

Consultation Response on Valuing Medicines - A Strategy for the Sustainable Use of Medicines in Northern Ireland

December 2024 to February 2025

OVERVIEW

Medicines have a vital role in helping to prevent, treat, and cure disease. They are our most common medical intervention and are relied upon to support health and wellbeing throughout life. However, medicines costs in Northern Ireland (NI) are increasing annually and have reached an all-time high of £875 million per year. We need to take action to protect access to medicines for the future.

Despite efforts to improve the efficient use of medicines in NI, our prescribing rates and costs per person remain consistently higher than in other countries within the United Kingdom. Without change, the Health and Social Care (HSC) service will struggle to continue funding expensive new medicines and technologies and keep up with the demand of an increasing and ageing population. Furthermore, the environmental impact of medications is significant, accounting for approximately 25% of carbon emissions within the National Health Service. Prescription medicines cannot be re-used by the HSC after supply to patients, levels of waste are too high, and there is a pressing need to reduce the carbon footprint of medicines and mitigate environmental risks.

This strategy sets out what we intend to do to help ensure the sustainable use of medicines and embed a culture of valuing medicines within our population and the HSC.

The aim is to embed sustainable practice into all health and social care settings, promoting a culture that:

- Allows equitable access to appropriate, safe and cost-effective medicines.
- Involves patients in decisions about their medicines, promotes preventive care, and offers options alongside prescribed medicines.
- Reduces waste and the environmental impact of medicines.
- Drives improvement through data, technology, research and innovation.

Businesses and citizens all benefit from the public services and amenities provided by the

government. Contributing to these services helps ensure they remain available and continue

to improve for the future.

The Department of Health (DoH) is therefore seeking views on 'Valuing Medicines - A

Strategy for the Sustainable use of Medicines in Northern Ireland'. Please note that it is

advised that respondents should first read the consultation document before attempting to

respond to these consultation questions.

Why your views matter

Your voice matters, and your perspective is invaluable in designing a strategy for the

sustainable use of medicines in NI. It is really important to have your say in how public

services are shaped. The decisions made today will have far-reaching consequences for

generations to come.

Submission details

Please submit your responses by 26 February 2025 by completing the Citizen Space online

survey. We would prefer responses using Citizen Space, however, if you wish to send an

email or hard copy you should complete this consultation response document and submit

your response using the correspondence details below:

Online: Citizen Space online survey

Email: VMSconsultation@health-ni.gov.uk

Mail: Valuing Medicines Consultation

Pharmaceutical Directorate

Room D4.10

Department of Health

Castle Buildings

Belfast

BT4 3SQ

If you have any questions or need assistance, please contact us using the above details.

2

Privacy notice

We respect your privacy. Any personal information you provide will be handled in accordance with data protection laws. We will not publish your personal details.

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the Data Protection Act (DPA) and the EU General Data Protection Regulation (GDPR). The DoH is committed to building trust and confidence in our ability to process your personal information and protect your privacy.

For information on how we process your information, please see the privacy notice in **Annex A**.

CONSULTEE DETAILS

Q1.	Are you responding as a:	
lf you	Pharmacist GP Carer Member of the public Political representative Service user Social worker Independent social care provider Healthcare Professional/Staff Voluntary & Community sector Health & Social Care Trust Local or district council Trade Union Regulatory authority Professional body Advocacy organisation Academic body Another NICS Department Arm's Length Body Other public organisation Part of an organisation/group Other	
Deta	ails:	

QUESTIONS:

Views are invited on the following questions:

This section relates to the **strategy goals** and seeks your views on the following targets:

Target 1: Close the gap

Outcome

- Reduce the historical gap between our current prescription (ingredient) cost per head and that in the rest of the UK in primary care.
- Manage equitable access to new medicines in secondary care and other high-cost treatment pathways cost-effectively.

Target 2: Take climate action for better health

Outcome

- Reduce medicines waste and embed lower carbon initiatives for medicines into HSC systems.
- Q2. Do you believe that 'Target 1: Close the gap', as outlined in the Strategy goals, is achievable?

