

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

Date of the meeting	04/10/2017
Author	K Gough, Head of Medicines Optimisation
Purpose of Report	The purpose of this report is to update the committee on medicines, prescribing and dispensing issues and the activity of the Medicines Optimisation Group.
Recommendation	The Committee is asked to note the report.
Stakeholder Engagement	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.
Previous GB / Committee/s, Dates	

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: KMG

1. Introduction

- 1.1 This report outlines some of the medicines optimisation activity underway by the medicines team and the Medicines Optimisation Group (MOG).

2. Report

- 2.1 Medicines Optimisation Group: The September meeting of the MOG was on 26th September and the minutes were not ready to bring to this meeting. The MOG discussed the current financial position, the live consultation on low value drugs and looked at a profiling tool for medicines issues that has recently been updated and the results of which feed into practice profiling.
- 2.2 The group was also asked to approve a mechanism for out of season access to influenza drugs and received updates on antimicrobial and medicines safety issues.
- 2.3 Low value drugs: NHS England and NHS Clinical Commissioners have launched a consultation on low value drugs. Many of these are drugs that have had low usage in Dorset to date and may already have restrictions on the formulary. Most would realise savings of a few thousand pounds if their use is stopped, or a formulary alternative is used.
- 2.4 The full consultation can be found here:
<https://www.england.nhs.uk/2017/07/medicine-consultation/>
- 2.5 For more information the NHS England board papers on 21st July 2017 show the NHS position on this consultation.
<https://www.england.nhs.uk/wp-content/uploads/2017/07/05-pb-21-07-2017-lvm.pdf>
- 2.6 NHS England proposes to make one or more of the following recommendations to CCGs for each product:
- Advise CCGs that prescribers should not initiate [item] in primary care for any new patient;
 - Advise CCGs to support prescribers in de-prescribing [item] for all patients and ensure the availability of relevant services to facilitate this change;
 - Advise CCGs that if, in exceptional circumstances, there is a clinical need for [item] to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional;
 - Advise CCGs that all prescribing for [item] should be carried out by a specialist; and

7.4

- Advise CCGs that [item] should not be routinely prescribed in primary care but may be prescribed in specific circumstances.
- 2.7 The drugs where there is greatest spend, and thus potential to save are Liothyronine and Tadalafil and between those there could be savings of up to £500k if the standard formulary generic was used in their place. The consultation outcome is expected at the end of the calendar year, so any changes are likely to be made for the next financial year.
- 2.8 The low value consultation also lists some vaccines as being potentially no longer available on the NHS. This includes the use of Hepatitis B for travel, This CCG had approved restrictions on this last year, however challenges with identifying renal prescribing that was in the GP plus service, other clinical use and a global shortage has meant that anticipated savings were not delivered.
- 2.9 Using the data prepared for NHS Clinical Commissioners, Dorset CCG is one of the highest users of Hepatitis B vaccination and so further work to identify prescribing savings by choice of products and appropriateness is underway.
- 2.10 Financial position: the savings plan and progress at quarter 1 was presented to the MOG for information and to identify outlying areas. One area where it will be a challenge to deliver anticipated savings in the Gonadotrophin analogues (known as GNHRH/LHRH). A number of practices and federation groups have declined making the change to a cheaper product for the NHS as there are such large discounts available to Practices on the more expensive product. However, it is reassuring that some Practices are shown to be making the change.
- 2.11 Generic savings are expected to be realised in the second half of the year, however a range of price concessions due to low stock availability is affecting how much of those anticipated savings will be realised. It is hoped that a more accurate forecast will be available by the end of October.
- 2.12 All of the Practices have in place action plans to deliver the savings plan and the locality prescribing lead GPs have been asked to follow up outliers.
- 2.13 NHS England have delayed announcements of the urgent care pharmacist application processes and care homes pharmacist application processes. It is understood that the urgent care details will be announced very soon. It is anticipated there will be several good quality applications from practice/locality groups to the NHS England Clinical Pharmacist in general practice pilot scheme by the closing date of 29th September.
- 2.14 Antibiotic resistance strategy and quality premiums: the first quarter data has highlighted where Practices are delivering on the changes in antimicrobial prescribing required to meet the antibiotic premium for 2017/18.
- 2.15 Progress against the three antibiotic indicators that are part of the Quality Premium(QP) for quarter 1 are:

7.4

- a sustained reduction in the number of antibiotics prescribed in primary care (items/STAR PU must be less than or equal to the 2013/2014 England mean performance value of 1.161).

Dorset = 0.991 overall but 13 practices are not achieving this target

- a 10% reduction (or greater) in the Trimethoprim: Nitrofurantoin prescribing ratio based on CCG baseline data (June 2015-May 2016).

The reduction for July 2016-June 2017 is 30% overall for the CCG. However, 15 practices are not achieving this target.

- a 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June 15-May 16) .

Overall for the CCG there has been a 27% reduction but only 27 practices are currently achieving this target at the end of the first quarter.

2.16 Individual GP practices must achieve all three of these indicators, included as part of the national QP, to qualify for a local payment of £0.12 per registered patient. However, the premium for the CCG on delivering this is significant.

2.17 CQC have updated the medicines key lines of enquiry and these are more robust than in the previous inspection regime. These measures are in S4 Safe.

- How does the provider ensure the proper and safe use of medicines, where the service is responsible?
- How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)
- Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?
- Do people receive specific advice about their medicines in line with current national guidance or evidence?
- How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
- Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care?
- Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?

7.4

- Are people's medicines regularly reviewed including the use of 'when required' medicines?
- How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

2.18 The medicines team has a resource pack for Practices on medicines measures and this is being updated to reflect the new key lines of enquiry.

2.19 The system used to analyse prescribing data known as ePACT has been updated. ePACT2 is able to link prescribing with NHS numbers and a range of new measures have been added, including those for safety and polypharmacy. The medicines team now all have access to these measures and work is underway to identify how best to utilise the measures and present the new data. There are confidentiality requirements to be followed due to the potential identification of patients and all team members have been made aware of these.

3. Conclusion

3.1 A range of safety, quality and financial activity continues to be undertaken in relation to medicines and prescribing.

3.2 The PCCC is asked to note this report.

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