

Pharmacy Big Discussion Workshop Results

September 2025

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List of Abbreviations used in this report

Acronym	Full term
ACA	Ambulance care attendants
CP	Community pharmacist
CD	Controlled drugs
DH	Department of Health
DN	District nurse
DTA	Decision to admit
ED	Emergency department
EOL	End of life
FRIDs	Falls risk increasing drugs
FTY	Foundation training year
GP	General Practice
GPP(s)	General Practice pharmacist(s)
HCP	Health care professional
HPMM	Head of Pharmacy and Medicines Management
HSC	Health and social care
IP	Independent prescriber
JIC	Just in case
LES	Local enhanced service
MCAs	Medicine compliance aids
MDT	Multi-disciplinary team
MOIC	Medicines Optimisation Innovation Centre
MOOP	Medicines optimisation in older people
MSc	Masters
NH	Nursing home
NIAS	Northern Ireland Ambulance Service
NIECR	Northern Ireland electronic care record
NMOP	New models of prescribing
OOH	Out of hours
OPAT	Outpatient parenteral antimicrobial therapy

PODS	Patient's own drugs
RCEM	Royal College of Emergency Medicine
SPPG	Strategic Planning and Performance Group
UKCPA	UK Clinical Pharmacy Association
UTI	Urinary tract infection
QI	Quality improvement

Definitions

For the purposes of this report, the following definitions will be used:

Medication history	A medication history is the process of producing an accurate list of a person's medicines (including prescribed, over-the-counter and complementary medicines). An accurate medication history provides a foundation for assessing the appropriateness of a patient's current therapy and directing future treatment choices (Royal Pharmaceutical Society).
Medicines reconciliation	Medicines reconciliation is the process of identifying an accurate list of a patient's current medicines (including over-the-counter and complementary medicines) and carrying out a comparison of these with the current list in use, recognising any discrepancies and documenting any changes. It also takes into account the current health of the patient and any active or longstanding issues. The result is a complete list of medicines that is then accurately communicated (Medicines, ethics and practice).
Medication review	Medication review is a critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medication related problems and reducing waste (NICE).

Background

As part of planning for winter 2025/26, the Chief Medical Officer and Chief Nursing Officer led a series of four “Big Discussion” workshops with stakeholders from across Health and Social Care (HSC) which aimed to consider system-wide learning from the experiences of last winter and to explore actionable steps that could be taken to improve system-wide flow and patient outcomes. These discussions highlighted a number of priority areas, with particular emphasis on improving care pathways for older people, frailty, and community-based alternatives to hospital care.

As a follow-up to these workshops, senior pharmacy leaders from across all pharmacy sectors were invited to participate in a pharmacy specific “Big Discussion” workshop. This was held on 11th August 2025 to define and strengthen the integrated pharmacy contribution to the whole-system flow plan for winter 2025/26 by:

- Describing how pharmacy teams across all sectors will contribute to the patient pathway in preventing and managing medication-related issues among older people, individuals living with frailty, and care home residents. This includes areas such as falls, fractures, polypharmacy, and end-of-life care.
- Identifying opportunities for improvement in advance of winter 2025/26, within existing resources, and, where appropriate, outlining longer-term service development proposals to be progressed subject to the availability of future resources

Methodology

Participants in the workshop were split into groups with each group having representation from a range of pharmacy sectors. They were asked to consider pharmacy services which impacted on the following areas:

Area 1	Staying well at home <ul style="list-style-type: none"> • Management of at-risk patients • Avoiding admissions • Avoiding ED/OOH
Area 2	Unplanned attendance at hospital/triage <ul style="list-style-type: none"> • Medicines Optimisation in ED • Management of PODs • Decision to admit – Medicines Optimisation on admission/during stay • Risk stratification
Area 3	Discharge/return to home setting <ul style="list-style-type: none"> • Hospital planning for discharge • Transition of care including communication across interface • Post discharge follow up
Area 4	End of life at home and in care settings <ul style="list-style-type: none"> • Prevention of presentation to ED/OOH for medicines related issues • Anticipatory care and prescribing • Just in case boxes/bags • Access to medicines in hours or OOH

For each area, participants were asked to identify current practice but also to make suggestions for change. When considering areas of change they were asked to focus on things that could be achieved in the 2025/26 winter period, however longer-term suggestions were also accepted.