 Yes

 No

 Don't know/No views

If No, what do you see as the key barriers to achieving this target:

Comments:			

Q3.	Do you believe that 'Tar the Strategy goals, is ac	get 2: Take climate action for better health', as outlined in hievable?
	Yes	X
	No	
	Don't know/No views	
Cor	mments:	

Theme 1: Ensure equitable access to appropriate, safe and cost-effective medicines

This section relates to **Theme 1** and seeks your views on the following recommendations:

- 1.1 Through the Medicines Optimisation Regional Efficiency (MORE) programme continue to ensure that prescribing in all HSC sectors is in line with NI cost-effective medicines policies.
- 1.2 Consult on actions to restrict or stop prescribing of low priority medicines including those with poor evidence of effectiveness and medicines available over the counter for minor conditions.
- 1.3 Improve the cost effectiveness of supply models for non-medicinal products, including nutritional products, enteral feeds, specialist dressings, and irrigation products and appliances such as stoma care and incontinence management.
- 1.4 Introduce a regional system through the NI Drug Tariff to enable equitable access to 'specials' cost-effectively.
- 1.5 Strengthen the regional arrangements for commissioning of medicines and related medical technologies.
- 1.6 Introduce a scheme for utilising a portion of medicines efficiency savings for improvement initiatives related to sustainable medicines practice.

Q4.	Q4. To what extent do you agree with the recommendations listed under Theme 1: Ensure equitable access to appropriate, safe and cost-effective medicines?			
	Strongly Agree			
	Agree	X		
	Neutral			
	Disagree			
	Strongly Disagree			
Ple	ease provide any commer	nts or suggestions regarding Theme 1:		
Q5.		mendations listed under Theme 1 will be effective in s to appropriate, safe and cost-effective medicines?		
	Yes	X		
	No			
	Please share any addition the text box below:	onal suggestions to improve the recommendations in		
Con	nments:			
	A true Regional approach needs to be taken, with recognition that some patients have specific needs that need to be met.			

Theme 2: Involve patients in decisions about their medicines, promote preventive care, and offer options alongside prescribed medicines

This section relates to **Theme 2** and seeks your views on the following recommendations:

- 2.1 Embed shared decision making between clinicians and patients into practice in primary and secondary care when starting, changing and stopping medication.
- 2.2 Promote health literacy initiatives to encourage communities and individuals to develop the knowledge they need to be more involved in decisions about their medicines.
- 2.3 Raise awareness across the HSC of preventive health initiatives available for patients and the public.
- 2.4 Improve access to non-medical therapies alongside medical treatments through the continued roll out of multi-disciplinary teams in primary care and the introduction of a regional approach to social prescribing.
- 2.5 Promote and expand the Pharmacy First service so that more conditions can be treated cost-effectively in community pharmacies, including more advanced treatments provided by independent prescribers.

Q6.	Involve patients in d	agree with the recommendations listed under Theme 2 : ecisions about their medicines, promote preventive care, ngside prescribed medicines?	
	Strongly Agree		
	Agree		
	Neutral		
	Disagree	X	
	Strongly Disagree		
Ple	ease provide any com	nents or suggestions regarding Theme 2:	
Me sta	ental Health is coming affing them up in prima	ffing for multi-disciplinary teams in primary care for from Secondary Care CMHT/Home Treatment Teams, and are care is in fact reducing the availability of more lost unwell in secondary care.	d
T_	Iking therapies are es	sential, but there needs to be recognition that an	
ind las sh ev	sts 12-16 weeks. Even ortest number of treat	spends 1 hour per week with a patient and each course of EVERY working hour is spent on therapy, and the ments used, the most that can be seen is 37 patients attents per week per therapist. It is difficult for this to	
ind las sh ev	sts 12-16 weeks. Even ortest number of treat ery 12 weeks, or 3.3 particles. Do you believe the recent of the state of th	ommendations listed under Theme 2 will be effective in ecisions about their medicines, promoting preventive care and	b
ind las sh ev sc	sts 12-16 weeks. Even cortest number of treat ery 12 weeks, or 3.3 parties are across services. Do you believe the reconveying patients in decorate in the second of the	ommendations listed under Theme 2 will be effective in ecisions about their medicines, promoting preventive care and	
ind las sh ev sc	sts 12-16 weeks. Even cortest number of treat ery 12 weeks, or 3.3 parale across services. Do you believe the reconveying patients in description of the following alternative to the reconstruction of the following alternative to the following alte	if EVERY working hour is spent on therapy, and the ments used, the most that can be seen is 37 patients atients per week per therapist. It is difficult for this to commendations listed under Theme 2 will be effective in ecisions about their medicines, promoting preventive care and medicines?	 d
ind las sh ev sc	sts 12-16 weeks. Even ortest number of treat ery 12 weeks, or 3.3 parale across services. Do you believe the reconvolving patients in do offering alternative to Yes No	if EVERY working hour is spent on therapy, and the ments used, the most that can be seen is 37 patients atients per week per therapist. It is difficult for this to commendations listed under Theme 2 will be effective in ecisions about their medicines, promoting preventive care and medicines?	

