



Frimley ICS Medicine Board Annual Report

November 2024

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2024 Summary

Medicines Board and Subcommittee Outputs

NICE

- 91 new NICE Technology Appraisals Reviewed and incorporated into Frimley Health Formulary
- 2 Highly Specialised Technology Appraisals reviewed and incorporated into Frimley Health Formulary

NHSE

- 68 new NHSE Specialised Service Circulars reviewed and formulary updated in accordance with NHSE guidance

Formulary Drugs

- 41 formulary drug applications reviewed and added to formulary
- 10 items removed or given new entries as non-formulary items

Traffic Lights

- 9 traffic light changes agreed

SE Regional Policy

- 4 SE Regional Medicines Optimisation Group policies ratified

Guidance

- 44 Guidance documents approved
- 14 Position statements agreed

Shared Care

- 14 Shared Care documents agreed

Safety

- Valproate patient safety alert Plan agreed
- 9 Safety Alerts reviewed and actions agreed
- 2 coroners reports reviewed and actions agreed

Governance

- Training on Risk management delivered to members of Medicines Board and Subcommittees and use of 4Risk tracking database
- Collaborative Working with Pharmaceutical Industry and Conduct of Pharmaceutical Industry Representatives policy updated
- Decision Summaries Published publicly on Medicine Optimisation Internet page
- 3 SLAs / Service Specifications agreed
- 6 Terms of Reference agreed
- 3 Business cases agreed
- 6 Collaborative working with industry projects agreed
- 1 Rebate Scheme agreed

1. AIMS AND OBJECTIVES

This report aims to:

- a) Report on the activities of the Frimley ICS Medicines Board and its sub-groups.
- b) Inform the ICB of planned developments.
- c) To highlight areas for discussion and action.

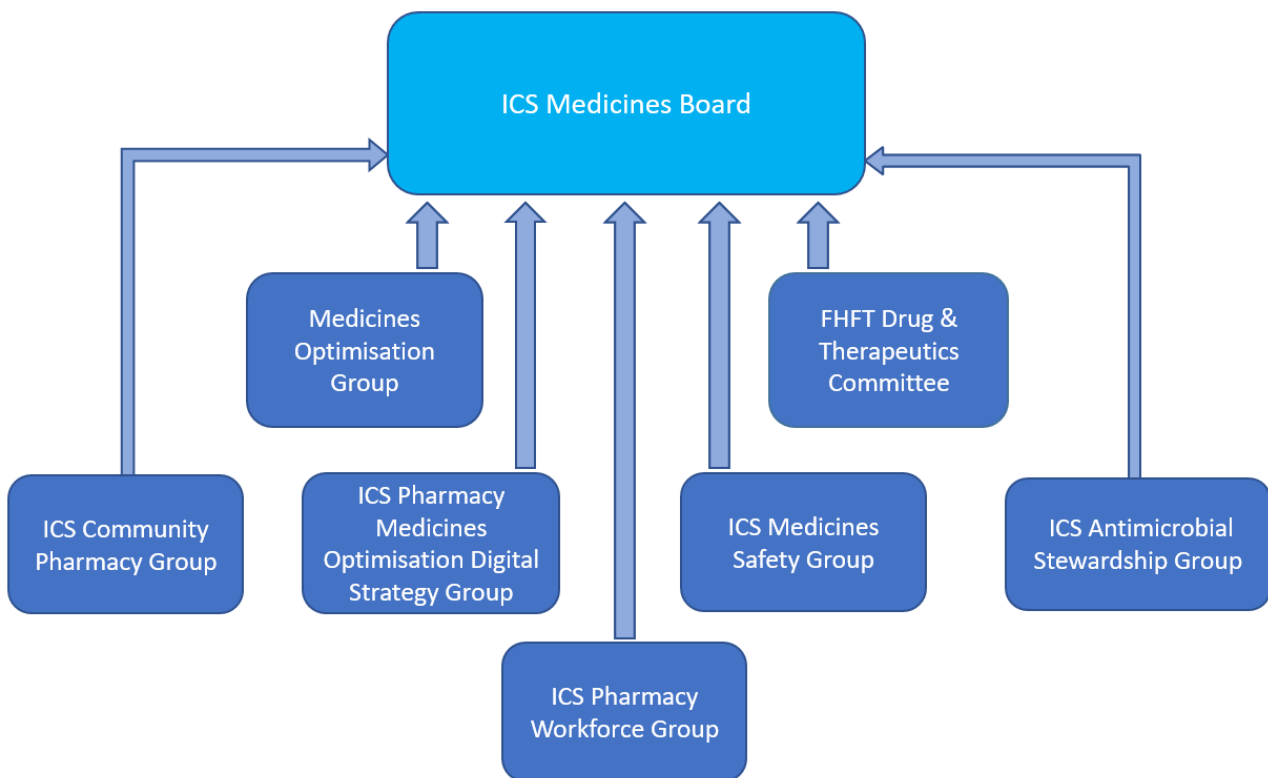
2. INTRODUCTION

2.1 Committee Structure

The Frimley Health and Care ICS Medicines Board (MB) is responsible for the strategic management of medicines across the Frimley Health and Care ICS.

