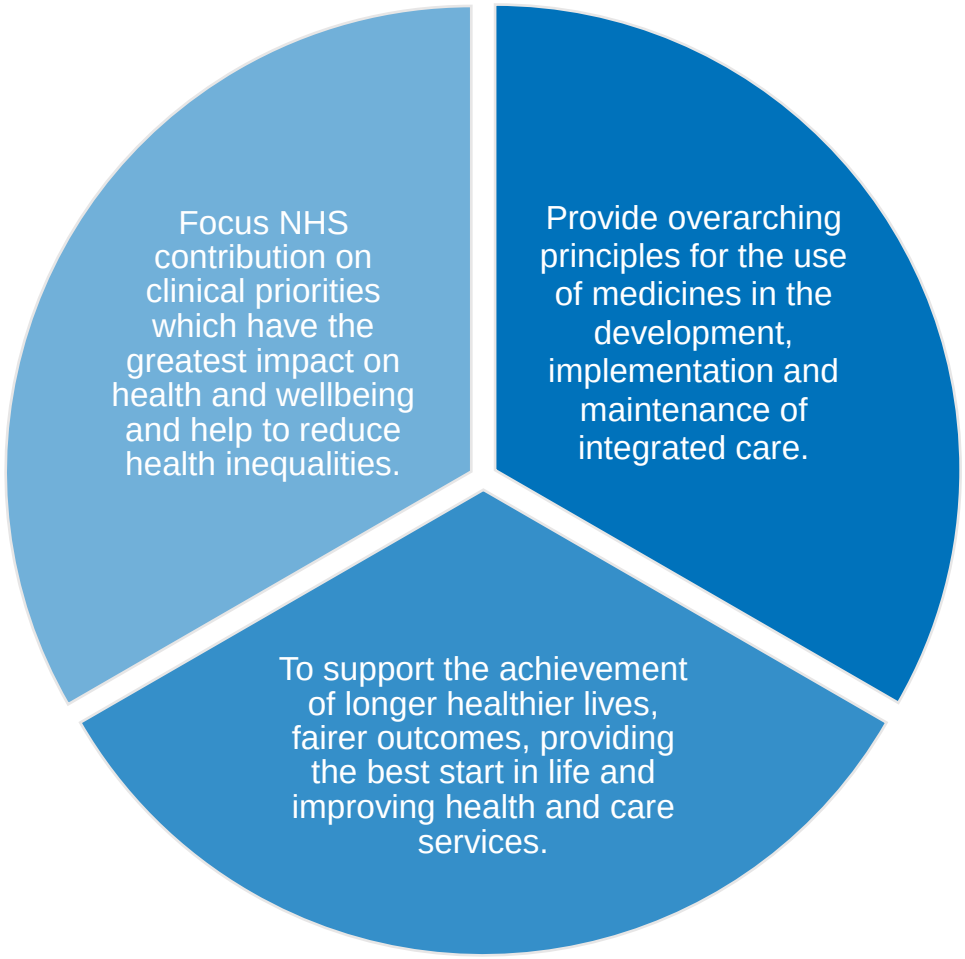
NHS
North East and
North Cumbria

Better Health and Wellbeing for All – Medicines Strategic Plan

2025 –2030

Our vision: using medicines to get the best outcomes from health services in NENC



- We will shift from a reactive hospital-based treatment model to pro-active approaches of prevention and early intervention
- We will address unwarranted variation in prescribing and improve inconsistent clinical pathways and outcomes
- We will focus on personalised prevention and care, improving self-care and management
- We will address the role of prescribing as both a driver and indicator of healthcare inequalities
- We will promote value-based healthcare and improve efficiency and value across the system
- We will ensure more action on upstream prevention of avoidable illness and its exacerbations, and rapidly adopt new technology where is supports prevention and treatment

Why do we need a medicines strategy?

Throughout our engagement with local clinical leaders, we have often been asked why do we need a medicines strategy, what are we trying to achieve?

The challenge

We know there are many challenges facing us as a local health and care system as populations shift, lifestyles change, healthcare become more specialist and innovation grows. Some of these challenges include:

- Prescribing acts as a pressure valve when something elsewhere in the patient pathway or system isn't working
- Wide health inequalities between people of different socio-economic groups and other inclusion groups
- Unwarranted variation in healthcare provision and the use of medicines
- Fragmentation and services focused on specific disease pathways
- Lack of focus on prevention
- Demographic changes and multi-morbidity
- Need for care closer to home
- Need to scale up innovative and excellent practice across the region
- Need for sustainable longer-term decision making
- Need to take a population health approach, to understand population health needs and focus on the priorities that will maximise improvements in population health and wellbeing

The aim

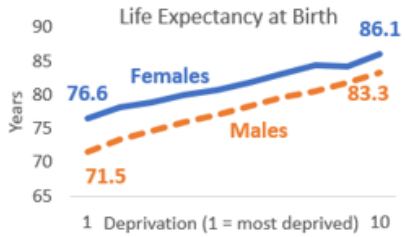
Through the development and implementation of our medicines strategy we aim to:

- Support delivery of the clinical conditions strategic plan
- Ensure we are making good decisions about medicines at patient, clinician, organisation and system level
- Narrow the health inequality gap
- Reduce unwarranted variation and drive quality improvement in our use of medicines
- Deliver person-centred care
- Ensure prevention is built into our common narrative, our service delivery and our way of doing things
- Ensure we create a learning environment, harnessing innovation and spreading best practice
- Ensure our investment is prioritised to areas of greatest need based on our findings
- See that our hard work and targeted investment ensures 'Better Health and Wellbeing for All'

The scale and size of the population health challenge in the NENC population

Whole Population

Inequalities



Female **+9.5**
Male **+11.8**
Difference in Life Expectancy Between Most and Least Deprived Areas (Years)

20.8%
Gap in School Readiness Between Children Eligible And Not Eligible For Free School Meals