Each discussion area was facilitated by a senior member of the DH Pharmacy Team and a MOIC Programme Manager. Notes from the discussions were collected on a bespoke template (appendix 1). In addition, participants were invited to provide written submissions if appropriate. If required, follow up information and clarification was sought from appropriate individuals via email by the MOIC team. During discussions participants were also asked to contribute any suggestions for longer term future initiatives onto post-it notes. These were not discussed in detail on the day as the aim was to focus on areas which could be improved in the short term.

Results

All information gathered was reviewed by the MOIC team. A summary of all initiatives was collated and they were grouped according to their availability across Northern Ireland. For each initiative a description of the current service was written and possible areas for improvement were suggested. This was reviewed by the DH Senior Pharmacy team to ensure that the summary information reflected the discussions on the day. For each possible area for improvement, the lead group or organisation responsible for considering the issues was identified. The summary information for all initiatives is presented in Tables 1 & 2 below. Throughout the course of the discussions, participants identified a range of issues that were cross cutting or which required for longer term work. These are presented in Table 3. Finally, any blue-sky thinking ideas captured on posit-notes are summarised in Table 4.

Table 1: Pharmacy services which are universally available in Northern Ireland

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
Ward based clinical pharmacy service	<p>All of the 5 acute HSC Trusts offer a clinical pharmacy service at ward level, including after 5pm. It was noted that not all wards will benefit from a ward based clinical pharmacy service and that service times will vary. Where available, clinical pharmacy will provide all aspects of medicines optimisation and all clinical pharmacy teams include some staff who are pharmacist independent prescribers. Activities include:</p> <ul style="list-style-type: none"> • Medication history • Medicines reconciliation at admission and discharge • In patient monitoring • Medication review • Patient counselling • Clinical medicines information queries 	<p>Groups indicated that a number of stand-alone clinical pharmacy projects have been piloted, many of which have yielded positive results. For example, SEHSCT recently completed a pilot of pharmacist independent prescriber led discharge. Steps could be taken to identify such projects and to see if they could be scaled in either the current or future years.</p> <p>It was noted that medicines compliance aids had the potential to contribute to delayed discharge as domiciliary care providers do not have a standardised approach or policies. Regional review and</p>	<p>HPMM</p> <p>HPMM/SPPG</p>

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	<ul style="list-style-type: none"> • Attendance at ward/hub flow meetings • Clinical check of discharges • Ensuring appropriate medication supply throughout the patient stay and at discharge 	standardisation of policies as well as training of domiciliary care providers to administer from original packs should be considered.	
Clinical pharmacy service in the Emergency Department	<p>All of the 5 acute HSC Trusts offer a clinical pharmacy service in emergency departments.</p> <p>The pharmacy teams in ED use EPIC to identify patients most likely to experience medicines related issues or who have the greatest priority for pharmacy review. This may include those with the highest risk of medicines related harm, time critical and high-risk medicines and whose admission is medication related. Much of the activity is focused on medicines history, medicines reconciliation and ensuring continued supply/administration of medicines to patients in</p>	<p>Given the differences in service provided there would be merit in regional discussion to ensure that best practice is identified and adopted in all Trusts, informed by UK guidelines e.g. RCEM/UKCPA position statement. This could include consideration of QI and MSc level projects that have been completed but not scaled to routine service.</p> <p>Other suggested areas to support pharmacy teams in ED included:</p>	HPMM

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	<p>ED. Pharmacy technicians and assistants ensure medicine stock is available within the ED.</p> <p>Whilst this service is universally available, there are differences in the number of staff, grades of staff and skill mix available and the hours of service provided. Pharmacy services offered may also differ across Trusts e.g. OPAT services.</p> <p>Some Trusts are training and utilising Foundation Training Year pharmacists in the ED setting to undertake medication histories to support the whole pharmacy team.</p> <p>A number of projects are or have been undertaken by pharmacy staff in ED as part of MSc and QI projects.</p>	<ul style="list-style-type: none"> • The development of self-administration policies; • Redeployment of staff to support ED workload; • Mobilising specialist staff to review patients in their speciality in ED; • Review of patients who fall for bone health; • Increasing input from pharmacy support workers in ED to allow for improved movement and storage of medicines through the ED. 	

