



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Medicines Optimisation Strategy 2025-2028

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



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Introduction

The effective use of medicines is essential to high-quality healthcare, particularly in acute hospital settings where patients often have complex needs. The Royal Orthopaedic Hospital is launching a 3-year Medicines Optimisation Strategy to enhance prescribing, supply, and use of medicines. Our goal is to achieve the best outcomes for patients while ensuring efficient use of NHS resources.

This strategy is informed by NICE guidelines on safe, effective, and patient-centred care and aligns with the Royal Pharmaceutical Society's [standards for Hospital Pharmacy Services](#). It supports integration within the evolving framework of Integrated Care Systems, emphasising shared decision-making and seamless care across acute, primary, and community settings.

Guided by the NHS Long Term Plan, the strategy also prioritises prevention, personalised care, and digital innovation to transform healthcare delivery. By fostering continuous improvement, leveraging digital solutions, and enhancing education and training, this strategy ensures that the ROH Pharmacy Department fully supports national healthcare goals.



Our vision

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Our mission

We will deliver compassionate, patient-centred care that empowers people to regain their mobility, independence, and quality of life. Through efficiency, expertise, innovation and collaboration we will tackle health inequality and improve access to life-changing care

Our values

**RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION**



Our strategic objectives



- 1 Sustainability: financial and environmental
- 2 Digital maturity and closed loop medicines systems
- 3 Patient engagement and experience
- 4 Clinical safety and governance: AMS, pain and falls prevention
- 5 Capacity and capability of the workforce: LTWP
- 6 Research and innovation





Objective 1: Sustainability: financial and environmental

Environmental sustainability

The NHS published 'The Green plan 2022' outlining the steps to reduce carbon emissions towards net zero by 2040. Medicines account for 25% of emissions within the NHS. A small number of medicines account for a large portion of the emissions, and there is already a significant focus on two such groups – anaesthetic gases (2% of emissions) and inhalers (3% of emissions) – where emissions occur at the 'point of use'. ROH has made significant strides in complying with these guidelines such as eliminating the use of piped nitrous oxide. We will build on these successes by further reducing carbon emissions in theatres through the implementation of sevoflurane recapture systems and introducing re-usable cool sticks for clinical areas that use ethyl chloride sprays.

Action	Metric	Year 1	Year 2	Year 3
Reduce ethyl chloride use	Current use is X. Reduce by 25%	Reduce by 25%	Reduce a further 10%	Maintain
Introduce a sevoflurane recapture system in theatres	Reduce emissions of sevoflurane by 10% / increase recapture by 10% annually	Reduce by 10%	Reduce a further 10%	Maintain

Financial sustainability

Financial sustainability involves optimising resource usage and reducing waste, contributing to cost-effective pharmaceutical services. Outlined in the NHS Long term plan, Metrics include the target to reduce the inappropriate use of antibiotics by 25% and improving the cost-effectiveness of prescribing, particularly through the uptake of generic medicines. The Model Hospital metrics are used at ROH to monitor the Trusts performance on key metrics such as medicines stock holding, adoption of CMU frameworks and better utilisation of technical staff to patient facing roles within Pharmacy. The Pharmacy Department will work with clinical colleagues such as prescribers to continue to maximise cost effectiveness with medicines and deliver cost improvement initiatives without compromising on patient safety or outcomes.

Action	Metric	Year 1	Year 2	Year 3
Achieve reduction in overall dispensing costs through initiatives such as formulary management, therapeutic substitution, and waste reduction through increased utilisation of patients own medicines.	5-10% cost reduction	2% cost reduction based on 2024 baseline	3% cost reduction from 2024 baseline	5% cost reduction from 2024 baseline
Compliance to national CMU framework for generic medicines to be maintained at 98% and to only go 'off contract' for urgent mitigation to drug shortages'	98% compliance	98% compliance	98% compliance	98% compliance
Reduce stockholding to help reduce expired goods and will be achieved by reducing the need to order medicines for patients where the GP should have supplied this pre-operatively.	32 days to 21 days over two years	32 days 26 days stockholding	26 days 21 days stockholding	Maintain



Objective 2: Digital maturity and closed loop medicines systems

Digital Maturity

Achieving digital maturity in pharmacy is essential for improving the efficiency, safety, and cost-effectiveness of medicines management in acute Trusts. A key aspect of this is the implementation of closed-loop medicines systems, which integrate digital technologies throughout the medication lifecycle, from prescribing to dispensing and administration. These systems help reduce medication errors, and streamline workflows by ensuring accurate, real-time tracking of medications. For pharmacies, achieving digital maturity involves adopting electronic prescribing, implementing automated dispensing technologies, and using data analytics to optimize stock levels and medication use.