51% of children eligible for free school meals have not achieved a good level of school readiness

Most Prevalent Long Term Conditions (All Ages)

642,900 (21%) Have **Anxiety**

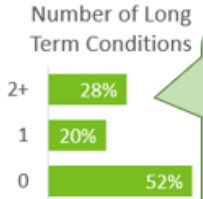
530,900 (17%) Have **Hypertension**

470,700 (15%) Have **Depression**

218,500 (7%) Have **Diabetes**

218,400 (7%) Have **Asthma**

Multi Morbidity



28% of People Live With 2 or More Long Term Conditions

Proportion of people with 2+ LTCs is **higher** in more deprived communities

Most Deprived **29%**
Least Deprived **25%**

Risk Factors

16% Are Smokers (Where Smoking Status Recorded)

38% Are Obese (Where BMI Recorded)

19% Have Increased or High Alcohol Risk (Where Alcohol Status Recorded)

Children and Young People

Most Prevalent Long Term Conditions (Aged Under 18)

23,000 (4%) Have **Autism**

23,000 (4%) Have **Asthma**

14,200 (2%) Have **Anxiety**

2,900 (0.5%) Have **Learning Disabilities**

2,100 (0.4%) Have **Epilepsy**

1,600 (0.3%) Have **Diabetes**

Obesity

12% of Children in **Reception** Are Obese

25% of Children in **Year 6** Are Obese

(Highest Rate in England)

Year 6 obesity rates are **higher** in more deprived communities

Most Deprived **40%** Least Deprived **15%**

Mental Health

31 Deaths by **Suicide** Aged 7 to 18 in NENC 2018/19 to 2022/23

Adults (figures for all ages)

Lung Cancer

93.6 per 100k Incidence of **Lung Cancer** (England 71.0)

Incidence of Lung Cancer is **higher** in more deprived communities

Most Deprived **142.3**
Least Deprived **51.8**

Respiratory

216,300 (9.5%) Have a **Respiratory Disease**

Back Pain

36,400 A&E Attendances For Back Pain In Last 2 Years

Of these:

37% have anxiety
31% have depression

60% of Adults Expected To Experience Back Pain During Lifetime (Nationally)

Anxiety and Depression (Age 18+)

Most Deprived **28%**
Least Deprived **21%**
Rates of **anxiety** are **higher** in more deprived communities

Most Deprived **23%**
Least Deprived **14%**
Rates of **depression** are **higher** in more deprived communities

Cardiovascular

616,000 (20%) Have 3+ Risk Factors For Circulatory Disease

The scale of medicines challenge in NENC

7.5m prescriptions

are dispensed in primary care settings every month

79,000 patients

are taking long term opioids

£1 billion spend

on medicines across NENC each year

13% of the population take antidepressants

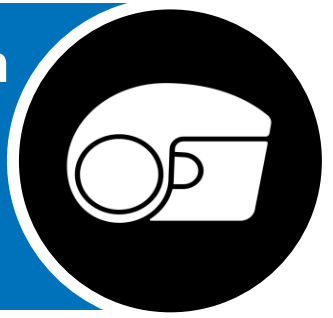
Including over 1,200 children and young people (under 18)

Polypharmacy

10% of people over 75 are on 10 or more medicines, and 59% are not as involved in decisions about their treatment as they would like to be

Treatment v prevention

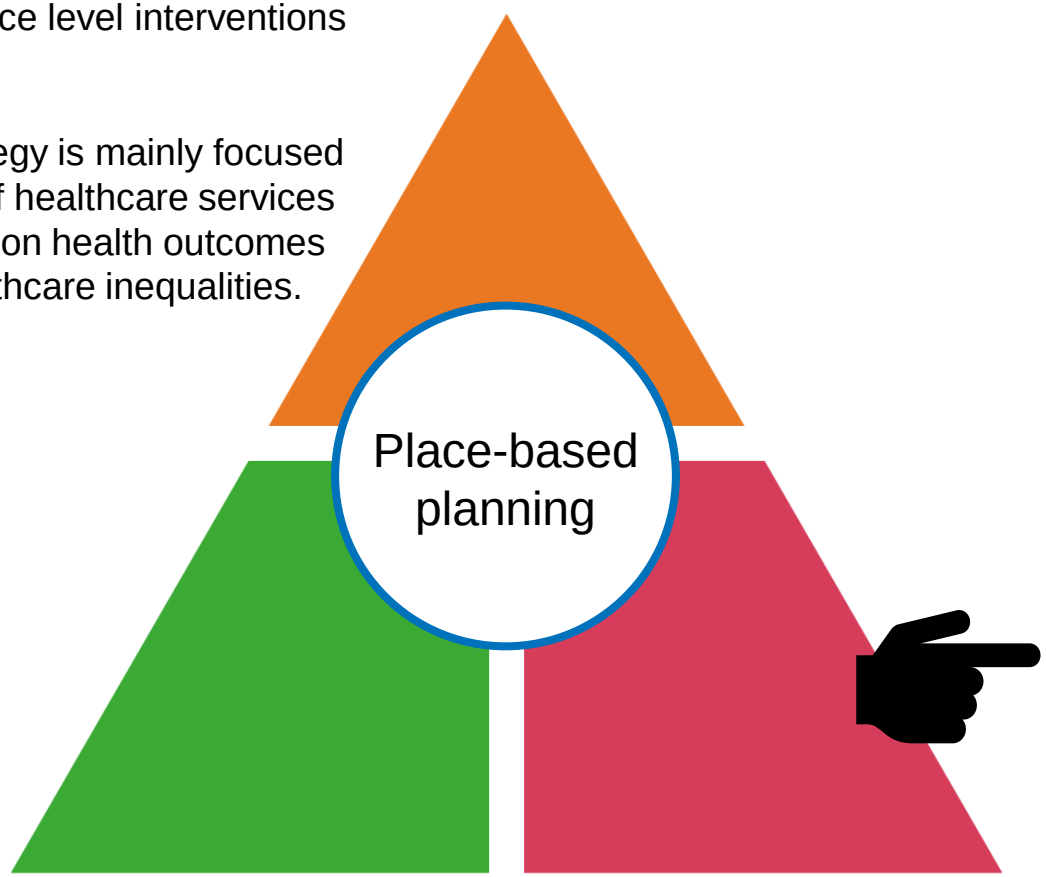
Over 50% of prescribed inhalers are for immediate relief rather than prevention.



