National Clinical & Integrated Care Programmes

Person-centred, co-ordinated care

Newsletter

WINTER ISSUE 2015

IN THIS ISSUE

Any queries or feedback?

We'd be delighted to receive feedback from you at nationalcsp@hse.ie

The NCAGLs (National Clinical Advisor Group Leads) tell us about their collective and collaborative roles with the 33 National Clinical Programmes (NCPs) and their shared vision for the programmes in the reform of health and social care in Ireland.

The five NCAGLs were put in place gradually from mid-2014, each role being occupied by a doctor at a consultant/GP level. Over that time they have been playing an essential role in the National Clinical Programmes, now numbering 33, by providing not only strategic direction-setting and leadership but also overseeing the development and management of their respective clinical programmes in partnership with the Operational Divisions.

Each of the NCAGLs is on the Senior Management Team of the CSPD and the corresponding Operational Division, thus facilitating the translation of clinical programme strategy into operation. Each NCP reports to the relevant NCAGL and, at the same time, each NCAGL works with their Divisional Management Team to oversee implementation.

THE NCAGL TEAM
L-R: Dr. David Hanlon, PRIMARY CARE
Dr. Orlaith O'Reilly, HEALTH & WELLBEING
Dr. Siobhan Kennelly, SOCIAL CARE
Dr. Margo Wrigley, MENTAL HEALTH
Inset : Dr. Colm Henry, ACUTE HOSPITALS

Interaction of the NCAGLs improves integration by working across Divisions. This interaction will be of particular importance as CSPD focuses on developing the 5 Integrated Care Programmes (ICPs) for Patient Flow, Older Persons, Chronic Disease Children and Maternity (which we featured in our Autumn 2015 CSPD newsletter).

The NCAGLs are united in their belief that the refinement of the NCPs into these 5 ICPs is central to future reform of health and social care. The refinement of the NCPs is central to good and safe, person-centred, co-ordinated care and is occurring at a time of further changes in the HSE structure. It is, therefore, crucial that mechanisms are included in clinical pathways to ensure clinical integration is developed and becomes the HSE norm.

In our next issue we'll cover the planned approach and the implementation framework being developed for achieving this vision.

Message from the Director

Welcome to the Winter issue of our newsletter for the National Clinical and Integrated Care Programmes. Based on feedback from our first issue which focused on the Integrated Care Programmes, we are now featuring our **National Clinical Programmes** – what they are; who's who and highlighting their successes and future direction.

Since their foundation, the National Clinical Programmes have been one of the most significant and positive developments in the Irish Health Service. Their success is due to the close collaboration between the HSE and the Medical Colleges and working in partnership with patients, nursing and therapy leads and the Department of Health. The Programmes have changed, and continue to change, how care is delivered using evidence-based approaches to system reform.

As ever, I hope you find this communication interesting and informative. We also welcome your feedback at nationalcsp@hse.ie .

Regards

Áine

Dr. Áine Carroll, National Director for Clinical Strategy & Programmes

OTHER NEWS

HSE'S INAUGURAL INTEGRATED CARE CONFERENCE – LINKS FOR YOU

Our first Integrated Care Conference on 6th October in Dublin Castle was a great success and we thank all those who supplied feedback. The theme was 'Making People-centred Care a Reality' and included a stellar line up of national and international speakers from business and healthcare.

Use this link to access all the presentations and full video coverage on the HSE Integrated Care Website.

Dr. Patrick Manning

CONGRATULATIONS

We congratulate Dr. Patrick Manning on being recognised for his sterling work by the GINA Ambassador Programme. The GINA Ambassador Programme was designed by the Global Initiative for Asthma (GINA) to recognize the contributions of individuals to improving asthma diagnosis, management, and control. Patrick is Associate Professor of Medicine at the RCSI and serves as the National Clinical Lead for the National Clinical Programme for Asthma (NCPA).
Click here to read more or go to http://www.ginasthma.org/GINA-Ambassador-Program

NCAGLs
WHO's WHO & INSIGHT

The backgrounds and an insight into the NCAGLs' views and priorities for the future direction for the National Clinical Programmes in the reform of health and social care in Ireland.