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	<p>For example:</p> <ul style="list-style-type: none"> • Frailty pharmacist based in ED (SEHSCT); • Post-take ward round pharmacist independent prescriber preparation of discharge summaries (SEHSCT); • Pharmacist independent prescriber as part of the Early Intervention Team (NHSCT); • MOOP medication review service in ED (NHSCT); • Improving turnaround times for discharge medication in ED and acute medicine areas (NHSCT); • Self-administration of insulin in EDs (NHSCT). 		
Medicines optimisation in older	All of the 5 acute HSC Trusts have a medicines optimisation in older people (MOOP) service. The number of MOOP work streams vary per Trust however, all include a consultant pharmacist,	Whilst all Trusts provide a MOOP service, there are differences. Regional discussion to ensure best practice is identified and adopted is warranted.	MOOP consultant pharmacists

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
people (MOOP)	<p>care home pharmacist, adherence pharmacist and intermediate care pharmacists. Some Trusts also offer pharmacy services specialising in frailty, falls, discharge to assess and reablement.</p> <p>MOOP teams provide a number of services which aim to improve quality of life and to reduce risk of falls. These include:</p> <ul style="list-style-type: none"> • Medicines review for patients > 65 years, with a focus on medicines optimisation and where appropriate, reduction of medication burden/polypharmacy through de-prescribing. • Adjustment of medicines and aims of treatment based on Rockwood Frailty Score. • Patient education and adherence assessment. 	<p>Awareness of MOOP team and their expertise should be promoted to a wider group of health care professionals including those in primary care.</p> <p>Rockwood Frailty Score/Electronic Frailty Index scoring can be used as an indicator of risk of medicine related harm. The MOOP team regularly use this in the course of their practice, however this information is difficult to find in EPIC and use of this information could be improved within the wider pharmacy workforce. This could be utilised to assist in the identification of patients who would benefit from a review and de-prescribing initiatives.</p>	<p>MOOP Consultant Pharmacists</p> <p>NICPLD/DH to continue discussions regarding regional frailty training</p>

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	The BHSCT has a community falls pharmacist conducting a holistic medication review in the patient's own home including consideration of FRIDs, anticholinergic burden, polypharmacy and bone health.	Use of NMOP for access to HS21 prescriptions for community-based MOOP services should be considered.	MOOP/SPPG
Community pharmacy services	<p>A range of services are offered in Community Pharmacy to facilitate people staying well at home. These include:</p> <ul style="list-style-type: none"> - Pharmacy First Services for UTI, sore throat, shingles and minor ailments. These services offer an accessible, efficient and high-quality clinical pathway for patients to access treatments for common conditions. - Living well <p>Living Well is a public health campaign service delivered in community pharmacy.</p>	<p>Extra social media messaging to raise awareness of various community pharmacy services should be considered. It was noted that the previous "Home accident prevention" campaign included advice for the prevention of falls.</p> <p>Extension of commissioning relevant Pharmacy first services, including shingles and sore throats.</p> <p>Consider expanding 'Pharmacy First' for chronic conditions. This could include the</p>	<p>SPPG</p> <p>SPPG</p> <p>SPPG</p>

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	<p>During October/November this will be focussed on how to “<i>Stay well this Winter</i>”.</p> <p>The campaign aims to help the public prepare for the winter months by encouraging them to plan ahead and to take actions to protect themselves and to stay well.</p> <p>- TARGET</p> <p>The <i>Treat Antibiotics Responsibly, Guidance, Education and Tools (TARGET)</i> antibiotic toolkit helps to ensure that patients receive consistent, evidence-based information about antibiotic usage.</p> <p>Other services offered by community pharmacy include: Adherence support; Emergency supply; OOH rota; Flu/pharmacy vaccination; General dispensing and advice services.</p>	<p>use of the skills of Independent Prescribers in community pharmacy</p> <p>Increased access to medicines systems for community pharmacy including NIECR & EPIC.</p> <p>A community pharmacy discharge service was piloted in WHSCT areas. This service could be considered for scale up and may help to reduce the frequency of, or re-admission, to secondary care where medicines adherence or referral to a more appropriate service in community may be more relevant.</p>	<p>SPPG</p> <p>SPPG</p> <p>SPPG</p>

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	The timely provision of treatment by community pharmacy enables patients to manage the acute symptoms of common conditions reducing demand on GP/OOH services. There may also be benefits to Emergency Departments, if patients are able to access services within community pharmacy efficiently then fewer patients will present at ED as an alternative to GP/OOH. In addition, availability of community pharmacy OOH and the Emergency Supply Service may help reduce attendances at ED for medication supply.	<p>Consideration of adherence reviews including education to increase health literacy for patients and carers.</p> <p>Use data on the reasons for inappropriate admissions or for non-admission to hospital wards to identify potential areas where community pharmacy could assist in preventing unplanned admissions to ED.</p>	DH/SPPG
General practice pharmacy	Each GP practice in NI has a GPP working within the practice team, number of sessions per week depends largely on practice size. The GPP provides a core role to the practice which includes a range of tasks.	Differences in service provided by GPPs was noted and there would be merit in ensuring that best practice is identified and adopted in all areas. This should include consideration of projects that	SPPG