Population Health Approach

Achieving improvements in Population Health outcomes require systemwide partnership working in delivering civic, community and service level interventions (Bentley, 2017).

This medicines strategy is mainly focused on the contribution of healthcare services to improving population health outcomes and addressing healthcare inequalities.



Civic level interventions

- Legislation; regulation; licencing; by-laws
- Fiscal measures; incentives; disincentives
- Economic development and job creation
- Spatial and environmental planning
- Welfare and social care
- Communication; information; campaigns

Community-based interventions

- The assets within communities such as the skills and knowledge, social networks, local groups and community organisations, as building blocks for good health
- Establishing what it is that residents in communities are best placed to do together; what they can best do with some outside help; what they need outside institutions to do for them

Service based interventions

- Delivering intervention systematically with consistent quality and scaled to benefit enough people
- Reduce unwarranted variation in service quality and delivery
- Reduce unwarranted variability in the way the population uses services and is supported to do so

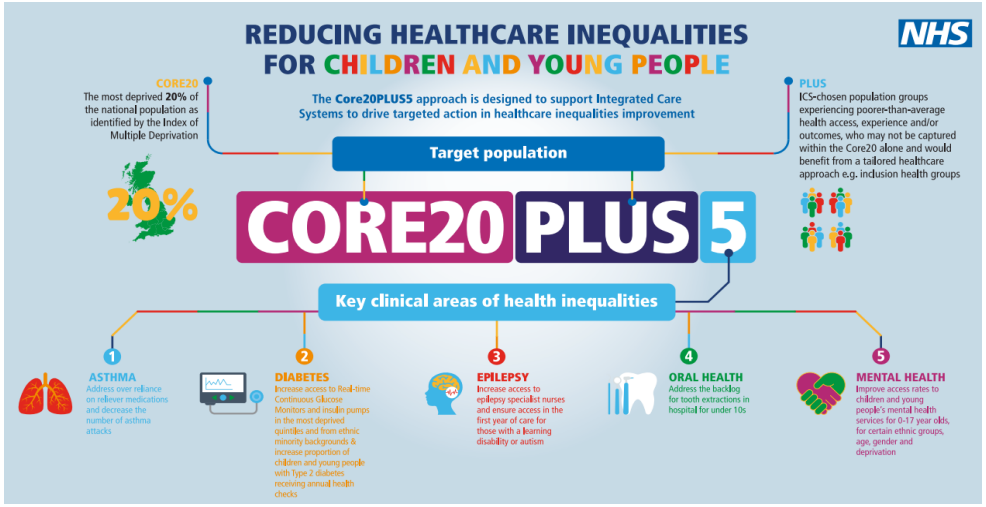
Medicines strategy principles

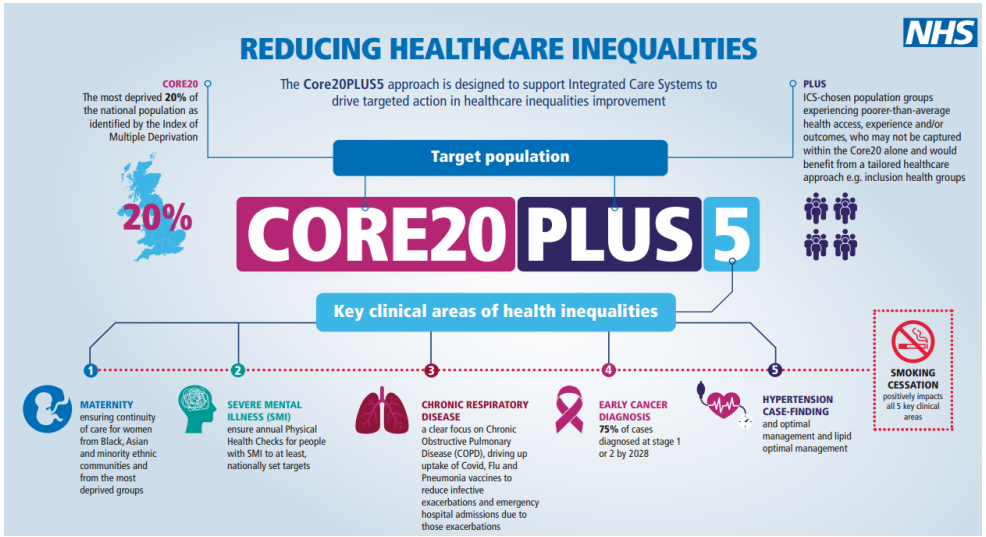
1	2	3	4	5
Focus on the contribution **medicines** make to improving population health and tackling healthcare inequalities across the life course.	Ensure medicines are used where, when and how it is **right for a patient**. Improve preventative prescribing and reducing unnecessary, ineffective or harmful overprescribing.	Ensure a **balance between current pressures and preventing future needs** by building on the efforts to prevent ill-health and the importance of early intervention and prescribing where supported by evidence.	Use data to drive activity; understand our population and their needs and use **resources** of all kinds, including medicines, to tackle inequalities and unwarranted variation.	**Develop and train** the health and social care workforce to progress the priorities identified and improve the effectiveness of the use of medicines.

