



UKMi Executive  
Annual Report 2012

# Wins

- User experience with MI remains high
- 84% of UKMI centres have had external audit within 3 years
- MIDataBank in 92% of centres
- 249 Medicines Q&A maintained on NeLM
- Support to trainees on local centres – workbook, MiCAL and national course
- Horizon scanning and new medicines work supports Local Formulary Management
- Support for Patient Safety work
  - 167 injectable medicines monographs QA'd



# Losses

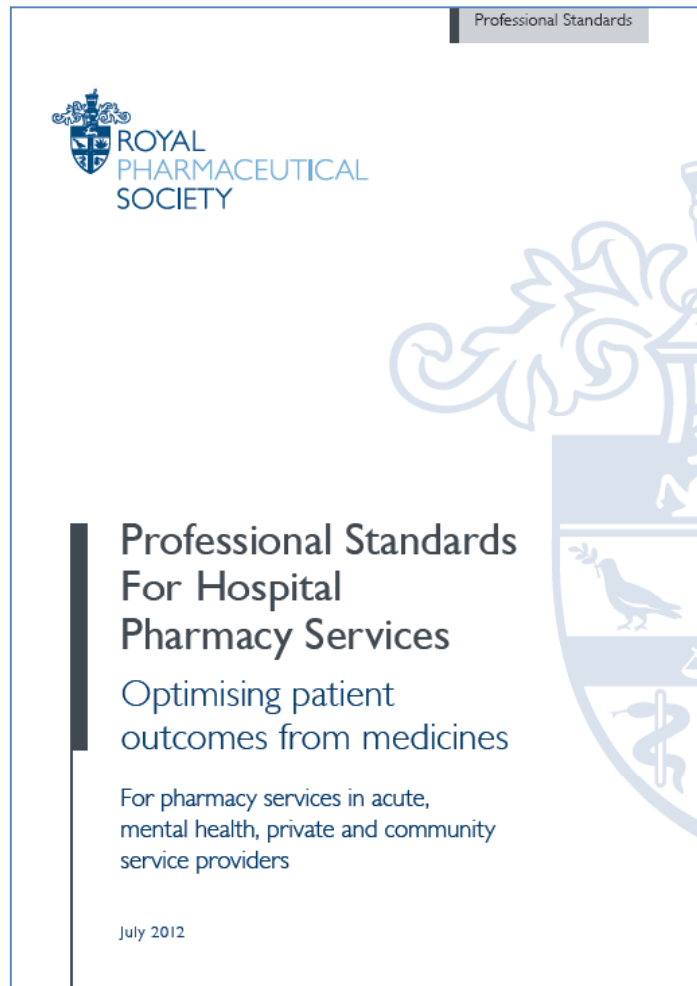
- Slow (ish) conversion to MIDB 3
- Unsuccessful bid for work on unlicensed medicines



# Modernising Pharmacy Careers

- Workstream 1 – undergraduate and pre-registration training
- Work stream 2 – more formal systems for early years development and for advanced and specialist practice
  - Issues for MI professionals
  - Value of MI skills for all pharmacy professionals

# Professional Standards



## 5.1 Expertise for healthcare professionals

**Healthcare professionals prescribing, administering and monitoring the effects of medicines have relevant, up-to-date, evidence-based information and pharmaceutical expertise available to them at the point of care.**

- The pharmacy team supports induction, and ongoing training and education in the best practice use of medicines for relevant clinical and support staff across the organisation.
- Pharmacists are accessible in (or to) clinical areas to provide advice for other healthcare professionals on the choice and use of medicines.
- A pharmacist-led medicines information and query-answering service is available to healthcare teams, working to national standards for medicine information.
- The pharmacy team works to ensure that prescribers are supported in their everyday activities by readily-accessible information and guidance e.g. the British National Formulary, electronic guidance to support formulary choices and decision making, prescribing guidelines and medicines treatment pathways.

## Outcome

- There will be 27 local area teams, with local staff of the operations directorate working from a number of office bases across their geographical area.
  - North of England: 9 local area teams
  - London: 3 local area teams
  - Midlands and East: 8 local area teams
  - South of England: 7 local area teams
- The naming convention has been revised from 'sectors' to 'regions' and from 'local offices' to 'local area teams' to recognise the multitude of office bases for local staff.
- The conclusions take account of related local geographies, service patterns and relationships to achieve a sustainable solution that will establish the definitive local presence of the NHS CB.

## Improving access to NICE-approved drugs

A recent [report](#) into innovation in healthcare by The Department of Health has highlighted that not all local formularies are including all of NICE's technology appraisals. This can lead to a postcode lottery where patients miss out on drugs approved by NICE.

In some cases, local formularies are duplicating NICE assessments and challenging appraisal recommendations, acting as a barrier to the uptake of NICE-approved medicines.

The report states that the Department of Health is "committed to ensuring that NHS patients have access to clinically and cost-effective drugs and technologies, and that NICE appraisal guidance is promptly delivered throughout the NHS.

"There should be no local barriers to accessing technologies recommended in NICE appraisals, beyond a clinical decision relating to an individual patient."

The report recommends that formulary processes should proactively consider the impact of new NICE Technology Appraisals, and all NICE Technology Appraisal recommendations should - where clinically appropriate - be automatically incorporated into local formularies.



Slide-cast  
Audio track inside

Case for  
better health care

nuffieldtrust

## Conclusions

- From 2010/11 to 2014/15 the NHS faces its tightest budget of last 50 years
- Beyond then, even maintaining share of national income will be tough
- Period of austerity likely to extend well into the next decade
- Only a long-term freeze in other public service budgets/large tax increases would allow NHS funding to grow at historic levels
- Pressures on health and social care likely to rise (see future reports)
- Without unprecedented productivity gains, there is likely to be a rapid growth in the gap between the demand for care and the ability to provide high-quality services



# A challenging year (decade) ahead



- Demonstrate effective leadership
- Look hard at
  - What we do
  - How we do it
  - Alignment with wider NHS objectives
  - Optimising outcomes from medicines
  - Caring for patients safely