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	<p>Tasks are determined by number of sessions allocated to practice, practice team and practice priorities and include:</p> <ul style="list-style-type: none"> - Medication review - Implementing cost-effective prescribing - Long term condition management - Medicines reconciliation - Optimising prescribing systems - Clinical assessment of repeat/acute prescription requests - Managing medication queries - Managing drug alerts - Vaccination programmes - Support for care homes <p>Timely provision of prescribing by GPPs prevents contact with OOH/ED and possible admission. In</p>	<p>have been completed but not scaled to routine service. This could include the use of digital technologies that have been trialled in other regions of the UK (e.g. the NHS Wales respiratory APP).</p> <p>Medication review should be provided by GPPs and provision for GPPs to undertake medication reviews for frailty/NH/domiciliary care of the older person is found in NI LES; General Practice Pharmacists - via Federations 2025/26 and proactive general practice care for nursing and residential homes 2025-2026.</p> <p>Improved discharge communication – any potential improvements should be</p>	<p>SPPG</p> <p>HPMM</p>

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
	<p>addition, links with district nursing and community teams permits the optimisation of medicines.</p> <p>Managing long term conditions – during clinics medications are optimised and patients can be offered slots for urgent reviews on discharge to maintain and avoid repeat exacerbation, optimise medication dosage etc. to avoid readmission.</p> <p>It was noted that there is a varying level of skill mix amongst GPPs and job roles vary. Currently the GPP role is practice dependent and is not standardised across NI.</p>	<p>considered that would enable better identification of patients who should be prioritised for review following discharge, including those patients who attended ED but who were not admitted to hospital wards.</p> <p>Better use of data to help inform practice e.g. identifying patients who overuse ED and key reasons for inappropriate admissions or those patients who have frailty, this data could be used by GPPs to prioritise groups for medication review.</p>	
Palliative Care Network of Pharmacies and	Access to palliative care medicines is provided by all community pharmacies in NI. In addition, 60 pharmacies across NI are funded to stock a regionally agreed stock list of palliative medicines and can provide access within their opening	Steps should be taken to review the current supply and advice model with a view to improving anticipatory prescribing and proactively managing medication requirements.	SPPG

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
Palliative Care Supply Pharmacies	<p>hours. These pharmacies are split into two cohorts:</p> <ul style="list-style-type: none"> • Palliative Care Network Pharmacies (historical service set up in early 2000s) where contractors agree to hold a required list of palliative medication, and are skilled in providing advice regarding palliative care. • Palliative Care Supply Pharmacies (set up initially where there were geographical gaps in network provision during the COVID response). These contractors had to facilitate supply of the regionally agreed palliative medication list. 	<p>Steps should be taken to promote existence of the network across those involved in providing palliative care.</p> <p>The palliative care regional formulary should be updated in tandem with the wider service model.</p> <p>In some instances, palliative care medicines are not stocked by wholesalers in Northern Ireland leading to delays in stock being obtained. SPPG is working with local wholesalers to agree minimum stock level of agreed medications.</p> <p>The provision of the service meets the majority of palliative patient's needs, but</p>	<p>SPPG</p> <p>SPPG</p> <p>SPPG</p> <p>SPPG</p>

Initiative title and location offered	Brief description of current service	Possible area for improvement	Lead group /organisation(s)
		there is a of cohort patients who need additional support/medication when in their palliative journey. A proactive approach which includes anticipatory medications would be a valuable addition.	

Table 2: Pharmacy services which are NOT universally available in Northern Ireland

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
Frailty pharmacy service in acute care	<p>WHST have a dedicated frailty pharmacy service in the acute hospital setting. Patients reviewed by this service include those over 75 who are on falls risk increasing drugs (FRIDs) or who may benefit from deprescribing. Patients are reviewed at any point in their hospital journey including in the ED setting.</p> <p>The SEHST and NHST are hoping to establish frailty at the front door services in the near future.</p>	<p>Trusts who are establishing frailty services should ensure that best practice in this area is identified and adopted. This should include consideration of the use of frailty services in ED and a standardised frailty pharmacy model.</p> <p>Consideration should be given to the development of a formal deprescribing framework, informed by frailty score, and consistent approach to medication review for NI. This could include deprescribing training for pharmacists according to frailty score.</p>	<p>HPMM</p> <p>DH/NICPLD</p>
Hospital post discharge follow up	NHST offer a telephone based post discharge follow up service. This allows patients who meet the service criteria to	Consideration should be given to scaling this service both in terms of patient eligibility	HPMM