Approach to developing the medicines strategy

- The strategy will not sit in isolation but is designed to support and deliver the clinical conditions strategy and be a part of our broader system strategy and plans.
- The strategy provides a greater understanding of the needs through population health management.
- Our prioritisation approach is evidence based.
- The development of the medicines strategy is based on clinical and system engagement.
- There is clear alignment with national policy including the overprescribing review and national medicines optimisation opportunities.
- The medicines strategy will support our clinical community in understanding the impact they can have on the role of medicines in ensuring the best start in life, healthier lives, fairer outcomes, and ultimately improving health and care services for the people of the North East and North Cumbria.

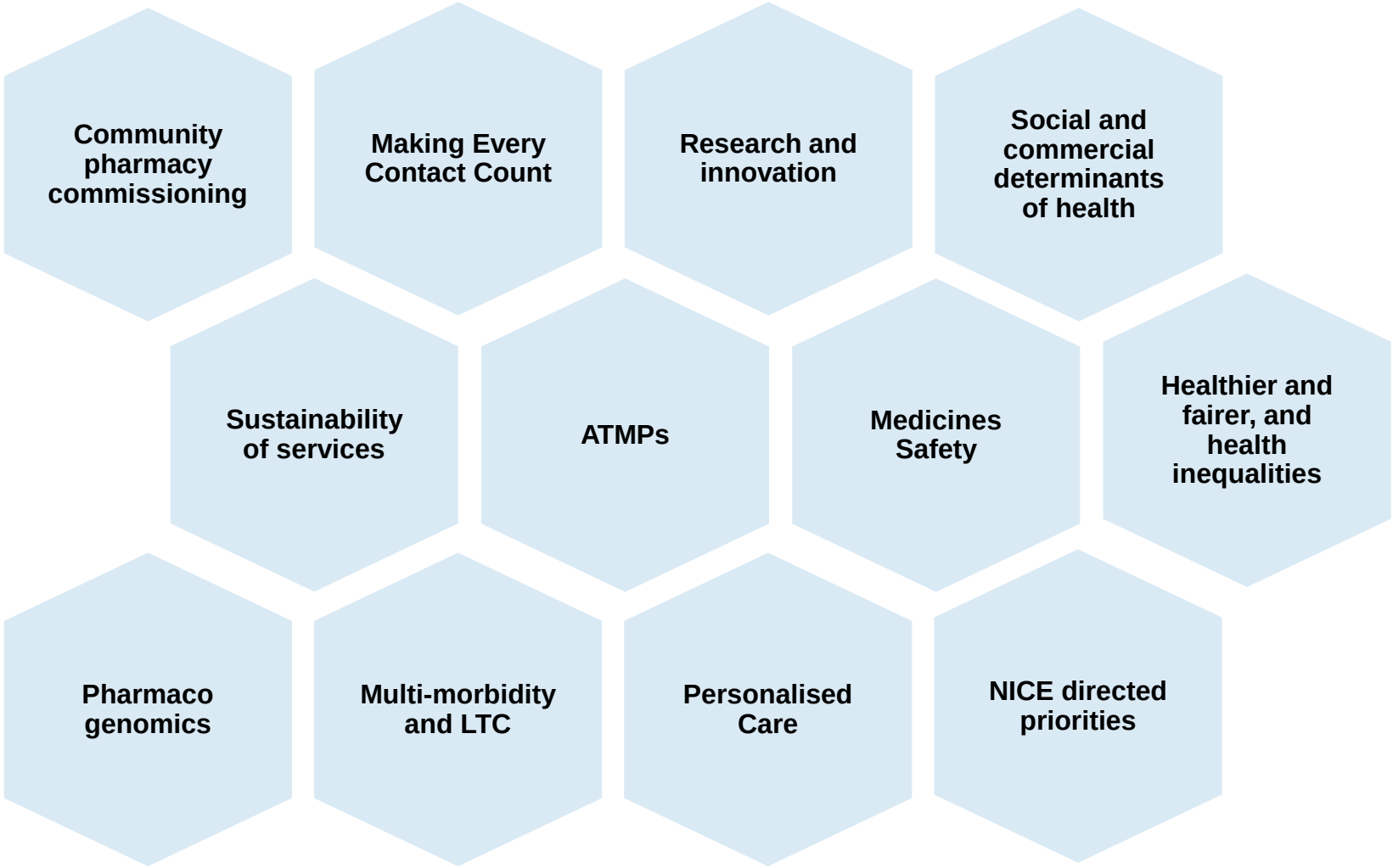
Core 20 PLUS 5 – going further





- Core20 PLUS 5 is a national NHS England approach to support the reduction of health inequalities at both national and system level.
- The **Core 20** element identifies the 20% most deprived within the national population.
- The **PLUS** population groups include ethnic minority communities, inclusion health groups, those with a learning disability and protected characteristic groups.
- There are **5** national priorities for children and young people and adults.
- Our aim is to further understand our target population and identify the key clinical areas of health inequalities for the people of the North East and North Cumbria.
- Using our own data driven, population health management approach, we have identified our condition specific priorities, and the medicines needs that arise from them.

Links to wider strategy and enablers



We recognise that these are key enablers in the delivery of our ambition.

We will ensure, through implementation, that links are made with other strategies and work programmes.

Our clinical priorities

Adults

- Lung cancer
- Cardiovascular health
- Respiratory health
- Lower back pain
- Anxiety/depression

Children and young people

- Diabetes
- Asthma
- Epilepsy
- Obesity
- Oral Health
- Anxiety and mental health
- Autism and learning disabilities

Medicines strategic priorities

Over prescribing

Reduce inappropriate polypharmacy and overprescribing to reduce medicine related harms, medicines waste and negative environmental impact

Antimicrobial Stewardship

Improve the quality of antimicrobial prescribing to support antimicrobial stewardship

Analgesia

Reduce dependence on analgesia for long term pain

CVD and diabetes

Reduce deaths and hospital admissions from CVD and diabetes through identification and optimised treatment

Respiratory

Optimise treatment to reduce respiratory hospital admissions

Anxiety and depression

Reduce inappropriate long-term prescribing of antidepressants and anxiolytics
Improve access to non-pharmacological therapies

Medicines Strategic Priority:

Overprescribing

Strategic 5-year plan 2025-2030

Overprescribing – what the data tells us

About 10% of medicines are thought to be overprescribed: where people are given medicines they don't need or want, or where harm outweighs benefits.

