# NHS DORSET CLINICAL COMMISSIONING GROUP

## PRIMARY CARE COMMISSIONING COMMITTEE

## MEDICINES MANAGEMENT REPORT

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| **Date of the meeting** | 04/04/2018 |
| **Author** | K Gough, Head of Medicines |
| **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 **approve** the Audits for implementation in 2018/19. |
| **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** | The audit plan has been to several meetings as detailed in the paper. |

**Monitoring and Assurance Summary**

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| **This report links to the following Strategic Principles** | • Prevention at Scale<br>• Integrated Community and Primary Care Services<br>• One Acute Network<br>• Digitally Enabled Dorset<br>• Leading and Working Differently |

| | **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 The purpose of this report is to provide an update on a range of medicines issues being covered in the CCG at present.

1.2 This includes information on some of the low value drugs identified to be de-prescribed, medicines safety initiatives such as PINCER and presents the 2018/19 audits and quality measures for approval.

## 2. Report

2.1 Low value drugs and variation. More information on the use of homeopathy and herbal treatments was requested at the February meeting, and this is provided at the end of this paper as Appendix 1. This amounts to just £750 across Dorset and should be straightforward to de-prescribe given the absence of evidence.

2.2 Of greater impact is the changes in tadalafil (daily dosing), trimipramine and fentanyl instant release. The variation in current use of these three drugs is also presented at the end of this report for information. These savings have formed part of the 2018/19 savings plan. For some of the drugs there will be a cost to the new formulary drugs used, and this has been accounted for in savings plan estimations. A range of resources and implementation plans have been developed to support practices in achieving this.

2.3 The Medicines Optimisation Group (MOG) was held on 13th March 2018. The minutes are not yet available. The group agreed the audits and quality measures for 2018/19 which are presented to the Primary Care Commissioning Committee (PCCC) for approval.

2.4 The detail of the audits has been developed by a working group, tested out in practices by one or two GP locality prescribing leads and reviewed by the cardiology working group. They have been considered and approved by the MOG and have been presented to the Primary Care Reference Group (PCRG) for comment.

2.5 Attached as Appendix 2 are the details and proposed payment schedule. Antibiotic measures will be entered as soon as possible. NHS England have not yet confirmed the exact measure for the quality premium for antibiotics, so that will be added as soon as it becomes available. It is planned to replicate the level that the CCG will be held to.

The other two audits are Direct Oral Anticoagulants (also known as NOACs) DOACs – appropriate dosing and Amiodarone - appropriate continued use and monitoring.

2.6 The appropriate dosing of direct-acting oral anticoagulants (DOACs) for patients with non-valvular atrial fibrillation was identified by a GP as an important prescribing safety issue.

2.7 Dosing of the DOACs (apixaban, rivaroxaban, edoxaban and dabigatran) is dependent on renal function, using estimated creatinine clearance, as well as age and weight. A pilot study by one GP in Dorset previously identified that a significant number of patients were on the wrong dose.

2.8 In Dorset, the 2016/17 medicines optimisation audits included the use of the PINCER software. One of the search criteria for PINCER identified patients on amiodarone who had not had a thyroid function test within the previous 6 months. PINCER did not identify any other monitoring criteria or request a drug review, however the significant proportion of patients on this drug warrants review due to the complications of toxicity.

2.9 This audit is an adaption from one carried out in 2016-17 in West Hampshire CCG, which came about following a serious incident and subsequent death of a patient from amiodarone-related complications.

2.10 The objective of this audit is to ensure there is a clear indication for amiodarone therapy, de-prescribe amiodarone if not indicated and monitor appropriately if on-going therapy is indicated.

2.11 The PCCC is asked to approve the payment schedule for these audits.

2.12 The revised GP contract for 18/19 includes full roll out of EPS in practices in England as well as a target for 25% eRD. In Dorset there are still a number of dispensing practices on 0% EPS due to an earlier opt out which is yet to be clarified for the new contract. In eRD, the CCG average is less than 5% with many practices on zero so there is a considerable challenge to achieve 25%. Wessex AHSN have invested in parts of Hampshire to increase uptake in eRD and we are in liaison to see if we can get equivalent investment in Dorset.

2.13 Experience with repeat dispensing has shown that it requires hands on support to get up and running, with liaison with pharmacies and practices and works best where there are good communication channels. There is evidence beginning to come through that the efficiencies delivered have significant ongoing financial savings, though there is initial workload. A re-launch of new information is expected early in the new financial year and we will pull together a short term working group to re-focus on eRD when this becomes available.

2.14 NHSE have released updated guidance on shared care prescribing between primary and secondary care and this is being used to benchmark our shared care arrangements, any that need amending will be passed through the Dorset medicines advisory group (DMAG).

2.15 Medicines safety: there is considerable press and NHSE focus on the importance of medication safety and an aim to reduce harm from medicines. This is in response to the third WHO global patient safety challenge ‘Medication without harm’, detailed in September 2017, the Department of Health and Social Care commissioned a review of the evidence base on medication errors in England to assess the extent and scale of medication error. The Department also established a Short Life Working Group (SLWG)

to provide advice to the Secretary of State for Health and Social Care on the scope of a programme of work to improve medication safety. Highlights of the recommendations from this report for include:

- The roll-out of proven interventions in primary care such as PINCER.
- Build on work to identify and increase awareness of 'look alike sound alike' drugs and develop solutions to prevent these being introduced
- Development of a repository of good practice to share learning.

2.16 PINCER, as already referred to regarding Amiodarone is a mechanism for reviewing patients on combinations of high risk medicines and PINCER is a pharmacist-led information technology intervention for the reduction of medication errors. It was evaluated in a multicentre, cluster randomised, controlled trial and cost-effectiveness analysis published in The Lancet in 2012. Since then, over 2,000 practices in England have utilised the tool. In terms of evidence based interventions, this has a very high quality evidence base.

2.17 PINCER in Dorset: Over the course of the 2016/17 financial year, 88 practices in Dorset CCG (90%) downloaded the PINCER tool. 67 of these practices uploaded their results to ChartOnline

2.18 Recent evaluation (of those that uploaded their data to ChartOnline) showed that overall, across all indicators, 212 patients risk levels were much better or better. 85 patients remained the same and 175 got worse or much worse.

2.19 In some indicators, there was overall improvement such as the number of people aged over 75 on and ACE Inhibitor or loop diuretic who have had their renal function checked, the number of people on warfarin who have had their INR checked and the number of people on Lithium who have had their Lithium levels checked and Amiodarone as mentioned earlier.

2.20 The Wessex AHSN is keen to work with the CCG to ensure that PINCER is adopted across all practices in 2018/19 and this would meet the recommendations from DHSC. This was discussed at the MOG, and there is some reluctance in practices to use the system. Work is underway to identify how this can be achieved as it is an evidence based medicines safety tool.

## 3. Conclusion

3.1 The Committee is asked to note the work underway in medicines optimisation and approve the audit plans, pending the insertion of the NHSE quality premium measures.

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**Date:** **March 2018**
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| APPENDICES | |
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| **Appendix 1** | **Low Value Drugs Spend** |
| **Appendix 2** | **GP Medicines Optimisation Plan (MOP) 2018-18 Audits** |