Item: 17

NHS
North East and North Cumbria

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

BOARD 3 JUNE 2025	
Report Title:	**NENC Medicines Strategy 2025-2030**

Purpose of report

The report provides an overview of the development of the draft Medicines Strategy 2025-2030.

Key points

The medicines 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.

Ensuring that prevention is built into our common narrative, our service delivery and our way of doing things to deliver 'Better Health and Wellbeing for All'

The development of the medicines strategy is based on clinical and system engagement with over 180 clinicians attending a webinar and many other strategic partners reviewing the draft strategy. Following feedback from system partners and clinicians, the strategy was revised, with indicators changed, weight management drugs included, and more challenging targets incorporated.

Risks and issues

- 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 behaviour 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

Assurances and supporting documentation

The medicines strategy has been designed with clinical engagement to support and deliver the clinical conditions strategy and be a part of our broader system strategy and plans.

Recommendation/action required

The Board is asked to approve the NENC Medicines Strategy 2025-2030.

Acronyms and abbreviations explained

ARRS - Additional Roles Reimbursement Scheme
CVD - cardiovascular disease
VCSE - Voluntary, community and social enterprise sector
LDT - local delivery team

Sponsor/approving executive director	Dr Neil O'Brien, Chief Medical Officer
Date approved by executive director	11/03/2025
Report author	Ewan Maule Clinical Director, NENC ICB Kate Huddart, Deputy Director of Medicines and Pharmacy, NENC ICB

Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**	✓	**N/A**	
Equality analysis completed (please tick)	**Yes**		**No**	✓	**N/A**	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**Yes**		**No**		**N/A**	✓

Key considerations

Financial implications and considerations	Many of the interventions within the medicines strategy are underpinned by national guidance from bodies such as NICE, who have already deemed the intervention to be cost effective. The strategy includes an indication of impact of costs on the prescribing budget.
Digital implications	N/A

Clinical involvement	The development of the medicines strategy is based on clinical and system engagement with over 180 clinicians joining a webinar on 27th January 2025.
Health inequalities	The strategy will reduce unwarranted variation, drive quality improvement in our use of medicines and narrow the health inequality gap
Patient and public involvement	Patient feedback received as part of the engagement on the draft medicines strategy.
Partner and/or other stakeholder engagement	180 people joined the webinar on 27th January 2025. The survey received 64 responses from pharmacists, GP's, practice managers, HealthWatch, occupational therapy, optometry, palliative care, commissioning, and public health.
Other resources	Implementation plans will be developed and require wider LDT support.

Medicines Strategy 2025-2030

1. Introduction

Medicines remain the most commonly used therapeutic intervention in the NHS with expenditure on medicines second only to pay. NENC have an annual spend of 1 billion pounds on medicines. Monthly in primary care there are over 7.5 million prescriptions dispensed in pharmacies. However, it is estimated that 30-50% of medicines are not taken as intended. Ten days after starting a new medicine 30% of patients will be non-adherent.

Sub-optimal use of medicines leads to lost opportunities in improving health and morbidity within NENC population but also extensive waste in our system.

There are wide health inequalities between people of different socio-economic groups and other inclusion groups and unwarranted variation in the use of medicines in healthcare provision. There is a 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.

2. Aim of 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. There is clear alignment with national policy including the overprescribing review and national medicines optimisation opportunities. The strategy will ensure we are making good decisions about medicines at patient, clinician, organisation and system level. The decisions we take with patients about their medicines will have a person-centred approach.

The strategy will reduce unwarranted variation, drive quality improvement in our use of medicines and narrow the health inequality gap. When prescribing for cardiovascular disease, diabetes and respiratory we need to ensure that prevention is built into our common narrative, our service delivery and our way of doing things to deliver ‘Better Health and Wellbeing for All'.

3. Medicines strategy principles

- 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.

4. Key areas of the Medicine Strategy:

Each key area outlines the data for our Integrated Care System to take an evidenced-based approach; followed by key recommendations and measurable ambitions. There are six key areas within the strategy:

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.

5. Clinical and System Engagement

The development of the medicines strategy is based on clinical and system engagement.

The draft strategy was widely promoted by all members of the Medicines Optimisation team at various face to face and virtual meetings across the ICS with an engagement plan assisting the team in ensuring that key stakeholders and colleagues were involved in the discussions. Engagement with the draft strategy was with all Local Delivery Team (LDT) areas as well as dentistry, nursing, and pharmacy colleagues, in primary and secondary care, as well as publicising with VCSE groups, Healthwatch and various publications such as PULSE and the ICB website.

Data for each LDT was prepared to assist the team with discussions around key priority areas such as respiratory groups and antimicrobial meetings.

A link to an Microsoft FORMS survey was widely shared (open for comment for a 4 week period, between 17th January -14th February) and an invitation to a recorded webinar explaining the draft medicines strategy was well attended by around 180 people on 27th January 2025.

For each of the targeted approaches, the intention was to understand

- Whether the priority areas were correct?
- Whether anything was missing from the strategy?
- Whether anything should be removed from the strategy?

Full Feedback from all comments received is summarised in Appendix 1. The strategy (appendix 2) has been revised following these comments, with indicators changed, weight management drugs included, and more challenging targets incorporated.

Plan on a page (Appendix 3) has been developed in conjunction with our communications team to be available widely via our website.