Doctor Orlaith O'Reilly
NCAGL for Health & Wellbeing

Background : Dr. Orlaith O Reilly is a Consultant in Public Health Medicine and was the Director of Public Health in the South East for 19 years. She led the implementation of the cardiovascular disease strategy in the South East Region as well as development of the National Framework for Diabetic Retinopathy Screening. She was the Population Health Lead for chronic disease prevention and management. In 2014 she was appointed to the National Clinical Advisor and Group Lead role leading Diabetes, Heart Failure, COPD and Asthma.

Insight

"The 4 major chronic diseases of diabetes, cardiovascular diseases, COPD and asthma are the most common causes of morbidity and mortality in Ireland. Integration of prevention and care services across the spectrum of services is important for improving patient outcomes and reducing health service costs.

The National Service Plan for 2016 prioritises development of integrated care for these diseases in the Chronic Disease Management and Prevention Programme. An essential element will be the agreement of a chronic disease contract for General Practice. Building prevention and early detection in the pathway of care for these diseases is essential.

The Health & Wellbeing Division are finalising a National Framework for Health Behaviour Change Intervention and Training to 'Make Every Contact Count' by health professionals for prevention. A national consultation has taken place and framework will be finalised and an implementation plan developed.

In addition, the Health & Wellbeing Division is developing a National Framework for Self Management Support for these chronic diseases, this will be completed in 2016. Demonstration projects to support General Practice in managing these diseases are being set up in a number of locations through the Primary Care Division in conjunction with the Clinical Programmes."

> *"Building prevention and early detection into the pathway of care for chronic disease is very important.*

Doctor Siobhán Kennelly
NCAGL for Social Care

> *"... A health and social care system that supports us in remaining healthy and independent.*

Background : Dr Siobhán Kennelly is a consultant geriatrician in Connolly Hospital, Dublin and Honorary Clinical Senior Lecturer in the Royal College of Surgeons, Ireland. Her areas of clinical and academic interest are integrated care of the older person, management of frail older persons in community and domiciliary settings and end of life care.

She has collaborated with other healthcare professionals on a number of national educational initiatives (www.inecma.org) to promote inter-professional collaboration on care of the older person. She is clinical lead on the Genio Connolly Hospital Integrated Care Pathway for Dementia Project She has recently been appointed National Clinical Advisor Group Lead for the Social Care Division and Clinical Strategies and Programme Division in the HSE.

Insight

Population ageing is causing important and fundamental changes for health and social care services nationally and internationally. While many people remain well, engaged and active well into later life and continue to make a major contribution to local communities and society, increasing age also brings an increasing chance of long-term medical conditions, frailty, dementia, disabilty, dependence or social isolation. " We need to ensure that older people can access quality care in the right place at the appropriate time with the team of people who can meet those needs. Its about ensuring that as we grow older we can continue to enjoy good health and remain well in our communities." The Integrated Care Programme for lder people will be working with partners across CHOs and acute hospitals to deliver this vision.

Doctor Colm Henry
NCAGL for Acute Hospitals

Background : Dr Colm Henry is the National Clinical Advisor and Programme Lead for Acute Hospitals in the HSE. Prior to this appointment, he was the National Lead for the Clinical Director Programme from 2012 to 2014 and Clinical Director of the Mercy University Hospital in Cork from 2009 to 2012. He was appointed as Consultant Geriatrician to the same hospital in 2002.

Insight

"The Acute Hospital Division is engaged in extensive hospital reform as part of the wider health system reform programme. It is the duty of this office to provide the clinical guidance and support to the Division as we navigate through this redesign process, ensuring that hospitals see themselves not only as partners in healthcare with other hospitals in Hospital Groups, but with all agencies in primary and social care.