Polypharmacy increases with relative deprivation and the rate of those on two or more medicines is 2.8 times greater in the most deprived areas compared to the least deprived.

It is estimated that as much as £300million is wasted every year on unused or partially used medication

Over 10% of patients aged 75 and over are on 10 or more medicines. A person taking ten or more medications is more likely to be admitted to hospital because of an unwanted or harmful effect of a medicine (an adverse drug reaction)

Manufacture of wasted medicines consumes energy, plastics and other resources. Reducing overprescribing will help the NHS fulfil its commitment to become carbon net zero.

Oversupply of all inhalers is estimated to cost the local NHS more than £2m

Overprescribing recommendations

Patient safety

By reducing inappropriate polypharmacy and overprescribing practices, we aim to minimise adverse drug events, medication errors, and potential drug interactions, ensuring the safety and well-being of patients

Patient-centred care

We will ensure that patients feel listened to so that their prescriptions really address their issues or their preferences. Our patients will really understand why they are they taking each medicine, knowing what the risks or side effects might be

Education

We will educate and inform our population and healthcare professionals of the benefits of stopping a medicines as well as starting a medicine, that at times this is the most appropriate course of action

The decision to stop a medicine will be as common place as the decision to start a medicine

Overprescribing ambitions

Aim: Reduce inappropriate polypharmacy and overprescribing to reduce medicine related harms and medicines waste			
Indicator	**Baseline 2025**	**Ambition 2030**	**Enablers**
Reduction in the percentage of all patients prescribed three medicines that can have an unintended hypotensive effect.	5.89%	Lowest area in region 1.81%	Support cultural and behavioural changes with prescribers and patients to deprescribe medicines where appropriate and to utilise non-pharmacological interventions
Reduction in percentage of patients aged 65 and over with an anticholinergic burden score of 6 or more	0.85%	50% reduction 0.43%	
Reduction in percentage of patients aged 75 and over on ten or more unique medicines to below current England average	10.6%	9.7% (current England average)	

Medicines Strategic Priority:

Antimicrobial Medicines

Strategic 5-year plan 2025-2030

Antimicrobial medicines – what the data tells us

More than 2,000 deaths per year nationally due to an infection resistant to antibiotics

At a cost of £12.8 million

Almost 80% of antibiotic prescriptions from GP practices

900,000 patients were prescribed an antibiotic; 30% of the NENC population - the highest rate of antibiotic prescribing per population in England

In NENC, 2.2 million antibiotic prescriptions issued in primary care in one year

Estimates suggest almost 20% of antibiotic prescribing is unnecessary[1]

1) **Public Health England** (2018) Research reveals levels of inappropriate prescriptions in England. *gov.uk*, 27 February 2018. (accessed 13th January 2025)

Antimicrobial medicines recommendations

Optimisation of antimicrobial use (antimicrobial stewardship)

We will proactively support the appropriate use of antimicrobials across the system to ensure our patients get the right antimicrobial at the right time, at the correct dose, for the correct course length and only when they need it.

Education

We will educate and inform our population and healthcare professionals about appropriate use of antimicrobials, including about when they are not needed.

Infection prevention

We will work in partnership with other organisations and teams within the system to maintain current levels of infection from specified organisms as per the national action plan.

Antimicrobial medicines ambitions

Aim: Improve the quality of antimicrobial prescribing to support antimicrobial stewardship			
Indicator	**Baseline 2025**	**Ambition 2030**	**Enablers**
Reduce antibiotic prescribing across NENC Integrated System	5614.6 DDD/1000	5333.9 DDD/1000 -5% reduction	Secondary and primary care working closer together. Joint measure planned for ICBs based on National AMR 5-year strategy, 5% decrease in DDDs Support cultural and behavioural changes with prescribers and public to protect antibiotics for serious bacterial infections.
Reduce course length of antimicrobial prescribing from 7 to 5 days for 4 key antibiotics used for specific common infections	Amoxicillin – 73% Doxycycline – 41% Flucloxacillin – 20% Penicillin V - 32%	Amoxicillin >75% Doxycycline >60% Flucloxacillin >50% Penicillin V >50%	
% of antibiotics prescribed from the ACCESS category	Primary care 64% Secondary care 57%	Primary care >70% Secondary care >70%	
Reduce the number of patients receiving IV antibiotics past the point at which they meet the switch criteria and to reduce the proportion of IV doses	60% of IV prescribing appropriate	90% of IV prescribing appropriate	

Medicines Strategic Priority:

Analgesia Medicines

Strategic 5-year plan 2025-2030

Analgesia medicines – what the data tells us

60% adults are expected to experience back pain in their lifetime.

Pain medicines do not stop pain completely. They only benefit around 1 in 5 people & on average only provide a 30% reduction in pain.

The risk of harm from opioids increases substantially at doses above 120mg per day of morphine equivalent, but with no increased benefits.

The North East and North Cumbria has a high rate of opioid prescribing, along with one of the highest rates of drug related deaths in the UK.

120,000 people across North East and North Cumbria take opioids, with 97,000 taking them for more than 6 months.

High rates of opioid related hospital admissions are seen in males, aged 40-49 living in areas of higher deprivation.