The Frimley Health and Care MB is a final decision-making and ratifying board with devolved authority from the Integrated Care Board as acknowledged in the appropriate scheme of delegation.

In order to achieve timely progress, MB is supported by a number of subgroups and committees that lead on specific portfolios. As well as reporting to the MB these subgroups link in with other relevant ICS / organizational groups and work-streams as appropriate.



The MB works closely with other ICS groups such as the FHFT Clinical Interface Committee and other Programme Boards to ensure the use of Medicines within the ICS aligns with our system-wide Pharmaceutical and Medicines Strategy, Formulary and Medicines Policies. The MB also links with regional and national bodies to input into the development of policies and subsequent socialisation, adoption and dissemination of these across the ICS. The MB works with its equivalent groups in neighbouring ICSs to manage cross border patient flows between systems. The MB also receives prescribing recommendations from our Mental Health Providers.

2.2 Committee activities

The Sub-committees / groups remit, membership and general activities are detailed below:

Group	Meets	Membership	Activities
Frimley Health and Care ICS Medicines Board (MB)	Bi-Monthly	ICB Meds Op Team Executive Lead Acute / Secondary care consultants GP Prescribing leads Non-Medical prescribers FHFT Pharmacy Team PCN Representative BHFT Pharmacy Team SABP Pharmacy Team NHSE Representative Ambulance Services Local Pharmaceutical Committee Chief Officers ICB Finance Representative ICB Quality Representative Thames Valley Health Innovation Network	Provide oversight and assurance in the delivery of the system wide pharmaceutical and medicine strategy including holding to account key work-streams and deliverables Provide oversight of the maintenance and update of the Frimley Health and Care ICS Joint Formulary Supporting the local uptake of NICE Technology Appraisals (TAs) in line with NICE good practice guidance in developing updating and implementing local formularies Tracks and manages Medicines related risks within the ICS. Review of new drug applications Approval of new collaborative working with Pharmaceutical Industry projects
ICS Medicines Optimisation Group (MOG)	Monthly	ICB Meds Op Team Meds Op Clinical Leads Local Pharmaceutical Committee Chief Officers PCN Representative MOCH Representative BHFT Pharmacy Team SABP Pharmacy Team FHFT DTC Representative	Makes recommendations regarding the strategic direction for medicine delivery within primary care, and with the implementation of elements of the ICS Medicines Strategy relating to Primary and Community Care. In conjunction with FHFT DTC develop guidance and recommendations for medicines prescribed across the interface between primary and secondary care. Review New drug applications and formulary extensions
FHFT Drug & Therapeutics Committee (DTC)	Monthly	Multidisciplinary representation from key prescribing groups (nurses, doctors and pharmacists) ICB Meds Op Representative	Plan for and facilitate local implementation of national policy and guidelines related to medicines e.g., NICE and NHSE commissioning policy, including assessment of the impact for the local health economy. To promote a consistent approach to prescribing and medicines management across the sites the Trust provides services from and within the local health economy In conjunction with MOG develop guidance and recommendations for medicines prescribed across the interface between primary and secondary care Review New drug applications and formulary extensions. Provide oversight of Homecare Services.
Antibiotic Stewardship Group	Bi-Monthly	Microbiologists AMS Pharmacists Director of Infection Prevention and Control Local Pharmaceutical Committee Chief Officers Infection Control Team ICS Chief Pharmacist	Provide oversight and input into the development, implementation and on-going re-view of the Antimicrobial Stewardship program (AMS) within the Frimley ICS boundaries. The AMS program will involve a systematic approach to optimising the use of antimicrobials to improve patient outcomes, optimise antimicrobial use, and reduce adverse consequences of antimicrobial use. Review of antimicrobial guidelines Audit of Antimicrobial Prescribing Monitor antimicrobial usage and resistance Action to address non-compliance with guidelines Education of prescribers, pharmacists, nurses and other HCPs about good antimicrobial prescribing practice and antimicrobial resistance.