Our vision for an integrated healthcare system can only be achieved through ensuring that the right care is delivered in the most appropriate location, be it hospitals, primary care or the patient's home. In meeting the expectations of patients and the wider public, our acute hospitals face many other challenges: maintaining safe and appropriate infrastructure, recruitment and retention of expert healthcare staff and, above all, delivery of standardised and safe care of high quality across all forty-eight sites."

> *"...the right care...delivered in the most appropriate location, be it hospitals, primary care or the patient's home.*

NCAGLs
WHO's WHO & INSIGHT

The backgrounds and an insight into the NCAGLs' views and priorities for the future direction for the National Clinical Programmes in the reform of health and social care in Ireland...continued.

Doctor David Hanlon
NCAGL for Primary Care

"... primary care must be at the heart of our health services.

Background

Dr. David Hanlon is a GP appointed to the HSE as Primary Care Clinical Lead and Adviser to the Primary care Directorate in 2015. An RCSI graduate, he is in practice in Leixlip since 1997 after completing vocational training in General Practice on what is now the Trinity Training Scheme for General Practice.

He was previously co-ordinator of the ICGP clinical leads in the HSE clinical programmes, Chair of the KDOC out of hours Cooperative Management Committee and was involved in planning the HSE response to Pandemic Influenza and emerging viral threats. He is a Member of the Irish College of General Practitioners, has a Diploma in Quality and Leadership from RCPI and a Diploma in Health Economics from UCD.

Insight

"An ageing population, co-morbidities, escalating complexities and costs all mean that primary care must be at the heart of our health services. This has been well flagged for more than a decade, but it has proven difficult to deliver at scale the change in approach required to make it a reality.

Working in the Primary Care Division as well as the Clinical Strategy and Programmes Division, I see firsthand the commitment to growing the capacity, capability and structures required to make effective Primary Care a reality. CSPD is informing the changes to care required at every level, ensuring an evidence based and robust approach which is also holistic and patient centred. The priority and commitment is to develop primary care as the core of integrated care."

Doctor Margo Wrigley
NCAGL for Mental Health

Background

Dr. Margo Wrigley graduated from Trinity College Dublin, completed General Medicine Training in the Federated Hospitals, Dublin and then basic training in Psychiatry in the St John of God's Scheme, Dublin. This was followed by Higher Training in Oxford which included Psychiatry of Old Age. On returning to Dublin in 1989 set up the first Old Age Psychiatry Service in Ireland. This formed the template for the country which now has almost complete coverage by this specialty service.

From this Margo developed an interest in service management, design and implementation based on the essential features of clear clinical pathways, good clinical governance and evidence based practice underpinned by a focus at all times on the patient and multidisciplinary working.

She has held the roles of Clinical Director for General and Old Age Psychiatry and, more recently, Executive Clinical Director for the Dublin North City Mental Health Service which covers all four recognised specialty areas in Mental Health

Insight

"There are three Clinical Programmes in Mental Health:

- Assessment & Management of Self Harm in Emergency Departments
- Early Intervention for Psychosis
- Eating Disorders

The Self Harm Clinical Programme became operational in December 2014 and is now established in sixteen Emergency Departments. Data on activity is being collected and support provided to local services in their implementation of the Programme.

Training of staff for all three programmes is taking place. The training encompasses both assessment, processes and evidence based interventions.

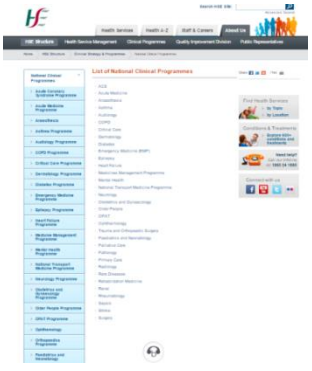
In 2016, it is intended to develop two additional Clinical Programmes based on identified service gaps requiring a programmatic approach to ensure a focused, evidence-based model of care.