Theme 3: Reduce waste and the environmental impact of medicines

This section relates to **Theme 3** and seeks your views on the following recommendations:

- 3.1 Identify a lead for green medicines optimisation within the MORE Programme to develop and oversee a new regional improvement programme to reduce the carbon footprint associated with medicines in the HSC.
- 3.2 Include a focus on over-prescribing in the MORE Programme to target initiatives to reduce waste and ensure that all patients on regular medications have their medicines reviewed at least annually.
- 3.3 Raise awareness of the harm caused by medicines waste, actions that can be taken to stop it, and the use of Medicine Waste Schemes in community pharmacies to reduce the amount of harmful waste entering waterways and landfill.

Q8.	•	agree with the recommendations listed under Theme 3 : e environmental impact of medicines?		
	Strongly Agree			
	Agree			
	Neutral	x		
	Disagree			
	Strongly Disagree			

Please provide any comments or suggestions regarding Theme 3:

Some medication, such as Clozapine and other antipsychotics, are lifelong and prevent severe illness and hospitalisation. A yearly review simply to agree this remains necessary would be a waste of clinician time and costly in opportunity cost as well as financial. On the other hand, yearly review of physical health parameters, monitor for need to alter dose and interactions with other medications is entirely warranted.

Q9.	•		s listed under Theme 3 will be effective in all impact of medicines?
	Yes	X	
	No		
	Please share a	, , ,	estions to improve the recommendations in
Co	mments:		

Theme 4: Drive improvement through data, technology, research and innovation

This section relates to **Theme 4** and seeks your views on the following recommendations:

- 4.1 Prioritise the implementation of the ePharmacy Programme in primary care settings, including electronic transmission of prescriptions and a digital system for pharmacy services, to streamline supply processes, enhance efficiency and reduce administrative burdens.
- 4.2 Utilise clinical decision support systems in primary and secondary care to help prescribers choose cost-effective and lower carbon options and notify of medicines shortages.
- 4.3 Establish a Northern Ireland repository of data relating to medicines, drawing from primary and secondary care sources to map and track information up to population level.
- 4.4 Introduce enhanced software systems to monitor and track primary care prescribing data to make it quicker to access, easier to understand, interrogate and share at different system levels.
- 4.5 Through the roll out of Encompass in secondary care and the General Practitioner Intelligence Platform (GPIP) in primary care, harness opportunities for optimizing the cost-effective and environmentally safer prescribing, supply, and administration of medicines.
- 4.6 Through the Medicines Optimisation Innovation Centre develop a programme of research and innovation in the sustainable use of medicines.

Q10.	•	gree with the recommendations listed under Theme 4: ough data, technology, research and innovation?
	Strongly Agree	
	Agree	X
	Neutral	
	Disagree	
	Strongly Disagree	
Ple	ase provide any comme	ents or suggestions regarding Theme 4:
Q11.		mmendations listed under Theme 4 will be effective in bugh data, technology, research and innovation?
	Yes	X
	No	
	Please share any addit the text box below:	cional suggestions to improve the recommendations in
Con	nments:	

Valuing Medicines Strategy: Have we missed anything?

