

**NHS DORSET CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE  
MEDICINES MANAGEMENT REPORT**

<b>Date of the meeting</b>	07/02/2018
<b>Author</b>	K Gough, Head of Medicines
<b>Purpose of Report</b>	The purpose of this report is to update the Committee on medicines, prescribing and dispensing issues and the activity of the Medicines Optimisation Group.
<b>Recommendation</b>	The Committee is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	There are patient representatives on the Medicines Optimisation Group (MOG) and the GP prescribing leads for each locality are members of the MOG and work closely with the medicines team on prescribing issues.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: KMG

## 1. Introduction

- 1.1 The purpose of this report is to provide an update on medicines management activity and to present the minutes of the Medicines Optimisation Group (MOG) for noting.

## 2. Report

- 2.1 **MOG** - the Medicines Optimisation Group minutes are presented in Appendix 1 for noting.
- 2.2 **Prescribing budget** - the cost pressures from national drug shortages continue. National forecasts suggest that there will be continued cost pressure in this area to the end of the financial year. Some of the issues where no cheaper stock is obtainable has resulted in higher category M prices for the drugs, which is easier to forecast, but still a cost pressure.
- 2.3 The savings plans which are within the control of Practices are continuing to be worked through and should deliver a portion of the planned saving subject to Practices engaging. We are struggling to get buy in to the savings plans as Practices and locality prescribing leads are telling us that there are resources needed to deliver the savings.
- 2.4 **Low value drugs consultation:** NHS England (NHSE) board agreed an approach to manage items of low value in primary care prescribing. They have issued guidance which was published on 30 November and can be found at: <https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>
- 2.5 The majority of the items on the list are already non-formulary in Dorset but usage has slipped through for a variety of reasons. Some is due to new indications in discharges and some that have been in use for a very long time.
- 2.6 Appendix 2 lists the drugs that have been identified to go forward. There is a potential saving of £400k which will go into next year (2018/19) savings plan. There is considerable work to be undertaken in the meantime with communications and resources to support implementation of the changes.
- 2.7 Many of the drugs need to be stopped for safety reasons, but the patient may need additional support from specialists to make the change. This may require investment to deliver.
- 2.8 **Audits 2018/19** are being drawn up and consideration was given to linking with the Diabetes work on the Clinical Commissioning Local Improvement Plan (CCLIP). However, the Locality prescribing leads did not find a diabetes audit. Instead high risk medicines combinations, which increases the risk of falls, kidney failure and admissions are being targeted with a polypharmacy audit, as well as appropriate dosing of Novel Oral Anticoagulant (NOAC)/Direct Oral Anticoagulants (DOAC) drugs. Both of these had been identified in learning from incidents and local audits throughout the year.

- 2.9 **Repeat Dispensing-** work continues to promote repeat dispensing, and support has been sought from NHSE and the Academic Health Science Networks (AHSN). NHS Digital are currently working on improved resources, having employed a pharmacist lead to take the system forward. Evidence from NHS Improvement has shown that the efficiency improvements in implementing repeat dispensing may save the system considerable funds. Advice from the NHS Digital National lead pharmacist for the programme has been sought, and new guides to implementation are planned to be sent out in the next financial year. It is planned to have a Dorset implementation group and bring together relevant stakeholders in order to re-launch when the new NHS digital resources come in. It is likely that this will include undertaking a practice suitability check before implementation.
- 2.10 **Anticoagulant project AHSN:** the first group to implement this project is taking place on 23 January. An update will be brought to the next meeting.
- 2.11 **Pharmacy Integration fund:** Dorset CCG, in collaboration with providers was successful in a bid for pharmacist to work in NHS111 and Urgent Care. Funding has been received, and recruitment is due to begin. The pharmacists (3WTE) will be jointly funded by South Western Ambulance Service NHS Foundation Trust (SWASFT), Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH) and Poole Hospital NHS Foundation Trust (PHT), with 60% of salary coming from NHS England (NHSE) via the CCG for two years. After two years the posts should have shown enough benefit for the providers to continue to fund.
- 2.12 **Antimicrobial resistance** work continues. With the extent of flu-like illnesses there is likely to be an increase in antibiotic use. This will be monitored when prescribing data becomes available.
- 2.13 **Chief Pharmacist Group:** the Chief Pharmacist Group has met with the regional lead pharmacist to work together as part of Accountable Care System (ACS) planning. This includes the setting up of a Medicines Optimisation Transformation Group (MOTG) to begin to bring current workstreams under one umbrella. A terms of reference is to go to the Clinical Reference Group (CRG) for approval.
- 2.14 **Flu outbreaks:** the medicines team have been liaising with community pharmacy to ensure that antivirals are getting to patients within 48 hours of outbreaks in care homes. A number of community pharmacists have been extremely helpful and co-operative and gone over and above their contractual requirements to assist with this.

## 3. Conclusion

- 3.1 The medicines team continues to work to improve efficiency and effectiveness in prescribing and medicines optimisation as well as to improve quality and safety.

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**Date: 22 January 2018**

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>MOG minutes</b>
<b>Appendix 2</b>	<b>Low Value Drugs</b>