These are:

- Attention Deficit Hyperactivity Disorder in both adults and children
- Mental Illness and Comorbid Substance Misuse (Dual Diagnosis)

As part of an overall approach to the clinical and integrated care programmes my role is to ensure that mental health is incorporated into relevant clinical pathways. Work to date in this regard includes:

- Care of Older People Clinical Programme: Part III - The Model of Care for Older People with Mental Illness has been completed.
- Paediatric Clinical Programme includes a chapter on Mental Health Services for Children and Adolescents.
- The Integrated Care Programme for Older People includes a section on those with mental health needs."



Want to know more about the National Clinical Programmes?
Check out the HSE website.

http://www.hse.ie/eng/about/Who/clinical/natclinprog/listofprogrammes.html

Any queries or feedback?

We'd be delighted to receive feedback from you at nationalcsp@hse.ie

National Clinical Programmes... one of the most significant and positive developments in the Irish Health Service.

Here we recognise just some of the excellent work and successes of the National Clinical Programmes. Those selected and highlighted here demonstrate significant benefits to the patient experience and clear impact in terms of how services are delivered.

We'll be featuring and acknowledging more in future issues.

NCP for Older People

Clinical Lead:
Dr Diarmuid O'Shea

Programme Manager
Dervela Gray

The National Clinical Programme for Older People(NCPOP) published the first part of its model of care 'Specialist Geriatric Services, Part 1: Acute Service Provision' in 2012. This comprehensive document describes the recommended structures, processes and staffing for the management of at risk or complexly ill older people.

The acute model of care for older people continues to be the most relevant, evidenced based resource for healthcare managers and clinicians as they redesign clinical and social care services, particularly when funding becomes available.

It impacts not only inpatients but also supports people to stay at home as long as possible by providing a model for day hospitals, outpatient and outreach care supported by emerging integration initiatives such as case management.

Substantial progress has been made during 2015 including:-

- The first conference for the programme, 'Transforming Care of Older People in Ireland'.
- The completion of service delivery support document 'Comprehensive Geriatric Assessment Guidance Framework' which is due to be published in the coming weeks.
- The development of a decision support algorithm for nurses and NCHDs to assist the early identification and management of delirium in older people in the Emergency Department and Acute Medical Assessment Unit.

The NCPOP is currently completing a major addition to the model of care: 'Specialist Geriatric Services, Part 2: Mental Health Service Provision' which is due to be published in 2016.

Rehabilitation Medicine Programme

Clinical Lead:
Dr Jacinta Morgan

Programme Manager
Edina O'Driscoll

The rehabilitation medicine programme aims to enhance service provision to patients with neurological and limb absence rehabilitation needs which is consistent with best practice, adheres to national standards, protocols and defined care pathways.

The work of the programme in 2015 has focused specifically on the following areas;

- Finalisation of Model of Care for Specialist Rehabilitation Services. This model describes a service in which there is development of specialist services in a variety of rehabilitation settings working together within a managed clinical rehabilitation network. The final draft of the model of care has been submitted to CSPD for review following a significant consultation period.
- Engagement with primary care to work on developing a model for the future supply and delivery of Prosthetic, Orthotic and Specialised Footwear services based on international best practice in clinical care.
- Engagement with the Department of Health with respect to developing a National Trauma Policy.
- Engagement with the NRH paediatric programme and the National Clinical Programme for Paediatrics to develop a chapter on specialist rehabilitation to the National Clinical Paediatric Programme's Model of Care.
- Engagement with Social Care Division to work on developing an implementation framework for the National Strategy & Policy for Neuro-rehabilitation services.

NCP for Neurology

Clinical Lead
Professor Tim Lynch

Programme Manager
Edina O'Driscoll

Substantial progress has been made over 2015 in terms of advancing the aims of the National Clinical Programme for Neurology. The model of care, including specific care pathways, is nearing final approval and launch following an extensive consultation period. The development of this model of care has been a collaborative effort of key stakeholders including neurologists, nurses, health & social care professionals, patient organisations, patients & carers.