Analgesia medicines recommendations

Opioid medicines

We will **proactively** promote the appropriate prescribing of opioids use in a personalised care approach:

Ensuring people diagnosed with non-cancer pain conditions are prescribed opioids in line with guidelines and the evidence base, as part of a shared decision-making conversation

Gabapentinoid medicines

We will **proactively** promote the appropriate prescribing of gabapentinoids use in a personalised care approach:

Ensuring people diagnosed with non-cancer pain conditions are prescribed gabapentinoids in line with guidelines and the evidence base, as part of shared decision-making conversation

Non-steroidal anti-inflammatory medicines

We will **proactively** promote the appropriate prescribing of NSAIDs use in a personalised care approach:

Ensuring people diagnosed with non-cancer pain conditions are prescribed NSAIDs in line with guidelines and the evidence base, as part of shared decision-making conversation

Analgesia medicines ambitions

Aim: Reduce dependence on analgesia for chronic non-cancer pain

Indicator	Baseline	Ambition 2030	Enablers
Reduce the number of people prescribed an opioid or compound analgesic, weighted for adult list size	80.7	20% reduction - to current England average 64.8	Utilising existing systems to support prescribing ambitions e.g. GP Team net, Optimise & Analyse Rx, CDRC searches, Audits etc. Working alongside system partners across the integrated care system (primary care, secondary care, PCN teams, third sector, patients etc.) Supporting prescribers and patients with education around appropriate analgesia (Resource pack, campaigns, education sessions)
Reduce the number of people receiving opioid pain medicines for 6 months or more, per 1000 patients	30.0	20% reduction – to 24.0	
Reduce the prescribing of opioids with likely daily dose of ≥120mg morphine equivalence, per 1000 patients	1.076	24% reduction - to current England median – 0.82	
Reduce the volume (defined daily doses) of gabapentinoids prescribed, per 1000 patients	552	24% reduction - to current England median - 420	
Reduce the volume (average daily quantity) of NSAIDs prescribed, per 1000 patients	1718	20% reduction - to 1374	

Medicines Strategic Priority:

Cardiovascular (CVD) Medicines

Strategic 5-year plan 2025-2030

CVD medicines – What the data tells us

In the North East of England cardiovascular disease accounts for 24% of all deaths

65,000 people at a high risk of CVD are not prescribed a lipid lowering medication

156,000 people with hypertension are not treated to the appropriate blood pressure target

Those within the most affluent communities have a lower uptake of lipid lowering medication

Treating an additional 47,895 patients with high blood pressure to target would prevent 287 heart attacks and 429 strokes, saving 230 lives

Treating an additional 14,684 patients diagnosed with CVD with lipid lowering medication would prevent 881 cardiovascular events, saving 106 lives

CVD medicines recommendations

Atrial Fibrillation

We will **proactively** improve the uptake of anticoagulation in the treatment of AF to reach the national ambition by:

1. ensuring patients diagnosed with AF are offered the first line choice anticoagulant in line with NHS England recommendations
2. encouraging proactive case-finding to address unwarranted variation

Blood Pressure

We will **proactively** improve the treatment to target of hypertension to reach the national ambition by:

1. ensuring patients with diagnosed hypertension have their antihypertensive medications optimised to target
2. encouraging proactive case-finding and promoting patient access to regular blood pressure checks via the NHS Community Pharmacy Blood Pressure Check Service

Cholesterol

We will **proactively** improve the uptake of lipid lowering treatment in CVD to reach the national ambition by:

1. ensuring patients at risk of CVD are offered lipid lowering medication
2. ensuring patients with diagnosed CVD are offered lipid lowering medication which is then optimised to target
3. encouraging proactive case-finding to address unwarranted variation

CVD medicines ambitions

Aim: Reduce deaths and hospital admissions from cardiovascular disease through appropriate and evidenced-based management and optimisation of medications

Indicator	Baseline 2025	Ambition 2030	Enablers
Atrial Fibrillation Increase the number of patients with diagnosed atrial fibrillation who are prescribed an anticoagulant	92.26%	95%	Updated NHS England commissioning recommendations and NHS England National Medicines Optimisation Opportunities. NHS Health Checks being offered to all those eligible to support primary prevention. Public awareness of CVD risk factors. Working with colleagues in the integrated system to ensure management of CVD throughout the treatment pathway as a family of diseases to ensure co-ordinated and integrated patient care.
Atrial Fibrillation Increase the number of patients who are treated with a first line choice DOAC as per NHSE recommendations (apixaban or rivaroxaban)	83.56%	90%	
Blood Pressure Increase the number of patients with diagnosed hypertension who are treated to target with antihypertensive medication	71.12%	80%	
Cholesterol – Primary Prevention Increase the number of patients at risk of CVD who are prescribed lipid lowering medication	58.62%	65%	
Cholesterol – Secondary Prevention Increase the number of patients with diagnosed CVD who are prescribed lipid lowering medication	87.39%	95%	
Cholesterol – Secondary Prevention Increase the number of patients with diagnosed CVD who are treated to target with lipid lowering medication	49.67%	60%	

Medicines Strategic Priority:

Diabetes Medicines

Strategic 5-year plan 2025-2030

Diabetes medicines – What the data tells us

Prevalence

223,275 people are living with Diabetes in NENC, and 38% of our population are living with obesity

Pregnancy

Only 17.5% of pregnant women with type 2 diabetes are taking high dose folic acid to reduce adverse foetal and maternal outcomes

Treatment targets

Only 26% of those with type 1 diabetes and 43% of those with type 2 diabetes meet all treatment targets for blood pressure, HbA1c and statin prescribing.

Polypharmacy

In NENC, annually there are around 875 admissions to hospital with hypoglycaemia in those 65 years+. Inappropriate polypharmacy has been shown to contribute to hypoglycaemia in people living with diabetes.

Spend

Diabetes is the most costly disease area for NENC, costing around £92.9 million annually on medicines and technologies to treat diabetes in NENC.