ICS Medicines Safety Group	Bi-Monthly	ICB Meds Op Team Medicines Safety Officers / Leads from FHFT, BHFT, SABP, Thames Hospice, Phyllis Tuckwell Hospice HCRG Care Group GP prescribing lead PCN Representative Local Pharmaceutical Committee Chief Officers Thames Valley Health Innovation Network Out of Hours Quality Rep ICB Quality Representative Ambulance Services	Provide assurance and support shared learning in relation to medicines safety across Frimley Health and Care ICS, linking with the national Medicines Safety Improvement Programme, the ICS Quality Collaborative and the Frimley Academy and neighbouring systems whilst reporting to the ICS Medicines Board. Provide a collaborative, system-wide approach to support existing organisational governance arrangements for reporting and learning from medicine incidents. Provide feedback on learning from incidents to all ICS organisations to influence service improvements. Identify, disseminate, and promote best practice for medicines safety guidance from NHS England & Improvement, MHRA, NICE, the Health Innovation Oxford and Thames Valley (HIN) and other organisations
ICS Pharmacy Medicines Optimisation Digital Strategy Group	Bi-Monthly	FHFT Pharmacy Team BHFT Pharmacy Team SABP Pharmacy Team ICB Meds Op Team Local Pharmaceutical Committee Chief Officers HCRG Care Group	Ensure that the digital infrastructure of Pharmacy supports the broader ICS strategic direction. To understand how the strategic digital vision of the ICS affects Pharmacy To support the implementation of the ICS Digital strategy in Pharmacy. To help support work streams by unblocking any digital challenges across the system and escalate when appropriate. To provide support and mutual learning across the ICS with regards Digital Pharmacy solutions
ICS Community Pharmacy Group	Monthly	ICB Meds Op Team Local Pharmaceutical Committee Chief Officers	To support engagement of Community Pharmacy with ICS Medicines Strategy and uptake of ICB commissioned services. Identify and escalate issues negatively impacting upon Community Pharmacy sector. Promote development of improved working relationships between Community Pharmacy and GP Practices and acute Hospital Trust
ICS Pharmacy Workforce Group	Monthly	ICB Meds Op Team Pharmacy E&T Leads for FHFT, BHFT, SABP and HCRG Care Group Local Pharmaceutical Committee Chief Officers CPPE Regional Manager PCN Representative PCN Clinical Directors NMP Leads NHSE Workforce E&T Representative GP Education Lead University Of Reading Head of School of Pharmacy Thames Valley Training Hubs Apprenticeship Leads AHP Workforce Programme Director and Strategic Lead FHFT Deputy Director for Clinical Education Frimley Training Hub	Lead the development of our Pharmacy Workforce Strategy, the delivery of the Strategy and on promoting working together as a key strategy to helping our workforce be stronger and happier. The Frimley Health and Care Pharmacy Workforce Group will make recommendations regarding the strategic direction for development of the pharmacy workforce across the ICS and be accountable for the delivery of that strategy across the ICS. Provide a forum for representatives to share ideas, intelligence and best-practice on issues that affect the capacity and capability of the pharmacy workforce.

3. Frimley Health and Care ICS Medicines Board (MB)

The Frimley ICB Medicines Board (MB) continues to function as the overarching authority for all medication related decisions across our ICS. The MB provides strategic direction on Medicines Policy as well as support for specific Medicines Optimisation work streams across the ICS. Since November 2023 the committee has met 6 times. Meetings are generally well attended, though attendance by representatives of organisations that are at the periphery of or cross our geographical footprint can be sporadic.

Feedback from its subcommittees/groups has been streamlined via introduction of a standard template that covers decisions for approval, discussions for noting and risks for consideration for escalation. Dissemination of Medicines Board decisions has been improved by compilation of a Decisions Summary that is publicly available online. ([NHS Frimley - Frimley ICS Medicines Board](#))

The Medicines Optimisation team have a regular meeting with the ICB Finance Team ahead of each MB to discuss agenda items and any financial implications from their approval, these meetings have now been expanded to include FHFT Pharmacy and FHFT Finance team in order to have a system-wide view of financial implications of Medicines related commissioning decisions.

Medicines related risks are tracked and monitored via the 4Risk database and training has been provided to subcommittees as to how to track and monitor risks within their portfolio and the escalation process to Medicines Board when appropriate.

The Policy for Sponsorship of activities and Joint Working with Pharmaceutical Industry (CORP008) has been updated and a centralised register of all historical joint working projects is being compiled, though finding written records for all such projects across the ICS is not straight forward. All future projects would require approval by MB.

The MB maintains excellent engagement with regional bodies and has representation upon the SE Regional Governance Group, SE Regional Medicines Optimisation Group, The SE Regional Priorities Committee, SE Regional High Cost Drugs Group and the National Homecare Medicines Committee.

Policy outputs from these regional bodies are now being produced and come to the MB for ratification purposes to be adopted within Frimley ICS. Additionally, the MB has worked with its equivalents in BOB and in Surrey Heartlands on a number of initiatives including streamlining Blueteq approvals by retiring the need for continuation form submissions, management of patients treated across ICS boundaries when there is variance between formularies and on the continuation of our COVID Medicine Delivery Unit Service.

The Board has overseen review of a number of specialty chapters within the Formulary allowing a number of historical anomalies to be addressed bringing the guidance within these into line with current practice.