To support & guide service development, the Neurology Programme, together with the Neurological Alliance of Ireland undertook a survey of current neurology services. This survey has been a useful tool in outlining the deficits in neurology centres nationally and assisted with informing the submission of the programme for consideration for service plan 2016.

In terms of accessibility, the programme focused on 2 main initiatives in 2015, one being the development of a proposed model for an all island approach to Deep Brain Stimulation for patients with Parkinson's disease. With respect to accessibility to treatments, the programme has been actively involved in advancing proposals for review of funding mechanisms for some medications with a number of prescribing guidelines developed. These guidelines will support the development of a proposed reimbursement scheme which would address variations in accessibility to some medications.

National Clinical Programmes... one of the most significant and positive developments in the Irish Health Service.

We continue to recognise some of the excellent work and successes of the National Clinical Programmes. More to be featured in future issues!

Clinical Lead:
Dr. Ronan Canavan

Programme Manager
Niamh Smyth

NCP for Diabetes

The aim of the National Clinical Programme for Diabetes (NCPD) is to save the lives, eyes and limbs of patients with diabetes.

Over the last twelve months, the programme has continued to work with National Screening Service on the rollout of the screening and treatment programme for all identified patients with diabetes.

An additional eight podiatry posts were approved in NSP 2015, the programme is monitoring the recruitment process.

An audit of the implementation of the national model of foot care was undertaken in secondary care in 2015.

In 2016, stage two of this audit will look at the model of care management from a primary care perspective. These audits will provide a basis for the review of this model of care.

To support self care which is an essential component for the management of chronic diseases, an information leaflet to guide blood glucose testing for patients with type II diabetes has been produced. This is now available on the programme's website.

Further to this a national database which will enable centralised access for individuals with diabetes to structured group education has been developed by Margaret Humphreys, National Diabetes Self-care Project Co-ordinator in conjunction with HSE ICT.

In 2016 this will be further developed to audit the quality assurance and delivery of programs along with diabetes related clinical parameters.

This significant ground work is resulting in improvements in the care, however, the NCPD recognise the ongoing need for change and commitment to enhance continuity and quality of care for patients with diabetes.

NCP for COPD

The National Clinical Programme for COPD (NCP COPD) continues to develop and maintain initiatives and services that help to ensure high quality care for patients with COPD.

Under the guidance of the National Clinical Lead, Prof. Tim McDonnell, the NCP COPD has made progress this year in the development of the Model of Care for COPD, which when finalised will align with a suite of existing guidance material designed by the NCP COPD such as; the Model of Care for Outreach Services, Model of Care for Pulmonary Rehabilitation Programmes and Clinical Guidelines for COPD.

The COPD Outreach Service continues to operate in 15 sites with over 2,500 patients utilising the service since established in 2012. Pulmonary rehabilitation is also now is available in 22 hospitals and 27 local areas.

In line with a move towards the management of chronic disease in the community, a key focus of the NCP COPD this year has been the COPD Integrated Care Demonstrator Project. The Project aims to improve the diagnosis and management of COPD patients in the primary care setting by providing spirometry and a programme of care to improve health outcomes and reduce service demand.

This initiative has created four new Clinical Nurse Specialist and three Senior Physiotherapist posts which are currently at the recruitment stage.

Clinical Lead
Prof Tim McDonnell

Programme Manager
Linda Kearns

Since the establishment of the NCP COPD there has been a reduction in the ALOS of COPD patients in hospitals from 9 days in 2010 to 7.3 days in Quarter 4 2014 and there has been a reduction in the 90 day re-admission rate of COPD patients from approximately 29% in 2010 to 24% in Quarter 4 2014.

While these figures are positive, the need for enhanced focus and resourcing on COPD services is evident as COPD is currently the most common disease cause of acute hospital admission of adults in Ireland.

This has been further demonstrated by the first annual National Healthcare Quality Reporting System report (2015) which acknowledged the high number of COPD hospitalisations in Ireland compared with other OECD countries.