Cardiovascular risk

In NENC SGLT2 prescribing is below national average in type 2 diabetes (20.1% vs 23.5%), heart failure (45.8% vs 61.1%) and chronic kidney disease (2.8% vs 4.1%).

Diabetes medicines recommendations

Optimise treatment

We will increase achievement of the three treatment targets (HbA1c, blood pressure and cholesterol) in people living with diabetes by optimising treatment and improving outcomes for this complicated long-term condition, and introduce evidenced based use of innovative medicines for the management of overweight and obesity

Biosimilar medicines

We will use biosimilar medication where appropriate to ensure cost effective use of medicines. By increasing the cost-effectiveness of medicines, biosimilars allow more patients to access treatment sooner, and release funding for innovative treatments and improvements in pathways of care

Patient safety

We will reduce inappropriate polypharmacy in diabetes care.

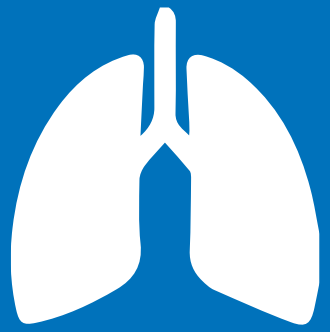
We will increase uptake of high dose Folic acid in ***pregnant*** patients living with diabetes

Diabetes medicines ambitions

Aim: **Reduce morbidity, mortality and hospital admissions from Diabetes through optimised treatment**			
Indicator	**Baseline 2025**	**Ambition 2030**	**Enablers**
Reduce inappropriate polypharmacy in people living with frailty and diabetes, to prevent over treatment leading to hypoglycaemia.	875 hospital admissions with hypoglycaemia in 65yrs+	50% reduction in rate of admissions	Digital data tools and dashboards Guidelines to support de-prescribing Contracting and commissioning support Education and training for primary care Communications team support Clinical audit data from commissioned services
Increase uptake of high dose folic acid in pregnancy in patients living with diabetes	Only 17.5% type 2 and 42.6% type 1 currently	80% for both	
Improve both NICE recommended glucose and blood pressure control and achieve cardiovascular risk reduction by improved medicines optimisation	26% type 1 and 43% type 2 meet 3 treatment targets	50% for type 1 60% for type 2	
Increase the number of people prescribed GLP1 agonists for managing overweight and obesity in line with NICE eligibility criteria	N/A	>90% of people taking GLP1 agonists meet NICE eligibility criteria	

Medicines Strategic Priority:

Respiratory Medicines



Strategic 5-year plan 2025-2030

Respiratory medicines – what the data tells us

NENC has a higher than national average incidence of respiratory disease according to Public Health data

9.5% of adults have at least COPD, asthma or bronchiectasis. 3.9% of the paediatric population have asthma

Respiratory disease worsens inequalities - 34% of those with a Respiratory Disease are in the most deprived 20% of the population

In August 2022, 31.0% of patients were prescribed 6 or more salbutamol inhalers. This is compared to 24.3% across England.

Excessive SABA prescribing is linked to increased risk of exacerbation and death from uncontrolled asthma so adopting new guidance from NICE/BTS is a priority.

NENC prescribed the equivalent of 2.7m kgCO2 in salbutamol inhalers in October 24, compared with the national mean of 700K kgCO2 – which worsens environmental concerns.

Respiratory medicine recommendations

Optimising treatment

We will optimise treatment in line with new guidance which will improve patient outcomes and reduce SABA prescribing and high dose corticosteroids where clinically appropriate

Environmental impact of carbon inhalers

We will optimise treatment therapy and check inhaler technique which will reduce the carbon footprint by promoting greener respiratory care where clinically appropriate

Education

We will educate and inform our population and healthcare professionals about the updated national guidance that promote dual anti-inflammatory inhalers and dual and triple therapy combination inhalers within respiratory treatment plans

Respiratory medicines ambitions

Aim: **Reduce deaths and hospital admissions from Respiratory through optimised treatment**			
Indicator	**Baseline 2025**	**Ambition 2030**	**Enablers**
Number of short acting beta agonist (SABA) inhalers - compared with number of all inhaled corticosteroid inhalers and SABA inhalers	49.16%	41%	If access to diagnosis is available across the ICS, such as spirometry and FENO Uptake of smoking cessation service, vaccinations is maximised. Working in conjunction with other LTC conditions, such as CVD/obesity.
Mean carbon impact per salbutamol inhaler	19.7 (KgCO2e)	12 (KgCO2e)	
Weighted prescribing volume of combination inhalers for people with COPD and asthma	104 items per 100 patients	110 items per 100 patients	

Medicines Strategic Priority:

Anxiety and Depression Medicines

Strategic 5-year plan 2025-2030

Anxiety and depression medicines – what the data tells us

NENC has the highest weighted prescribing of antidepressants across England

Over 10% of NENC population is prescribed an antidepressant at any one point in time

Over 42% of these patients, have been prescribed an antidepressant for longer than one year

There is evidence that non-medicine interventions can reduce the need for antidepressant prescribing

NENC has the lowest weighted prescribing of anxiolytics across England

Over 8,000 patients across NENC are prescribed a combination of 3 of more anti-depressants

Anxiety and depression medicines recommendations

Appropriate treatment	Regular review	Stopping antidepressant medication
We will proactively support the appropriate use of antidepressant treatment in line with NICE guidance on the treatment and management of depression	We will educate and inform our population and healthcare professionals about the need for regular reviews when on antidepressant therapy	We will provide guidance, tools and training for our health professionals to reduce inappropriate long-term prescribing, and avoid harmful and distressing symptoms associated with potentially harmful methods of discontinuation