Decision Making on Medical Devices remains challenging at ICS level some of these decisions have come to Medicines Board for approval but there are discussions with the FHFT New Interventions and Medical Devices Committee to seek to have its expertise leveraged for undertaking such decisions on behalf of the ICS. Capacity constraints and the fact this committee has only been functioning for a little over a year has meant they have not felt ready to assist the ICS with decisions on prescribable devices as yet.

Following the Parliamentary Enquiry into Homecare and the review of homecare services by NHSE that in its initial findings reported concerns over the lack of governance and oversight of these services MB will in future receive and updates on Homecare services via the FHFT Drug & Therapeutics Committee

4. ICS Medicines Optimisation Group

Medicines Optimisation Group has continued to meet monthly and has full agendas for each meeting. It continues to be valued as a source of advice and a forum for discussion about best practice as regards medicines use in the community. Members are very willing to join in with detailed discussions and so the documents being approved receive greater feedback and are even further refined as a result. Attendance has been good, although there was a reduction in attendance from colleagues in community services and so efforts have been made to encourage reinvigorated attendance from those organisations.

Within the last three months we have seen significant improvements in the efficiency of communication between FHFT Drugs and Therapeutics Committee and Frimley Medicines Optimisation Group. This has been facilitated by the appointment of a Lead Formulary & Medicines Optimisation Pharmacist at FHFT, who is doing an excellent job at organising the workplan and link between sub-committees.

MOG continues to be an excellent forum for discussion of community pharmacy and how we can work better together across primary care when it comes to medicines. In addition, a standing agenda item has been added which is an update on the financial position of the primary care prescribing budget and savings projects or cost pressures being seen. This has been a very useful addition to the agenda, and we are supported well by the Finance Team for this.

5. FHFT Drug & Therapeutics Committee

The Drug & Therapeutics Committee (DTC) has continued to meet monthly with a focus on medicines usage within secondary care settings. As well as managing new drug applications the committee provides oversight of medicines related guidance developed by Clinical Speciality Governance Groups. The committee works closely with the Medicines Optimisation Group to manage medicines prescribing across the interface between primary and secondary care.

Governance processes have been updated with new Terms of Reference agreed, new guidance agreed for dissemination of decisions within FHFT and timely updating of the Epic EPR system and netFormulary to reflect these decisions.

A new Lead Formulary Pharmacist has been appointed and has contributed greatly to the efficient throughput of the committees work.

6 ICS Antimicrobial Stewardship Group

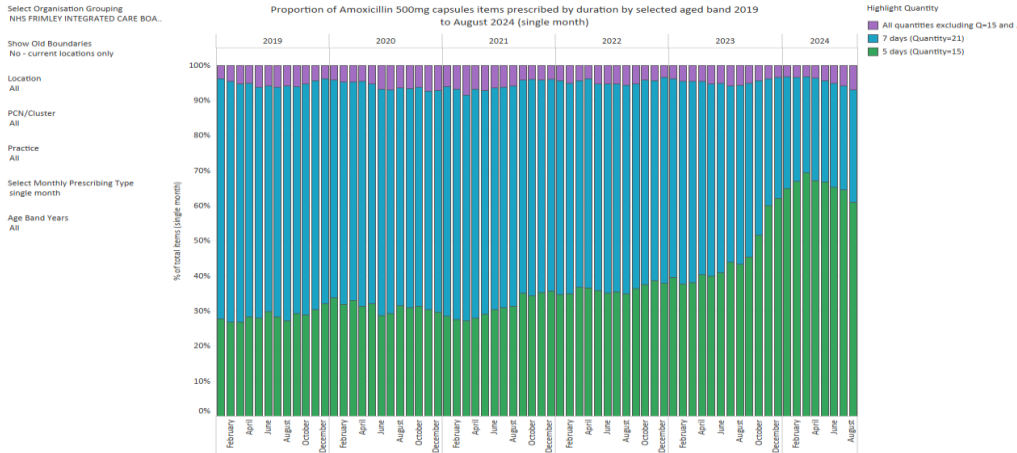
Primary care AMS

ASG workstream’s aim is to improve outcomes for patients with infection, safely reduce human exposure to antimicrobials, reduce selection pressure for resistance and reduce environmental impact of antimicrobials and waste.

A national medicines optimisation opportunity for the shortest effective course length of amoxicillin 500mg capsules for 5 days was included as an optional element of the PMOS scheme in 2023.24. There was extensive practice uptake (51 practices) and 5-day rates increased above the national average 70% in March 2024 versus National 57%. The challenge into 2024.25 is continued engagement with the shortest effective course length message and maintenance of higher rates.



Optimising antimicrobial duration dashboard - Amoxicillin 500mg capsules



Frimley ICB is a member of the South-Central Antimicrobial Network (SCAN), the network is responsible for developing, reviewing, and updating evidence-based guidelines for the effective treatment of infections in primary care. These guidelines are adopted by the ICB and are now available on the Eolas platform, which can be accessed via tablet, phone, or web browser. The SCAN guidelines migrated to Eolas in September 2024.