As a priority for 2016, the NCP COPD is committed to continuing to develop relationships and collaborating with key stakeholders and decision makers in order to enhance the delivery of services to best serve people with COPD and their families.

National Clinical Programmes... one of the most significant and positive developments in the Irish Health Service.

We continue to recognise some of the excellent work and successes of the National Clinical Programmes. More to be featured in future issues!

NCP for Asthma

Clinical Lead
Prof Pat Manning

Programme Manager
Linda Kearns

The focus of NCPA is to maximize delivery of high quality asthma care through designing national education initiatives, development of a Model of Care, guidelines and support materials for healthcare professionals and patients.

In April 2015, the Minister for Health and HSE launched the Under 6s Free GP Care contract which included a Cycle of Care for Asthma assessment and chronic disease management which reflects significant elements of the Asthma Model of Care. The NCPA is supporting this with developing further relevant materials for GPs and patients.

During 2015 a key focus has been on the Asthma Integrated Care Demonstrator Project across two initial catchment area sites with high and low adult asthma admissions (Midland Regional Hospital, Mullingar and Connolly Hospital, Dublin).

This initiative has created two new Clinical Nurse Respiratory Specialist posts with plans for further roll out in other sites in 2016.

The aim is to improve health outcomes and reduce service demand through better asthma diagnosis and management in the primary care setting with links to specialist adults asthma services and the development of a National Severe Asthma Network has also been part of the NCPA's 2015 Work Programme.

The NCPA has also collaborated closely with the National Clinical Effectiveness Committee to launch the *National Clinical Guideline for the Management of an Acute Asthma Attack in Adults* in November 2015.

NCP for Heart Failure

Clinical Lead
Prof. Ken McDonald

Programme Manager
Regina Black

The National Heart Failure (HF) Programme has been implemented in 11 sites. The rate of readmission for HF within 3 months following discharge from hospital has shown a marked reduction with the implementation of this structured programme. The percentage of patients with acute decompensated heart failure seeing the HF clinical lead has increased significantly.

A Model of Care for HF has been developed.

A community based HF diagnostic clinic established in Gorey has resulted in a dramatic (63%) reduction in clinic reviews and a 37% reduction in need for echocardiography in the diagnostic process for HF.

To date the STOP HF Midlands project has screened 1,200 patients at risk of HF. Evidence shows this will reduce hospitalisations and prevent onset of HF over follow up. It develops a cross programme approach to common risk factors and provides a platform for management of cardiovascular disease.

A virtual consultation where GPs, practice nurses and specialist staff interact using webconference technology to discuss and manage cases collaboratively has been developed. Of 250 such consultations to date, there has been direct specialist diagnostic access for patients discussed. 84% of cases dealt with have resulted in no need for onward referral to routine outpatients, leading to a reduction in unnecessary travel and outpatient referrals.

NCP for Eye Care (Ophthalmology)

Clinical Lead
Dr. Peter Barry

Programme Manager
Siobhan Kelly

The overall aim of the NCP for Eye Care is to rebalance the delivery of care to a more community based model. The objectives of the NCP are to eliminate avoidable sight loss, improve cost effectiveness and provide equitable access to efficient high quality care, supports and treatment.

The specific objectives of the NCP for Eye Care are to:

- Increase capacity and equity of access to services
- Reduce the numbers of inappropriate referrals to specialist care
- Reduce waiting times for Eye Care
- Develop protocols for patient referral

The key current work stream for NCP for Eye Care is a joint review with the Primary Care Directorate on Primary Eye Care Services. This review has been ongoing for the past 12 months and will soon conclude with the publication of a report and recommendations for the future delivery of service in line with the strategy and model of care developed by the NCP.

We'll keep you updated in future issues.

National Clinical Programmes... one of the most significant and positive developments in the Irish Health Service.

We continue to recognise some of the excellent work and successes of the National Clinical Programmes. More to be featured in future issues!