Anxiety and depression medicines ambitions

Aim: Reduce inappropriate and long-term prescribing of anti-depressants and anxiolytics			
Indicator	**Baseline 2025**	**Ambition 2030**	**Enablers**
Reduction in the Number of identified adults on long term use (over one year) as a % of the number of identified patients prescribed selected antidepressants (adults)	42.4%	41.3% (Northeast and Yorkshire average)	Timely access to talking therapies and other non-psychological treatments equitably across ICB Improved diagnosis and optimised prescribing of supportive medication
Reduction in the Number of adults prescribed multiple antidepressants (3 or more)	8858 patients	4429 patients	
Prescribing rates anxiolytics in people aged 18+ measured as number of average daily quantities (ADQs) per item for anxiolytics and hypnotics	10.061 ADQ per item (lowest ICB nationally)	Maintain 10 or below ADQs per item	

Barriers

Fragmented systems and data

Workforce

Finance/resource

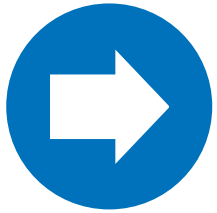
Regulation and policy

Health inequalities

Variation

Cultural resistance

Evidence base



Supply chain

Barrier/Risk	Description
Fragmented systems and data	• Lack of interoperability between electronic health records (EHRs) in primary and secondary care, and pharmacy systems. • Absence of community pharmacy access to GNCR, or to read/write into GP records
Workforce	• Ageing pharmacy workforce with significant geographic challenges. Lack of succession planning in technical services. • Increased training burden coupled with reductions in training budgets. • Lack of clarity about future of ARRS roles
Finance/resource	• GP and community pharmacy collective action limits engagement and risks drawing resources from other investment areas • Increased preventative prescribing requires double running before benefits are realised • New technologies and treatments for previously untreatable conditions • Capacity to deliver interventions in all settings • Limited ability to set local priorities versus national or constitutional mandates (e.g. NICE)
Regulation and policy	• Misalignment between local and national priorities. • Regulation prevents adoption of innovative models of medicines supply
Health inequalities	• Inequities in access to medicines and technologies, leading to disparities in patient outcomes.
Variation	• ICB operating model – LDT versus central decision making. • LDTs have unequal access to levers to drive change, based on historic prioritisation and delivery models
Cultural resistance	• Cultural emphasis on traditional methods over innovation - 'a pill for every ill' • Prescriber and public behavior supports the medical model, and overvalues medicines versus non-pharmacological interventions
Evidence base	• Concerns about NICE evaluation quality, evidence based, applicability to real world scenarios and long-term impact, coupled with constitutional responsibility on commissioners to follow it
Supply chain	• Disruptions in the availability of medicines due to Brexit, global shortages, or logistical inefficiencies. • Increased time managing medicines shortages at all levels reduces capacity for more valuable interventions

Opportunities

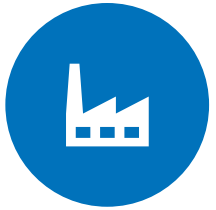
Workforce development

NHS app

Pharmacogenomics

Non-pharmaceutical med tech/Artificial Intelligence

Expanding research capacity and capability



Medicines manufacturing centre

Opportunity	Description
Workforce development	Increasing number of schools of pharmacy Newly qualified pharmacists are all qualified prescribers
NHS app	Greater patient control over ordering and managing their medicines
Pharmacogenomics	Ability to target treatment where effectiveness is known, and withdraw where it is known to be ineffective
Non pharmaceutical technology/AI	Increases in technology that reduces reliance on pharmacological interventions eg. Apps for anxiety, continuous glucose monitoring etc
Expanding research capacity and capability	Working with our pharmacy universities across the NENC and the Great North Research Collaborative
Medicines manufacturing centre	Major pharmaceutical production facility in NENC owned by all acute FTs. Capacity and expertise for innovation
Community pharmacy	Independent prescribing in community pharmacy, marking a move towards a service based model

Cost impact

Section	Direct/in-year cost impact	Long term/indirect cost impact
Overprescribing	↓	↓
Antimicrobial	↓	↓
Analgesia	↓	↓
CVD	↑	↓
Diabetes	↑	↓
Respiratory	↓	↓
Anxiety and depression	↓	↓

Next steps

Delivery Plan

- Detailed plans at LDT and ICS level
- Identified local risks and issues

Costings

- The plan will be fully costed

Monitoring

- The plan will be monitored by the Clinical Effectiveness Group
- Annual progression will be reported to the Quality and Safety Committee

Glossary

ACRONYM	DEFINITION	ACRONYM	DEFINITION
ACCESS	Access antibiotics are antibiotics with a narrow spectrum of activity	**GNCR**	Great North Care Record
ADQ	Average Daily Quantities	**GOLD**	Global Initiative for Chronic Obstructive Lung Disease
AF	Atrial Fibrillation	**HbA1c**	A measurement used to measure blood levels
AIR	An anti-inflammatory reliever, known as AIR, is a combination inhaler containing an inhaled corticosteroid and formoterol.	**ICB**	Integrated Care Board
AMR	Antimicrobial resistance	**LDT**	Local Delivery Team
ARRS	Additional Roles Reimbursement Scheme	**MART**	Maintenance and Reliever Therapy
BTS	British thoracic society	**NENC**	North East and North Cumbria
CDRC	Clinical Digital Resource Collaborative	**NHSE**	National Health Service England
COPD	Chronic Obstructive Pulmonary Disease	**NICE**	National Institute for Health and Care Excellence
CVD	Cardiovascular Disease	**NSAIDs**	Non-Steroidal Anti-Inflammatory Drugs
DDD's	Daily Defined Dose	**PCN**	Primary Care Network
DOAC	Direct Oral Anticoagulants	**SABA**	Short Acting Beta Agonists for treatment of Asthma
EHR's	Electronic Health Record	**SGLT2**	A medication used to lower blood glucose
FENO	Fractional Exhaled Nitric Oxide	**Star PU**	Specific Therapeutic Group Age/SEX Related Prescribing units
FT's	Foundation Trust Hospital	**ATMP's**	Advanced Therapy Medicinal Products