Commissioning medicines in service redesign

Medicines are the most common treatment intervention and used in most services and pathways.[1] Therefore it is vital that services and care pathways which include medicines and other treatments are safe, deliver improved patient outcomes, offer patient choice, a good patient experience and provide clinically effective and cost effective treatment.[2] Other treatments refer to devices, dressings and other healthcare products (such as oral nutritional supplements).

Key recommendations

- Ensure that the supply and administration of medicines and other treatments are considered in the early stages of the service redesign process.
- Consider how medicines and other treatments included in the service will be supplied, for example: on an FP10; under a Patient Group Direction (PGD); direct supply of medicines or appliances to be personally administered.
- Ensure supply systems are in place for medicines and other treatments before a new service opens or starts.
- Medicines and other treatments included in the service should comply with local formulary recommendations.
- Any new medicines or medicines used for new indications used in the proposed new services or pathways should be ratified by the local Area Prescribing Committee if applicable.
- Consider any possible transfer of care issues. For example, when medicines or other treatments are initiated or stopped – how will this be communicated between different care settings. Or if a medicine is classified as specialist/hospital only prescribing but through shared care is transferred to primary care, how would this work in practice.
- If the service requires any additional funding and/or a prescribing budget (also known as a cost centre), consider how this will be funded (programme budgeting, prescribing budget top slice or does the funding need to move with the service from one location to another).
- Ensure information about the new service and the key contacts involved are communicated to wider stakeholders, for example community pharmacists.
- Develop processes to monitor and ensure medicines used in proposed new services or pathways are safe and appropriate.

Points to consider in service redesign

- How will the service or pathway supply the medicines to the patient; on an FP10 NHS prescription form, under a PGD or supplied directly for personal administration to the patient?
- Will the service or pathway require access to, or advice from a specialist pharmacist? Is it a complex or specialist medicine or are vulnerable patients involved?
- Will the service or pathway comply with current legislation and NHS regulations? Consider Fundamental Standards of Care as regulated by the Care Quality Commission (CQC), licences, Standard Operating Procedures (SOPs), policies and processes, controlled drug (CD) safe handling requirements, waste and Value Added Tax (VAT) regulations if necessary.
- Will the service or pathway comply with current evidence and best practice guidance? Consider National Institute for Health and Care Excellence (NICE) guidelines, the local formulary and prescribing guidelines. Is a risk register or Medication Safety Officer required? Are there processes to allow safer transfer of care relating to medicine issues: www.prescqipp.info/our-resources/bulletins/bulletin-178-care-homes-transferring-patients-between-care-settings/
- Will the service or pathway result in a need to decommission services? Consider how the transition period and staff transfer will be managed.
- Will the service or pathway have cost implications for the way in which medicines are used compared to current arrangements? Is additional funding required? How will funding be calculated and transferred to the new service? Who will be responsible for funding, the Clinical Commissioning Group (CCG) or NHS England?
- Will the service or pathway be provided by staff adequately trained in the activities required?
- Will the service or pathway enhance patient safety, understanding of medicines and overall experience?
- Will the service or pathway require Key Performance Indicators (KPIs) and outcome measures to monitor performance? How will the service be monitored - activity measures, quality measures, performance against budget, audit or local Commissioning for Quality and Innovation (CQUIN)?
- Will the service or pathway require clear lines of responsibility and accountability to be defined?

Above all it is important to think about medicine optimisation and to have a holistic approach to patient care by considering the patient as a whole and not focusing on only one aspect of their treatment.

References

1. NHS East and South East England Specialist Pharmacy Services. Medicines in Commissioning Checklist. Version 5.1, November 2014. https://www.sps.nhs.uk/wp-content/uploads/2014/11/Meds_in_Commissioning_Checklist_Vs5.1_Nov14_JW.pdf
2. NHS Specialist Pharmacy Service. Medicines in Commissioning Resources. Published 07/11/2014, updated 16 July 2018. https://www.sps.nhs.uk/articles/medicines-in-commissioning-resources/

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-273-commissioning-medicines-in-service-redesign/
	Tools	

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