6. Implementation and Impact of the Strategy

Once approved, a full implementation plan at LDT level will be developed in conjunction with all system partners. Implementation will endeavour to use current contractual mechanisms but also look to innovative ways of working to achieve the ambitions of the strategy. There are opportunities that will support the implementation of the strategy such as workforce development especially community pharmacy colleagues. Digital innovations with artificial intelligence and greater patient control via the NHS app for patients to order their medicines. Challenges to implementation include cultural resistance for example with antibiotics being still widely requested by the public for viral infections. Supply chain problems with the availability of medicines is a constant risk to both delivery of the strategy but also patient safety.

Many of the interventions within the medicines strategy are underpinned by national guidance from bodies such as NICE, who have already deemed the intervention to be cost effective. The strategy includes an indication of impact of costs on the prescribing budget.

Monitoring of implementation of the strategy will be via a six-monthly report to the Clinical Effectiveness Group as well as a yearly report to the Quality and Safety Committee.

7. Recommendations

The Board is asked to approve the medicines strategy 2025-2030.

Name of Author: Ewan Maule, Clinical Director and Kate Huddart, Deputy Director of Medicines and Pharmacy.

Name of Sponsoring Director: Dr Neil O'Brien, Chief Medical Officer

Date: 10.3.2025

Appendix 1 - Summary analysis of Feedback from across the ICS on draft Medicines Strategy February 2025.

Overall, 180 people joined the webinar on 27th January 2025, and the survey received 64 responses from:

- 15 pharmacists
- 32 GP's
- The rest of the respondents identified as professionals from Healthwatch, Occupational therapy, Optometry, Palliative care, commissioning, and public health
- There were 2 responses from members of the public.

14 people requested a further conversation with the Medicines team, and therefore these conversations were arranged with the senior team members on an 1-1 basis.

Key findings and feedback

Overall, the feedback received was constructive and supportive of the medicines strategy.

There were a few themes captured throughout the feedback, such as queries around the practicalities of implementation of the strategy and concerns around workforce pressure and resource.

" While it is commendable to set ambitious targets, it is crucial that these targets remain achievable for all practices, a consideration that has not always been adequately addressed. Additionally, financial and workforce constraints will significantly influence practices' ability to deliver on these priorities. For instance, not all practices have the resources to recruit or fund an onsite pharmacist or pharmacy technician"

"A large part of the delivery of this strategy depends on General practice but you have failed to acknowledge the work force and financial pressures that GP faces. We have an increasing number of non-medical prescribers and an increasing litigious population that will significantly impact future prescribing"

Another theme identified, was around how engagement with the public could/should be incorporated into the implementation plans

"This entire approach lives and dies by public engagement, not just professional. The NHS has been chopped and changed so much over the years that patients often no longer understand how the system works or what it's trying to do (to be fair the staff within it often don't either outside of their own sector!) If patients don't buy into the changes and the rationale behind it, nothing will ever change".

"Strong comms and engagement campaigns have proven to be successful in underpinning initiatives in the past. Is the ICB willing and able to prioritise investment in alternative enablers to deliver the prescribing improvements we want to see".

"Greater Patient and Public Involvement: The strategy should outline specific mechanisms for engaging patients, carers and the public in decision-making about medicines at both individual and system-wide levels. More emphasis on how people will be supported in understanding and managing their medications safely, especially vulnerable groups (e.g., those with learning disabilities, mental health conditions, or language barriers)".

Feedback for each of the priority areas

- Overprescribing

Comments received for overprescribing suggested that prescribers would welcome some additional support around deprescribing and promotion of OTC products. It was noted that conversations with patients about stopping a medicine is often "difficult and challenging". Additionally, some comments indicated that the targets and ambition for decreasing overprescribing should be more ambitious.

- Antibiotics

A theme here, was that the targets were "too soft". A request to look at all prescribers in primary and secondary care was made and a suggestion of implementing CRP machines was also received.

- Analgesia

The comments received for Analgesia included an offer of peer support from a practice who had seen good reductions in their area, whilst other comments considered the target of 20% opiate reduction to be "tough but doable". Another comment highlighted the need for more awareness of non-pharmacological pathways and how to sign post patients to them.

- CVD

Comments for CVD suggested including a target for case finding and detecting pateins who are at risk of being diagnosed with hypertension. Another response asked for additional training for cholesterol targets and lipid lowering therapy. Other comments focussed on the "red tape" and barriers around Inclisiran.

- Diabetes

Some of the comments for diabetes, focussed on the need for prevention and it was considered to being "Overly pharmaceutically centred, It should focus on a holistic approach, referencing weight loss, diet and patient engagement", and "there is no mention of obesity, which is really disappointing"

- Respiratory

A request for improved diagnostics and a change to the respiratory target to promote a reduction in salbutamol inhalers was suggested.

- Anxiety and Depression

A consideration of the monitoring of pain medication being prescribed for anxiety and depression was suggested in the comments, alongside improvements to access to Mental Health services and support

- Misc

There were many other comments fed back from the survey.
Some of the topics included.

- Request for clarification around the costings of implementation
- The practicalities of implementation
- Consideration of differing levels of poverty and deprivation
- Inclusion of children and young people in relation to the "emerging obesity epidemic"
- Request for local figures to be included alongside regional data.