Q12.	•	e proposals set out in the Valuing Medicines Strategy; y areas we may have missed?
	Yes	X
	No	
	Not sure	
		ognition that some patients will require hich are outside the usual processes.
		•

Equality and Human Rights

Q13.	Do you consider that any of the proposed recommendations might have an adverse impact on any of the following equality groups? Please select all that apply and provide any comments below on how these adverse impacts could be reduced or improved.				
	Age Men and Women generally Racial Group Sexual Orientation Marital Status Disability Religious Belief Political Opinion Dependents				
Com	nments:				
illne	ne of these recommendations may disadvantage those with seess who may not be able to speak up for themselves. It is imposed groups be involved.				
Q14.	Are you aware of any indication or evidence – qualitative or quar recommendations set out in the consultation document may have on equality of opportunity or on good relations?				
	Yes No	X			
	If Yes, please give details as to what could be added or remothe adverse impact:	oved to alleviate			
Det	tails:				

Q15.		r promote equality of opportunity or groups identified under Section 75	
	Yes X	No	
Q16.	•	ease tick and identify all relevant gr could better promote equality of c	-
	Age Men and Women generally Racial Group Sexual Orientation Marital Status Disability Religious Belief Political Opinion Dependents		
Com	nments:		
illne		may disadvantage those with seve eak up for themselves. It is impor	
Q17.	Are there any aspects of the pr	coposals and recommendations who	ere potential
	Yes	No	X
	If yes, please give details		
Com	ments:		

Rural Impact

Q18. Are the recommendations or proposals set out in this consultation do have an adverse impact on rural areas?			document likely to	
	Yes [N	10	x
	-	please give details as to what could be added or rer verse impact?	mov	ed to alleviate
Deta	ails:			

Thank you for your comments.

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Resident Doctors in training) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

Dated: 27 January 2025

Dr Julie Anderson Chair RCPsych NI & Vice President RCPsych - on behalf of RCPsych NI

Contact Details: thomas.mckeever@rcpsych.ac.uk

Annex A - Privacy Notice - Consultations (Department of Health)

Data Controller Name: Department of Health (DoH)

Address: Castle Buildings, Stormont, BELFAST, BT4 3SG

Email: VMSconsultation@health-ni.gov.uk

Telephone: 02890523146

Data Protection Officer Name: Charlene Maher

Email: DPO@health-ni.gov.uk

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the <u>Data Protection Act (DPA)</u> and the <u>UK General Data Protection Regulation (UK GDPR)</u>. The Department of Health (DoH) is committed to building trust and confidence in our ability to process your personal information and protect your privacy.

Purpose for processing

While we are not seeking to process personal data as part of this consultation and would encourage you to be mindful of the information you disclose as part of your responses, if you disclose any personal data we will ensure we process this according to the requirements of Data Protection law. We will process any data provided in response to consultations for the purpose of informing the development of our policy, guidance, or other regulatory work in the subject area of the request for views. We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents but will include the names of organisations responding.

If you have indicated that you would be interested in contributing to further Departmental work on the subject matter covered by the consultation, then we might process your contact details to get in touch with you.

Lawful basis for processing

The lawful basis we are relying on to process your personal data is Article 6(1)(e) of the UK GDPR, which allows us to process personal data when this is necessary for the performance of our public tasks in our capacity as a Government Department.

We will only process any special category personal data you provide, which reveals racial or ethnic origin, political opinions, religious belief, health or sexual life/orientation when it is necessary for reasons of substantial public interest under Article 9(2)(g) of the UK GDPR, in the exercise of the function of the department, and to monitor equality.

How will your information be used and shared

We process the information internally for the above stated purpose. We don't intend to share your personal data with any third party. Any specific requests from a third party for us to share your personal data with them will be dealt with in accordance with the provisions of the data protection laws.

How long will we keep your information

We will retain consultation response information until our work on the subject matter of the consultation is complete, and in line with the Department's approved Retention and Disposal Schedule <u>Good Management</u>, <u>Good Records</u> (GMGR).

What are your rights?

- You have the right to obtain confirmation that your data is being <u>processed</u>, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data <u>erased and to prevent processing</u>, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances
- You have the right to object to the processing, in specific circumstances
- You have rights in relation to automated decision making and profiling.

How to complain if you are not happy with how we process your personal information If you wish to request access, object or raise a complaint about how we have handled your data, you can contact our Data Protection Officer using the details above.

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner at:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire SK9 5AF

ICO Complaints Form