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	discuss medication related issues with the hospital pharmacist in the post discharge phase. This helps to resolve any medication related problems and helps to support adherence and helps prevent readmission to hospital. It was noted that this service was only available to relatively small number of patients.	at the NHSCT (e.g. to those who are the end of life) and to other Trusts across NI.	
Medicines management interface group	The Northern Area Medicines Management Interface Group Is a partnership between primary, community and secondary care providers with support from the SPPG Directorate of Integrated Care. The group aims to promote and implement high quality, evidence-based and cost-effective medicines management using a cross-organisational strategic approach for seamless care.	The model for this cross-sector collaborative forum should be considered for implementation across other Trust areas.	HPMM

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
Acute care at home/hospital at home	<p>Some Trusts offer a community-based service providing hospital level care to patients in their own homes and take referrals from various means including GPs, NIAS, ED and care homes. This aims to improve recovery and free up hospital beds. The service delivers a variety of treatments which are normally only available in hospital. Where this is available, pharmacy staff are an integral component of the service and they provide a range of medicines optimisation services including:</p> <ul style="list-style-type: none"> • Medication history • Medicines reconciliation • Medication review (including a focus on medicines with an adverse impact on frailty) • Medication supply 	<p>This service is not available in all Trust areas and where available there are differences in how the service is offered. If this was to be universally available it would be preferable if a standardised approach based on best practice, including the pharmacy components, could be agreed.</p> <p>Work is ongoing to ensure greater continuity of information between transfers of care on EPIC.</p> <p>New models of prescribing in this service should be considered such that HS21 prescriptions could be used by pharmacist independent prescribers within the team.</p>	<p>HPMM</p> <p>HPMM</p> <p>HPMM/SPPG</p>

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	<ul style="list-style-type: none"> Medication counselling 		
NIAS	<p>NIAS transfer patients to hospital in emergency situations. In addition, they may transfer patients discharged from hospital to a NH / patient's own home.</p> <p>There is wide regional variation in how Trusts handle PODs at both admission and discharge. This causes issues for NIAS staff. At admission, ambulances may be diverted to any Trust area and there is variation between Trusts accepting PODs. Where PODs are available, there is the opportunity for appropriately trained Ambulance staff to assist patients to take medication during ambulance waits at ED.</p> <p>Patients are frequently transferred home using patient care service vehicles by staff</p>	<p>The use of Patient Own Drugs (PODs) has decreased since the Covid-19 Pandemic. Policies differ between Trusts, assessment, storage and transfer of PODs can be unsafe and there may be a lack of technician time to support. These differences create issues for NIAS staff when transferring patients to hospital.</p> <p>NIAS staff can aid self-administration of medicines outside ED. They could encourage patients to bring in PODs if these could be stored in hospitals and this could be used in the drug history and medication reconciliation process.</p>	<p>HPMM/NIAS</p> <p>HPMM/NIAS</p>

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	<p>who are not qualified paramedics, but rather Ambulance Care Attendants (ACAs). In some Trusts, these staff are being asked to sign for CDs required at discharge when they are not qualified to do so. This can lead to a delay in discharge. SHSCT use sealed tamper evident bags for transfer of controlled drugs upon discharge. These sealed bags are given to patients on their discharge from hospital and become the patient's own property, along with any other additional medicines the patient requires on discharge. This provides an efficient, monitored, and safe method of CD transfer and means ACAs aren't requested to sign for CDs.</p> <p>NIAS can refer patients to a number of services which may prevent unplanned admissions to hospital, for example</p>	<p>New initiatives, such as green wrist band and POD bags, would require regional support across all Trusts.</p> <p>The use of sealed tamper evident bags for transfer of controlled drugs upon discharge should be considered by all Trusts.</p> <p>NIAS referral to specialist services is variable and a regional approach should be considered.</p>	<p>HPMM</p> <p>NIAS/HPMM</p>