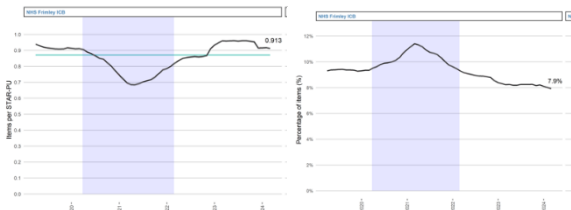
Two metrics in the NHS Oversight Framework relate to antibiotic prescribing in primary care

44a Anti-microbial resistance: total prescribing of antibiotics in primary care

44b Anti-microbial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

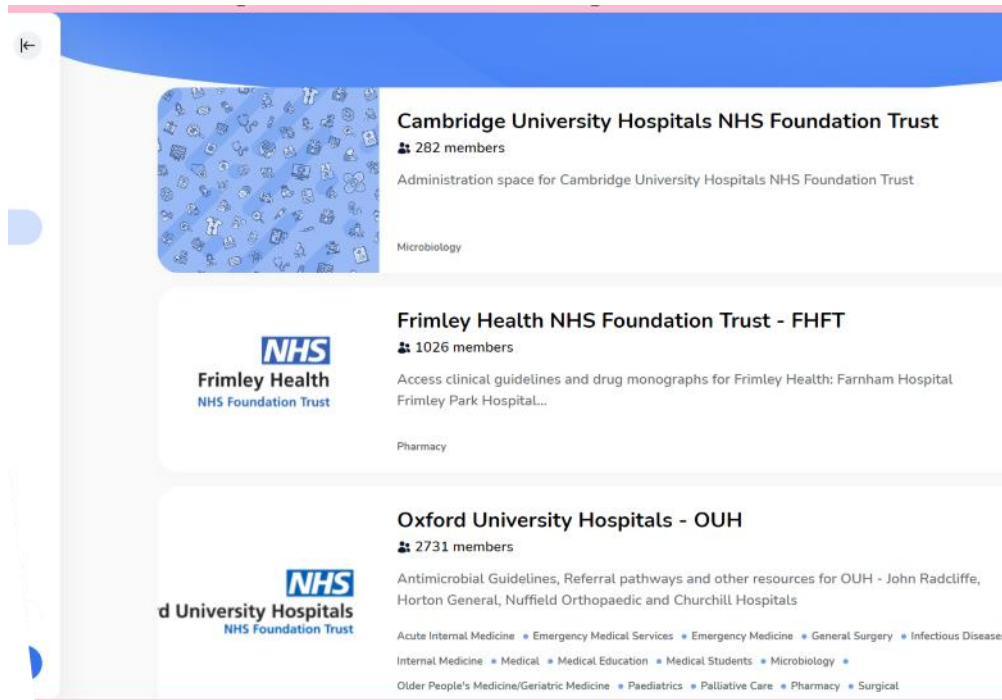
Metric 44a has consistently remained above the national threshold however is less than during the Strep A outbreak during November 2022- June 23.

Meric 44b remains below the national threshold.



Secondary Care Update.

Transition from Microguide to Eolas has so far been remarkably successful. In the space of 9 weeks as of 17/11/24, >1,000 individuals have downloaded the app. Unsure how this compares with Microguide downloads as data was unavailable. No negative commentary received re how useful or otherwise Eolas as a platform is, but it has considerably more functionality and allows in app access to Medusa and others. Cost remains the same (thus far) as Microguide.



FAN, the Frimley Antimicrobial Newsletter is reborn for WAAW week. The hope is that this will be a quarterly with details about current trends in AMS, those that apply to the Trust and external. SWAY has been chosen as the platform to begin with, but this could change.

AUDIT:

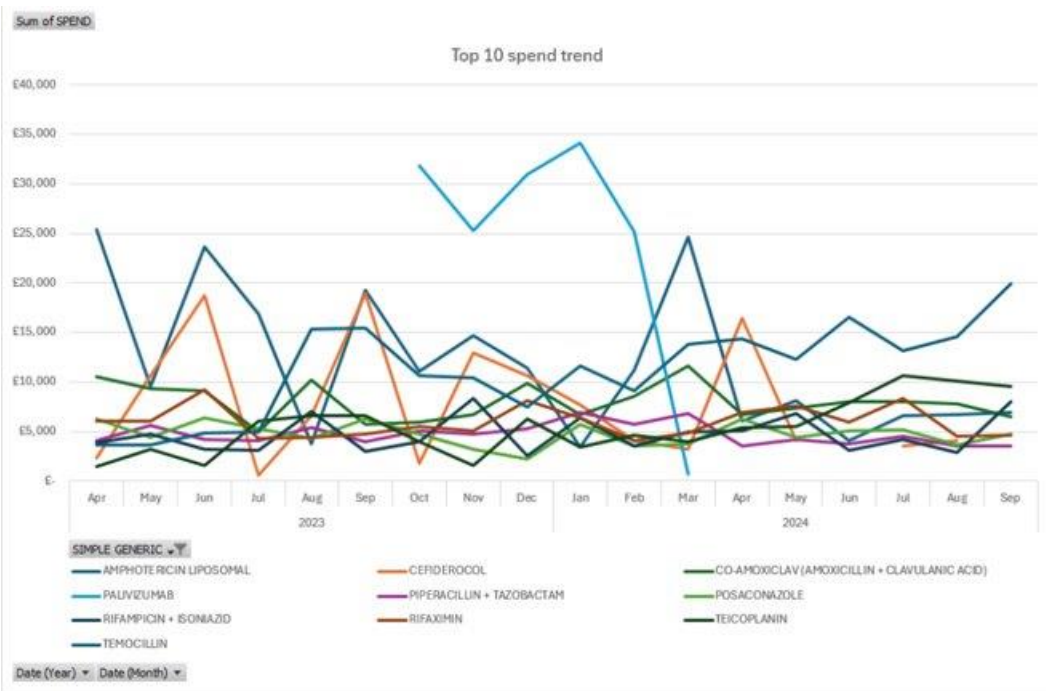
- 1) One of the agreed smart audits by the (HASG), metronidazole IV to PO switching has shown that the original target of 40% of unnecessary IV usage (illustrated by an audit in March 24) could be bettered. An antimicrobial pharmacist, 1 clinical fellow and 1 F1 have seen 40 patients over 4 ward rounds at WPH. The following table indicates the indications for which metronidazole was prescribed

INDICATION	# OF PATIENTS	SWITCH %
Intra-abdominal infection	23	67.5% of these 40 patients were identified as possible IVOS candidates
Sepsis postnatal	2	
Chest infection	7	
Sepsis of unknown source	7	55% were switched as following inv' 5 patients could not in reality be changed.
Tonsillitis	1	

- 2) Data on antimicrobial redundancy has not been collected yet. By redundancy is meant the unnecessary prescribing of two anti-anaerobes for example metronidazole and co-amoxiclav or piperacillin/tazobactam and metronidazole. There is increasing evidence that the microbiome damage caused by unnecessary antibiotic use can take a long time to heal. [Impact of antibiotics on the human microbiome and consequences for host health - PMC](#)
- 3) A specific report in Epic is in the process of being created to report on carbapenem and piperacillin-tazobactam use. This would satisfy elements of the third main audit.¹
- 4) Owing to sick leave and holidays the antimicrobial point prevalence work has unfortunately had to be put back until a later date.
- 5) Mid-September – Mid October top 10 antimicrobial spend trend

¹ FH is still suffering with a shortage of Epic analysts, particularly pharmacists. This appears to be a problem shared with other Epic users.

- a. Ignore palivizumab and rifaximin. Temocillin usage indicates the severity of the disease process as does ceftiderocol and liposomal amphotericin.



b.

Penicillin delabelling

The penicillin delabelling pilot has gone live at FPH on AMU. Patients are identified in the morning by the allergy/IVIG pharmacist using Epic. Whilst several patients have been considered suitable for delabelling none so far have been delabelled owing to

- 1) patients being unable to consent,
- 2) already prescribed non beta lactams
- 3) too ill and moved off AMU to MADU etc. before the process could begin.

Workforce

New microbiology consultant started at FPH, Dr Alan Wu. He has been appointed as the main AMS lead for micro'

Antimicrobial pharmacists continue to be pulled away to help with patient flow limiting their specialist involvement in inappropriate antimicrobial interdiction.

Education and Training

At both WPH and FPH all pre-registration pharmacists have now received official HEE and inhouse antimicrobial training. In addition to this, pharmacists from Prospect Park, Reading and Surrey have also benefitted.

Resident doctors' years 1 and 2 have been in receipt of mandatory Trust training on safe antimicrobial prescribing.

7. ICS Medicines Safety Group

The Frimley Health and Care ICS Medicines Safety Group continues to meet every 2 months, providing a forum to improve medicines safety across the Frimley system. The strategic aims of the committee include, reducing medication related harm to our population, improving patient outcomes through the safe use of medicines and agreeing the annual workplan. In addition, information about and learning from medication safety issues occurring within the system are discussed.

In January 2024 following the publication of the NatPSA/2023/013/MHRA (National Patient Safety Alert) for Valproate, a sub-group, the ICS Valproate Implementation Group was established, which reports into the Medicines Safety Committee. This group co-ordinates the implementation of the new regulatory requirements for valproate and in addition has undertaken to include the new regulatory requirements of topiramate. The valproate group has met 7 times to date. It outputs include written guidance on valproate in males and females on valproate, development of a shared care document for valproate, reviewing the results of the valproate audit, run in January 2024 and ensuring provider organisations have amended policies and working practice to align to the regulations.