ROH has been a pioneer in their rollout of automation and digital systems for medicines management, particularly for controlled drugs. We want to build on this foundation by completing the roll out of a closed loop medicines system through an integrated EPR and adoption of scanning medicines at the point of use.

Objective: Sharing of information across the system. This includes an integrated shared care record in to a fully adopted EPR which facilitates DMS referrals and EPS prescriptions to community pharmacy to enable patients who need further discharge medication rapid access without going to their GP.

Action	Metric	Year 1	Year 2	Year 3
Digital prescribing adoption rate. Increase / maintain DMS referrals.	Increase digital prescriptions and eliminate all paper prescriptions	Maintain	Outpatient prescribing including BIS	100% areas
Devise a dashboard/ report to identify patients with high-risk medicines and missed doses to reduce the impact of preventable harm	Reduce emissions of sevoflurane by 10% / increase recapture by 10% annually	Maintain paper audits missed doses, opioid consumption and anti-microbial consumption	Designing the reporting system based on chosen EPR system	Embedding and sharing learning from reports



Objective 3: Patient engagement and experience

Communications

A key priority for medicines optimisation is to enhance understanding and promote self-management through easy access to educational materials such as medication videos and side effect flashcards to help patients better understand their medications.

Action	Metric	Year 1	Year 2	Year 3
Revamp pharmacy internet page and develop this to allow for it to be a central hub for medication related queries for patients once discharged.	New internet page in place for access by all staff and public	Design and go live with pharmacy homepage	Add patient information resources, sign posting to wider resources for staff	
Use media platforms to engage with patients such as video counselling / interaction through digital APPs to enhance patient understanding for medicines and management of side effects so they feel heard, respected and involved in the decision-making process.		Pilot on one ward		
Patient satisfaction with medicines management and pharmacy services- above 90% for CQC Inpatient Survey questions on medicines.	CQC inpatient survey results	Achieve	Maintain	Maintain
Introduce a Chat Bot to support patient navigation of services and patient journey.		Design and scope functions	Integrate with new EPR solution	Go live and monitor impact

Health inequalities

Pharmacy with the help of other clinical colleagues will address health inequalities through adapting means of communication with patients, specifically for patients who do not speak English as their first language or are hard of hearing/ visually impaired.



Objective 3: Patient engagement and experience

Action	Metric	Year 1	Year 2	Year 3
Devise adapted and translated information for medicines on discharge and managing side effects. Tailored to patients with learning disabilities as well.	Publish translated medicines information	Learning disabilities resources	Translated resources	Maintain
Providing patients with more choice on their medication – pain dairies and agreements to taper down post operatively and integrating this into pre-operative discussions.		Agree and approve resources provided to patient and education and training package for staff	Implement and monitor	Embed and re- review
Fully implement and embed pharmacy services at pre-op assessment to triage and assess patients' medicines, prescribe medication and plan for discharge through standardisation where possible.	All patients to receive a pharmacy led phone call to confirm their medicines prior to being admitted	Implement for green patients	Review and expand	Review and expand



Objective 4: Clinical safety and governance, AMS, pain and falls prevention

Antimicrobial stewardship

The Trust have a separate AMS strategy which outlines detailed metrics for compliance to national standards, the key focus over the next 5 years will include:

- Pharmacy will lead, undertake and publish research in collaboration with the microbiology team, AMS team, Infection prevention and Control team, surgeons.
- Publish case reports-for novel use of antimicrobials (unlicensed indications and local use).
- Poster presentations at conferences to highlights specialist cases/ learning from niche patients to increase awareness of treatment options in complicated prosthetic joint infections in conjunction with MRC leads.
- Paper to electronic move for outpatient repeat prescribing of IV antibiotics which is currently on the Divisional risk register.

