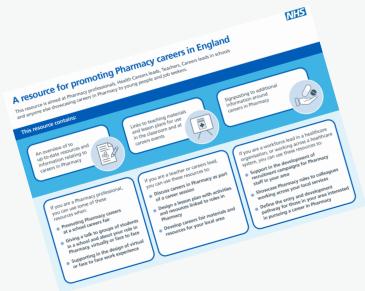
- Deep dive review of IP vs non-IP and urgent medicines access
- Medicines access at courts and transfer- continuity of care



Psychotropics, opioids and other DFMs

- SMR programme implementation prioritising these medicines
- Actions to improve medicines optimisation for people with neurodiversity or learning disability

HJ Pharmacy Workforce programme



Legislation paves way for Pharmacy Technicians to supply medicines under PGDs

Dispensing & Supply | National Pharmacy Services | Quality & Regulations

Thursday 6th June 2024

New legislation has been introduced to permit pharmacy technicians to supply and administer medicines under Patient Group Directions (PGDs).

Amendments to the Human Medicines Regulations were laid before Parliament at the end of May and are due to come into effect from 26th June 2024. The changes will permit registered pharmacy technicians to supply and administer medicines under a PGD in the course of their professional practice.



NHS England to offer extra 25 placements in health and justice sites for trainee

The additional placements mean there will be 26 trainee pharmacy placements at health at justice sites in 2024/2025.



Summary

- Several programmes to embed in 2025: SMR, EPS and AMR
- Continuing improvement- continuity of medicines in partnership
- New programmes to improve digital prescriptions, access to medicines supplies
- Health and Justice workforce careers, inclusion and integration

Over to you

- Engage locally with HJ practice teams, patients and PCN/ICBs
- Share good practice and improvements locally and nationally
- Use the opportunities to develop your HJ pharmacy practice and the practice of those around you