The Medicines Safety workplan for 2024.25 aligns to the national NHS England Medicines Safety in Practice (MedsSIP) programme in addition to local priorities including:

- reducing the harm of valproate and clozapine,
- reducing the bleeding risk associated with co-prescribing of medicines known to cause bleeds.
- de-prescribing sulphonylureas,
- developing an effective communication of medicines safety messages to healthcare professionals across the system
- Continuing to embed LFPSE reporting by general practice
- Working with the Health Innovation Network Oxford on a biopsychosocial project to reduce the harm of opioids.

Key medicines safety achievements under the GP Prescribing and Medicines Optimisation Scheme in 2023.24 included:

- 64 practices submitted 5 or more medicines safety incidents via LFPSE.
- 66 practices confirmed they had responded to 2 or more Medicines Safety Alerts and had a practice process in place to respond to Medicines Safety Alerts.
- 9 practices completed both attending opioid training to allow them to conduct Structured Medication Reviews for complex patients on high doses of opioids, with subsequent review of identified lists of patients.
- 31 practices completed both attending hypnotic training to allow them to conduct Structured Medication Reviews for patients on hypnotics, with subsequent review of identified lists of patients. Patients offered and sent access to the Sleepio app.

8. ICS Pharmacy Medicines Optimisation Digital Strategy Group

The Pharmacy Digital Strategy Group meet bi-monthly and have been having many discussions looking at how we unblock digital challenges and the digital possibilities for pharmacy across the Frimley system.

Some of the discussions have focused around:

- Exploring using Written Medicines translated labels in community pharmacy and the Trust. Potentially looking at trailing use in pharmacies in Aldershot for the Nepalese community as a pilot.
- Integration of pharmacy first into our system Healthier together app to increase timely access to primary care services
- Finding a digital solution to increase the use of the discharge medicines service (DMS). An essential service aimed at supporting our residents when discharged from hospital to prevent medicines related readmissions.

Some national digital challenges in discussion:

- CLEO solo EPS used for IP pathfinder programme- where we are being funded by NHSE to explore the commissioning framework to increase clinical services that utilising prescribing skills in community pharmacy. This is in response to the changes on the horizon where in the summer of 2026, pharmacist will be prescribers at point of registration.
- EMIS Pinnacle email notifications from community pharmacy to general practice- National team are leading on this as a national issue. Backlog of post event messages from CP to GP that were not sent to practices that had not verified their email. Currently working with affected pharmacies, where they have been retrospectively actioning all post event consultations notes and informed the GP if any issues identified (i.e. raised BP reading) Also working with practices to ensure they have a verified email. This has been a big bit of work for some pharmacies. National team have been working behind the scenes to ensure smooth digital transfer of consultation notes going forward

9. ICS Community Pharmacy Group

Regional picture- Pharmacy First referrals/ 100k (to August 24)

NHS HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD	1279
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	1260
NHS FRIMLEY INTEGRATED CARE BOARD	1112
NHS SUSSEX INTEGRATED CARE BOARD	977
NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD	907
NHS SURREY HEARTLANDS INTEGRATED CARE BOARD	887

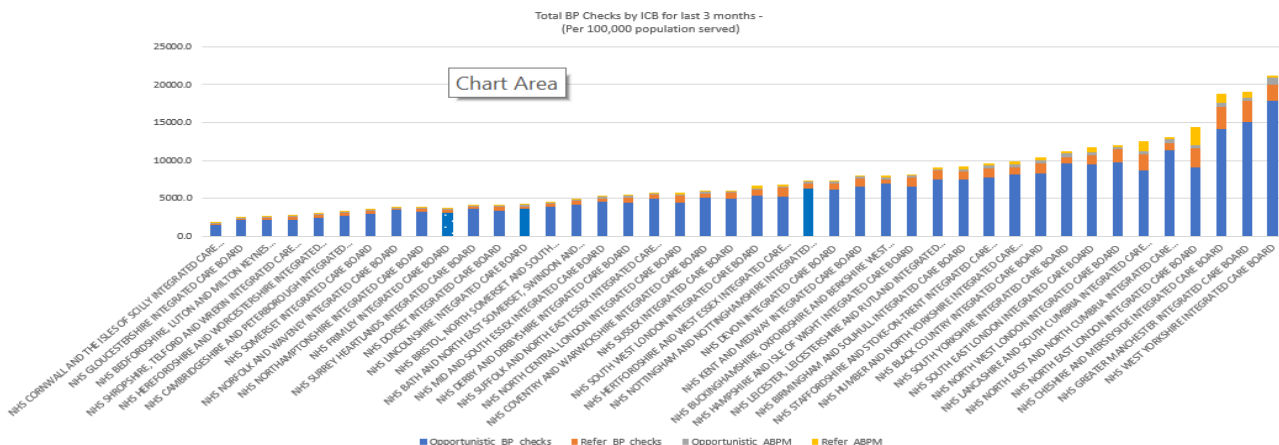
Frimley is 24 out of 42 ICBs nationwide for pharmacy first referrals/ 100k
 Looking at clinical pathway consultations only: more than 18,000 consultations have been completed, meaning over 18,000 patients received treatment at community pharmacies instead of visiting their GP for a prescription. This has freed up nearly 2,500 hours of GP appointment time in the 6 months to June 24.

NHS FRIMLEY INTEGRATED CARE BOARD	Total referrals to June 24
Clinical pathways consultation	18,746
Minor illness referral	22,468
Urgent medicine supply	16,722

Hypertension Case Finding Service - The number of blood pressure (BP) checks in Frimley has significantly dropped over the past 3 months, both in referrals and opportunistic checks. Nationally, Frimley's ranking for BP checks completed has fallen from 19th in March 2024 to 33rd in June 2024, compared to 8th in August 2023. Efforts are underway with the LPC and the CVD group to identify the reasons for this decline and to increase referral numbers. This reduction could have impact on the early detection and prevention of cardiovascular disease (CVD) for Frimley residents, exacerbating health inequalities.

Checks by ICB for last 3 months

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Pharmacy contraceptive service (PCS): [National data] Jan to June 2024

Approximately 60% of pharmacies in Frimley are currently signed up to provide the Pharmacy Contraception Service (PCS). A potential risk is that the Pharmacy First service, going forward, may include the hypertension case finding and the pharmacy contraception service. As such, for pharmacies to offer the Pharmacy First service, they would also need to be signed up to provide both the Pharmacy Contraception Service and hypertension case finding service. This could mean that by March 2025, around 40% of our pharmacies may no longer be able to provide the Pharmacy First service, which could negatively impact GP appointment availability and capacity.

Work is ongoing with the LPC to increase sign up rate [Note: these are both advance services, so community pharmacies have the option to choose whether to participate]

NHS FRIMLEY INTEGRATED CARE BOARD		Total
Initiation		127
Ongoing monitoring		684
Total		811

10. ICS Pharmacy Workforce Group

Frimley ICS Pharmacy Workforce Group formed. Members from across the system and region including pharmacy teams and workforce teams. ToR agreed, monthly meetings take place, quarterly face to face workshops, priorities identified & agreed and running action log

- **Teach and Treat Programme:** Successful bid from NHSE for a local Frimley Teach and Treat Programme. This aims to provide structured, hands-on training for community pharmacists pursuing their Independent Prescriber qualification. The model leverages community pharmacy hub sites, which are supported by trained DPPs and mentors.
 - **Record Increase in Foundation Trainee Pharmacist Places:** Achieved the highest number of Foundation Trainee Pharmacist places on Oriol within the Frimley system, marking a record achievement.
 - **Development of a Work Experience Program:** In partnership with the trust, creating a work experience module for pharmacy. Currently working on an online program as part of the FHFT work experience initiative. Participation in the online module is mandatory for those interested in face-to-face work experience, which is offered 5-6 times a year, providing an excellent platform to promote pharmacy careers.
 - **DPP Mentorship Development:** Initiated the development of local DPP mentors to support new DPPs and lead local projects, such as the Teach and Treat programme.
 - **Produce Best Practice Guidance:** Developed the "Multi-professional Prescribing Policy," which will serve as a best practice guide and be utilised by healthcare professionals across the system to standardise and enhance prescribing practices.
 - **Collaboration with Surrey Heartlands ICB:** Engaged in a joint project with Surrey Heartlands ICB to develop and grow DPPs. Two focus groups were held in April and June 2024 to gather insights and identify challenges faced by DPPs. Key themes and outputs were shared with stakeholders for further action.
 - **Collaboration with South East ICB Workforce Leads:** A DPP support and training package for ongoing support for DPPs has developed by a Primary Care Fellow in NHSE London. Workforce Leads within the South East region are working together in exploring implementing in our region
 - **Fostering Research Collaborations:** Strengthened research collaborations between the University of Reading, University of Manchester, and pharmacy teams within Frimley, promoting innovative research and development in the field.
11. **Recognition at Conferences:** Our work on pharmacy career progression pathways was accepted as a poster presentation at the RPS conference.

12. Appendix A Medicines Board Decision Summaries

Decisions Summaries for Medicines Board Available Online

[NHS Frimley - Frimley ICS Medicines Board](#)

<https://www.frimley.icb.nhs.uk/policies-and-documents/medicines-optimisation/frimley-ics-medicines-board>