A key focus will be the Implementation of an Antimicrobial stewardship dashboard to allow for delivery of AMS agenda and drive priorities such as medication reviews, intravenous to oral switching earlier, review dates, 'Start smart and focus', timely therapeutic drug monitoring and implementation of prescribing aids. This is a recommended feature of EPR by NICE QS121 (6).

Action	Metric	Year 1	Year 2	Year 3
Achieve a 10% reduction in the use of broad-spectrum antibiotics over the next three years through more targeted antibiotic prescribing, guided by culture results and clinical assessments. This will be tracked via pharmacy-led audits, with input from infectious disease specialists and prescribing teams.	Percentage reduction in broad-spectrum antibiotic use	Reduce by 3 %	Reduce by another 3%	Reduce by a further 3 %
Achieve a 90% compliance rate with the Trust's antibiotic stewardship guidelines, focusing on appropriate prescribing, dosage, and duration of therapy. This will be measured through regular audits of antibiotic prescriptions and clinical reviews by prescribing pharmacists, in line with NHSE's goals to reduce antimicrobial resistance	Antibiotic stewardship compliance	Aim for 90%	Maintain 90% compliance	Maintain 90%



Objective 4: Clinical safety and governance, AMS, pain and falls prevention

Action	Metric	Year 1	Year 2	Year 3
Ensure that 100% of prescribing and clinical staff receive regular training in antimicrobial stewardship practices. This will include face-to-face and e-learning modules focused on evidence-based prescribing and the risks of antimicrobial resistance, measured through training completion rates.	Antimicrobial stewardship training and engagement	Train 80% of clinical staff in AMS	Train 90%	Train 100% of clinical staff in AMS
Governance and safety				
Action	Metric	Year 1	Year 2	Year 3
Ensure that 95% of patients with complex medication needs receive a medication review from a pharmacist during hospital admission and discharge, in line with NICE guidelines and patient safety recommendations. We will continue to audit ourselves against the national MEDSIP priorities – High risk drugs (anticoagulants and high dose opioids), falls and frailty, LD patients and psychotropics, AKI caused by or contributed to by medicines.	Percentage of patients receiving a comprehensive medication reconciliation during hospital admission	95% of all inpatients to receive a medicines review by a pharmacy professional	Maintain 95%	Maintain 95%
Reducing polypharmacy: Falls prevention/ dementia screening				
<p>Assess patients' medicines which may lead to falls and adverse events in the elderly (NICE NG97 Dementia guidance), (NICE CG161, Falls prevention). Polypharmacy may be appropriate for a person with complex or multiple conditions if their medicines are optimised and prescribed according to best evidence. However, it can be problematic when the benefit of the individual medicines is not realised. The focus of this opportunity is on:</p> <ul style="list-style-type: none"> • Identifying and reviewing patients with problematic polypharmacy • Supporting cultural and behavioural changes through structured medicines reviews and DMS referrals to community pharmacy for follow up post discharge. <p>AT ROH the most pertinent intervention for elective surgical patients include de-prescribing of one or more medicines from the following groups that can increase the risk of falls and cause dependence or withdrawal: opioids, gabapentinoids, benzodiazepines and z-drugs. This is in line with NHSE medicines optimisation priorities for 2025.</p>				
Metric- By the end of year 3 all patients at high risk of Falls to have a falls medicines risk assessment documented by pharmacy				



Objective 4: Clinical safety and governance, AMS, pain and falls prevention

Pain Management				
Action	Metric	Year 1	Year 2	Year 3
Percentage of patients with complex pain managed by multidisciplinary teams (MDT)	Ensure that 95% of patients with complex pain conditions are managed by an MDT, including prescribing pharmacists with expertise in pain management. This will be tracked through MDT meeting records and care pathway reviews.	80% of patients to get MDT review	90% to get MDT review	95% to get MDT review with complex pain needs
Utilisation of non-opioid pain management therapies	Increase the use of non-opioid pain management options, such as regional anaesthesia, nerve blocks, and pharmacological alternatives such as NSAIDs, by 15% within the next three years. This will be tracked via prescribing data and pain management protocols.	Reduce overall opioid consumption by 30%	Reduce by another 10%	Maintain



Objective 5: Workforce capacity and capability building

NHS people plan

The clear ambition of the NHS people plan is 'More people, working differently, in a compassionate and inclusive culture'. This is the key part the workforce strategy for delivering the Long Term workforce Plan for the NHS which sets out a range of actions to deliver this. These are organised around four pillars:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return. The target is to increase the pharmacy workforce by 30% over 5 years.