NCP for Palliative Care

Clinical Lead
Dr. Karen Ryan

Programme Manager
Ms. Sinéad Fitzpatrick
(outgoing Programme Manager)

The aim of the NCP PC is to ensure that patients with life-limiting conditions and families can easily access a level of palliative care service that is appropriate to their needs regardless of care setting or diagnosis. The programme works in partnership with key stakeholders including the Department of Health, HSE, RCPI, AIIHPC, IAPC, ICS, IHF to deliver programme objectives . A key objective is timely access to services by supporting the implementation of eligibility criteria: all specialist palliative care services provide services on the basis of agreed national eligibility and discharge criteria, meaning equity of access for all patients is based on need and not diagnosis.

The programme has developed a national standard referral form for specialist palliative care services and aims to work with HSE to develop an electronic version. Working in close collaboration with the Primary Care Division and particularly Ms Sheilagh Reaper-Reynolds, (General Manager with responsibility for Palliative Care) to support addressing service deficits, there have been notable achievements in 2015. To-date some 24 beds opened in St Frances Hospice Blanchardstown and 20 beds in Marymount University Hospice, Cork. Also new consultant posts and community palliative care nursing posts have been approved.

For more information see the programme website
www.hse.ie/palliativecareprogramme

Key developments include:-

- The Programme will share the learning from the Palliative Care Emergency Medicine Demonstration project (a joint project with the NCP for Emergency Medicine) to develop best practice with regard to palliative care patients presenting to emergency departments.
- A discussion document and accompanying resources on nurse prescribing in specialist palliative care has been developed.
- The aim of the *Palliative Care Role Delineation Framework* is to provide a consistent language and set of descriptors that healthcare providers and planners can use when describing palliative care services and as a tool when planning service development.
- A *Palliative Care Needs Assessment Guidance* document and education module has been developed which supports staff undertaking a palliative care needs assessment, developing care plans and identifying when referral to specialist palliative care is appropriate.
- *Towards Excellence in Palliative Care Specialist Palliative Care QA+I workbooks* and resource file are in use by Specialist Palliative Care providers in conducting their first services assessments against the National Standards *Safer Better Health Care.*

Two national evidence based clinical guidelines were endorsed by the Minister for Health and launched by the NCEC in November, 2015: *Pharmacological Management of Cancer Pain in Adults* and *Management of Constipation in Adult Patients Receiving Palliative Care.*

NCP for Medicines Management

The Medicines Management Programme (MMP) was established in January 2013. It is a multi-disciplinary National Clinical Programme supported by the National Medicines Information Centre (NMIC) and the National Centre for Pharmacoeconomics (NCPE) in collaboration with the HSE-Primary Care Reimbursement Service (HSE-PCRS).

It provides sustained national leadership relating to issues such as the quality of the medicines management process, access to medicines and overall expenditure on medicines without negatively impacting front line services.

The Medicines Management Programme aims to promote safe, effective and cost-effective prescribing of medicines by:

- Enhancing evidence-based prescribing and optimising patient safety through a reduction in medication-related adverse events
- Facilitating cost-effective prescribing through initiatives targeting high cost medicines
- Focusing on cost effectiveness to ensure value for money in relation to all medicines
- Encouraging generic prescribing
- Ensuring that patients have access to essential medicines
- Supporting prescribers to prescribe safely and appropriately in a wide range of therapeutic areas through drug safety initiatives

Clinical Lead
Prof. Michael Barry

Programme Manager
Sarah Clarke

The Medicines Management Programme has undertaken a number of initiatives aimed at enhancing evidence-based and cost-effective prescribing nationally.

These include:

1. The Preferred Drugs Initiative
2. Non-vitamin K oral anticoagulants – Safety perspective
3. Quality Prescribing and Cost Guidance
4. Benzodiazepines and 'z' drugs
5. Health Technology Assessment
6. High tech medicines
7. Eculizumab Treatment Approval
The MMP works closely with many of the Clinical Programmes to support safe and effective use of medicines.