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	medicines adherence pharmacists and hospital at home.		
Community Hospice Prescribing (New Models of Prescribing)	<p>A pathfinder has been completed in the Foyle Hospice to test the use of new models of prescribing. Governance and accountability frameworks were established to enable hospice-employed palliative care nurse prescribers and doctors to issue HS21 prescriptions to patients living in their own homes or a care home, rather than the traditional mechanism of asking GPs to implement their recommendations.</p> <p>The project enabled access to prescription only medicines for individuals with specialist palliative care needs and reduced pressure across the primary care and OOH systems.</p>	<p>An independent evaluation undertaken by MOIC has recommended that:</p> <ul style="list-style-type: none"> • The pathfinder continues as business as usual within Foyle Hospice (WHSCT locality) • The model is rolled out to other hospices across the region 	SPPG

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
Community Pharmacy Palliative Care Weekend and Bank Holiday Rotas	Community pharmacy on call rotas for access to palliative care medicines have been established in a number of areas. The community pharmacist on call will attend their pharmacy to dispense clinically urgent prescription items. The availability of these on call services can help prevent patient attendance at ED or the need for the OOH GP services to contact hospital Pharmacies for the supply of palliative care medicines out of hours.	This is a valuable service, however it is not available across the whole of Northern Ireland and the hours of availability vary. This service is provided in parts of the Northern and Western Trust areas for limited hours on weekends and bank holidays. In the Belfast Area, the on call rota operates from 6pm - 9am Monday to Saturday and until 1pm on Sundays. Services should be reviewed to ensure that the hours meet the needs of the population and to see if extension of the service is justified.	SPPG
Marie Curie Daffodil Quality Improvement Standards for Community	The Daffodil Quality Improvement Standards help community pharmacy teams assess and improve the palliative and end of life care they provide. They consist of eight standards which are self-assessed, and each one includes step-by-step guidance and support	Steps should be taken to encourage uptake of this initiative amongst community pharmacists.	SPPG/DH/CPNI

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
<p>Pharmacy Palliative Care</p>	<p>resources to build on their existing palliative care provision. It involves all staff, pharmacists, counter staff, delivery drivers, FTYs.</p> <p>The standards were developed as a collaboration between Marie Curie and the Royal Pharmaceutical Society, and supported locally by the Department of Health, Pharmacy Forum NI, and Community Pharmacy NI, with input from specialist palliative care pharmacists. Approximately 90 out of 509 pharmacies have signed up since March 2025.</p> <p>Patients and the local community benefit from having a local community pharmacy service where all staff have been trained in palliative care and can respond appropriately</p>		

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	to queries, provide support to carers, providing clinical advice and stocking/supplying medicines.		
Belfast Palliative Hub	This Hub is a new collaboration between Belfast HSC Trust, NI Hospice and Marie Curie Hospice to improve and coordinate Specialist Community Palliative Care services in the Belfast area. Specialist palliative care nurses and doctors work closely with the patient's GP and District Nurse to ensure that anyone receiving palliative and end of life care at home, can receive that care without delay and are supported to remain in their preferred place of care at the end of life. This can include providing remote advice or domiciliary visits. The service is available to any patient with a Belfast GP and can help to keep patients at home instead of them being admitted to ED.	The service has only been in operation for a number of months, however it is hoped that later this year patients/carers will be able to self-refer and that the hours of service provision will be increased (currently only Mon-Fri 9-5).	Consultant pharmacist for palliative care

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
Community Palliative Care Service	<p>The SHSCT offers a community palliative care service to eligible patients who have symptoms. They can be referred to the service by GPs and District Nurses.</p> <p>Currently, around 150 patients access the wider MDT service at any given time. The pharmacist supports MDT members with medicine-related queries/issues and has a caseload of 20 patients. These patients can be seen in their own home by the pharmacist and will receive a range of medicines optimisation services. This will include adherence and medications support for family/carer and patient coping mechanisms.</p> <p>Early management of symptoms or provision of anticipatory medicines helps to prevent admission to hospital.</p>	<p>Currently the service only has one pharmacist and no pharmacy technicians or administrative support is available. It was noted that demand for the service is increasing and as such, staff levels should be kept under review.</p>	<p>HPMM/Consultant pharmacist for palliative care</p>