We will be building on the growth of pharmacy student technician and pharmacist trainees, with a particular focus on the implementation of prescribing in early career pharmacists.

Over the next three years, a key focus of the Medicines Optimisation Strategy will be the development and expansion of the prescribing pharmacist role, ensuring that pharmacists are increasingly embedded throughout the patients journey from Pre-op assessment through to discharge follow up, including specialist clinics.

Action	Metric	Year 1	Year 2	Year 3
The development and expansion of the prescribing pharmacist role	Number of pharmacists achieving and working towards advanced pharmacist accreditation to increase by 20%	Increase prescribing pharmacists by 2	Additional 2 prescribers	All pharmacists to have a prescribing qualification
Increase the proportion of medicines prescribed by pharmacists, particularly in high-risk and complex cases, by 25% within the next three years. This will be tracked through clinical audit and prescribing data within electronic health records	Percentage of medicines prescribed by pharmacists (including independent prescribers)	Increase prescriptions by 10%	Increase by another 5%	Increase and maintain to 25% of all prescriptions
Increased utilisation of medicines management technicians in enhanced roles, such as clinical screening or use to increase adoption of PGDS. Facilitating day case flow, bed side dispensing and support for day case patients.	Increased roles for MMT	Increase MMT enhanced role by 1 per year	Additional MMT in place	Maintain



Objective 5: Workforce capacity and capability building

Cultural competence – tackling health inequalities				
Action	Metric	Year 1	Year 2	Year 3
Achieve 100% completion of cultural competence training for pharmacy staff to ensure sensitive and equitable delivery of medicines optimisation services. This will be tracked through training records and staff feedback, with a focus on enhancing communication and trust with diverse patient populations.	100% Cultural competence training for pharmacy staff	80% trained	90% trained	100% trained



Objective 6: Research and Innovation

Research and innovation				
<p>Research and innovation are a critical pillar of our strategy. We will actively encourage and support clinical research within the pharmacy department and with our clinical colleagues, exploring new methods for optimising medicines use, improving pain management, and enhancing the delivery of pharmaceutical services. Collaboration with academic institutions, industry partners, and other healthcare professionals will foster a research-driven approach to medicines optimisation, ensuring that we stay at the forefront of developments in pharmaceutical care and integrate the latest evidence into clinical practice. The focus will be on use of local antibiotics as well as analgesic regimens and adoption of novel clinical trials.</p>				
Action	Metric	Year 1	Year 2	Year 3
Metric: 25% Increase in completed student projects and publicise audits/ posters at conferences, locally and nationally e.g. at UKCPA, BSAC	Published articles and acceptance of posters at external conferences	2 posters presented at conferences	Increase publication by 10%	Maintain rates of 2 publications per year
Explore biologics/ ATMPs in line with national developments in genomic medicine	Ensure pharmacist training and development in advanced therapeutics			

Summary

In conclusion, the successful implementation of this strategy will not only enhance the quality of care for our patients but also contribute to the sustainability of our services, driving long-term improvements in patient safety, clinical outcomes, and efficiency. By focusing on innovation, quality improvement, and research, ROH Pharmacy Department will continue to play a pivotal role in shaping the future of healthcare delivery, supporting both patients and staff in achieving the best possible outcomes.

The 3-Year Medicines Optimisation Strategy for ROHFT represents a comprehensive and forward-thinking approach to enhancing the safety, efficacy, and patient-centredness of pharmaceutical care across the Trust. By focusing on the integration of prescribing pharmacists, antimicrobial stewardship, advanced pain management, and addressing health inequalities, we aim to provide holistic and high-quality care that meets the diverse needs of our patient population. The strategy aligns with national priorities set by NHS England, NICE, and the Royal Pharmaceutical Society, ensuring that we adhere to best practices and make measurable progress toward improving patient outcomes.

This will only be achieved through greater collaboration, both within the Trust with other clinical professionals such as our Doctors, nurses and Non-medical prescribers but also with our partners within the ICS and across the region.