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
Just in Case (JIC) Red bags	The WHSCT are currently running a pilot to supply explore the supply of JIC bags to patient on discharge. The bags contain a booklet for HCPs (e.g. GPs) with information on: anticipatory medicines, prescribing and administration, regional guidelines, Palliative Care CP Network, deprescribing and a leaflet with information for patients and carers (in various languages).	The results of the pilot should be reviewed and if appropriate, steps should be taken to scale this approach to other areas.	HPMM/Consultant pharmacist for palliative care
Trust services for palliative care	<p>A number of Trusts have dedicated palliative care pharmacists who are considering a range of areas:</p> <ul style="list-style-type: none"> • Palliative care pharmacists in SEHSCT are working to ensure anticipatory medications are provided at discharge. • BHSCT Pharmacy is working with CPs and GPs to help source palliative 	Given the differences in service provided there would be merit in regional discussion to ensure that best practice is identified and adopted in all Trusts. This should include consideration of a common approach to the provision of anticipatory care medications and the provision of palliative care medications, particularly out of hours.	HPMM/Consultant pharmacist for palliative care

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	<p>care medicines. It is hoped that this will help prevent OOHs having to contact hospital trusts to try to source palliative care medications.</p> <ul style="list-style-type: none"> • NHSCT Pharmacy working with District Nurses to prevent calls to Trust on-call pharmacy services for palliative care medicines. • NHSCT palliative care pharmacists will support district nursing leads in delivering an educational masterclass on anticipatory prescribing. Steps are being taken to improve communication by Trusts with District nursing teams to ensure that DNs are aware of palliative patients at discharge. • In some Trusts, the ED pharmacists are working with the ED consultants to 		

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
	obtain prescriptions of palliative care medications (e.g. on advice of Palliative consultant) to avoid admission.		
GPP services for palliative care	GPPs contribute to MDT services for End of Life, advanced LES. End of Life patients are flagged on the GP system for urgent review and as such are prioritised by GPPs. By undertaking medication reconciliation and medication review, the GPP aims to ensure that all medicines are optimised and that issues do not arise out of hours.	Whist this is available in all GP practices it was noted that there is wide variation in GPP cover across practices. Steps should continue to be taken to standardise the roles for GPPs across the region.	SPPG/GP federations
NIAS	NIAS are currently providing training to Training staff on palliative care, medicines and medicines calculations. This training is being rolled out to all relevant NIAS staff.	Steps should be taken to ensure all relevant NIAS staff receive this training.	NIAS

Initiative title	Brief description of current service	Suggestions for improvement	Lead group /organisation(s)
Hospice palliative care pharmacist	The WHSCT area have a hospice palliative care pharmacist. This pharmacist deals with a range of medication issues and liaises directly with patients and their carers via telephone or home visit if required. This service is delivered in the community.	This initiative could be considered for scale.	HPMM/Consultant pharmacist for palliative care

Table 3: Longer term and cross cutting issues

Communication between pharmacy sectors	<p>A recurring theme was difficulty in communication across pharmacy sectors, especially around transfers of care. This included pharmacists being unable to speak to colleagues in other sectors via the telephone in a timely manner, having email addresses for community pharmacists provided to hospital teams and medication queries direct line to GPs. It was noted that communication between sectors differed depending on location of practice and that a system wide approach would be required.</p> <p>With respect to hospital discharge letters, GPPs reported that there was wide variation in the quality of discharge letters and in the speed of receipt.</p>
Improved use of healthcare systems	<p>Many participants reported that an improved digital infrastructure would lead to better cross sector working. This included community pharmacy access to NIECR and /or EPIC and introduction of electronic prescribing.</p> <p>A specific issue was identified with regard to the medication history in the prior to admission section of EPIC. Currently if a patient undergoes a transition of care (e.g. between hospital sites or from health care at home to hospital), medication information may not take account of changes to medications.</p>

Continued development of pharmacy skill set	<p>Ongoing development of pharmacy staff skill sets will help to ensure that the appropriate service is delivered by the appropriate person. Suggestions included:</p> <ul style="list-style-type: none"> • Expediting technician registration and ensuring the role includes medication counselling and history taking. • Making use of pharmacist prescribers including - enhanced use of those already qualified and planning for newly qualified pharmacists. • Considering further areas for the introduction of NMOP.
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Table 4: Blue sky thinking ideas captured on posit-notes

Area	Change
<p>1. Staying well at home</p> <ul style="list-style-type: none"> • Management of at-risk patients • Avoiding admissions • Avoiding ED/OOH 	<ul style="list-style-type: none"> • One GP practice for each care home • Expansion of multi-disciplinary OPAT to ensure effective treatment administration of antibiotics in patients' homes. • Balancing out of models of care e.g. MOOP across NI
<p>2. Unplanned attendance at hospital/triage</p> <ul style="list-style-type: none"> • Medicines Optimisation in ED • Management of PODs • Decision to admit – Medicines Optimisation on admission/during stay • Risk stratification 	<p>Communication</p> <ul style="list-style-type: none"> • Connectivity and communication main theme • Better communication e.g. on social media • Better communication when patients come to ED e.g. leaflet on what to expect when you go to ED • Expedite registration of technicians • Better communication for patients – what service, where, when. Could utilise the other side of the HS21 • Living well campaign focused on frailty <p>Staffing in ED</p> <ul style="list-style-type: none"> • Medicines management assistants in ED (band 3) to manage ordering of stock/non-stock and ensure medicines move through the system • Review of ED pharmacy staffing versus current activity <p>Projects/ideas</p>

	<ul style="list-style-type: none"> • Green bands for NIAS if PODs brought to hospital (national scheme) • Medicine reconciliation/medicine optimisation in ED needs to be redefined so base wards/MOOP/GP pharmacists accept • Pump prime Px initiative from HSCB - £10k – bring back to test initiatives • 1 in 3 older people present with a fall – preventative work around FRIDs (fall risk increasing drugs) • What can we stop doing across each project? • GP update of NIECR medication summary. i.e. old medication removed from ‘repeat medication’ section (promptly) • Hospitals will look at removing inappropriate medication feeds pulled from old data on EPIC • Look at a project to understand the percentage of older patients who attend ED but are not admitted. What are the reasons? If medication related what could be done to prevent. • Clarity around the legality of Do Not Resuscitate (NIAS) • Covid packs in Nursing Homes were very useful and could be brought back with increased education for staff to use appropriately • Access Northern Ireland Frailty Education Programme (Frailty Network) <p>Data</p> <ul style="list-style-type: none"> • Greater use of data and information to co-ordinate services
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	<ul style="list-style-type: none"> • Data around what is an inappropriate admissions to hospital to be collated and shared to see if other services e.g. community pharmacy can assist, for example with untreated UTIs.
<p>3. Discharge/return to home setting</p> <ul style="list-style-type: none"> • Hospital planning for discharge • Transition of care including communication across interface • Post discharge follow up 	<ul style="list-style-type: none"> • Introduction of electronic printing of HS21 scripts for NMOP
<p>4. End of life at home and in care settings</p> <ul style="list-style-type: none"> • Prevention of presentation to ED/OOH for medicines related issues • Anticipatory care and prescribing • Just in case boxes/bags • Access to medicines in hours or OOH 	<ul style="list-style-type: none"> • Enable a pathway to allow prescribing pharmacists in community pharmacy to prescribe in end of life • Capacity and demand predictions for end of life medication • Provision/access to medication needs to be such that carers spend their quality times with their loved ones and not be running around picking up medications • Better Comms between GPs and Community Pharmacy to enable change of prescriptions re stock availability • Utilise the IP cohort within community pharmacies <ul style="list-style-type: none"> ○ Edit issues with prescriptions ○ Fill Just in Case boxes perhaps from an agreed list where appropriate? triggered by GP request/Palliative Care teams • Better identification of EoL due to frailty versus e.g. cancer-related EoL • Community pharmacy access to ECR

	<ul style="list-style-type: none"> • Nimble Frailty MDT in ED of geriatrician, pharmacist, nurse practitioner, physio focussed on reviewing frailty patients with aim do discharge or DTA with clear plan • Link with NIAS to refer patient call-outs for falls for medication review.
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Next Steps

This workshop identified a number of areas of good practice being delivered across Northern Ireland. In many cases good practice is not universally available. For each area some suggestions for improvement were made by workshop participants. Lead group/organisation(s) should consider each area of practice to inform the development of a regional action plan outlining how improvements can be made. Actions should be categorised according to the following key.

1	Commit to implementing and scaling by pharmacy in 2025/6
2a	Commit to implementing and scaling by pharmacy by winter 2026/27
2b	Commit to implementing and scaling by pharmacy by winter 2026/27, subject to funding
3	Cannot commit to implementing and scaling by pharmacy as dependent on external factors

Appendix 1: Data collection template

Participant name:

Part A: Overview of current service provision
Name of service:
Please provide a brief description of the service provided:
Where is this service delivered?
Please describe who delivers this service (Organisations, disciplines and individuals):
Who benefits from this service (please describe patient population and numbers receiving the service)?
What aspects of this service work well?
Is there anything that could make this service better in the future or that you would consider doing differently?
Part B: Service development
Have you any other ideas for possible service development improvements for winter 2025/6 that could be made within existing resources? Please provide a description:
Additional notes: