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NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

MEDICINES OPTIMISATION GROUP REPORT

(INCLUDING THE ANNUAL REPORT FOR MEDICINES MANAGEMENT)

Date of the meeting	07/06/2017
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 **note** the MOG minutes, and progress on antibiotic prescribing.
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	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• 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

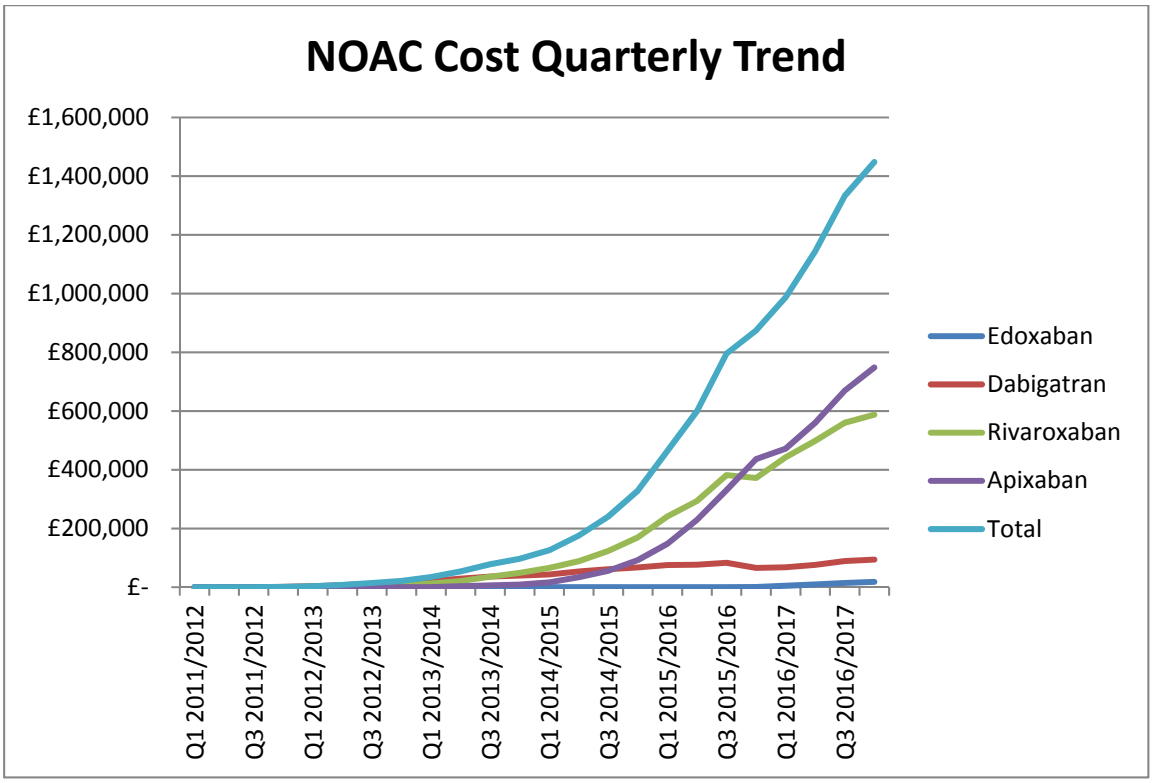
1.1 The purpose of this report is to update the Committee on activity related to medicines optimisation. In this paper, as well as a brief on routine activity, the emphasis is on the delivery of improved antibacterial prescribing in line with national strategies to reduce resistance to antibiotics.

2. Report

2.1 **Prescribing spend**: The final outturn for prescribing is expected at the end of May. It is anticipated that the CCG will be up to one million underspent. This underspend is in part due to significant generic price savings that took effect from June, and again from December as part of the community pharmacy contract changes.

2.2 The reduction in generic spend is balanced by known and forecast increased in spend on higher cost and newer drugs including the newer anticoagulants. The CCG had previously been significantly behind the curve in the prescribing of this group of drugs. Dorset is now very close to the average uptake in England with prescribing of these drugs close to 33% of all anticoagulants. A handful of CCGs are at greater than 70% use with many in the 40-50% area.

2.3 The spend in this drug group alone in 2016/17 was almost £5 million. A small price drop at the beginning of the year slowed spend a little, but the volume has continued to increase. Prescribing and therefore spend is expected to continue to increase on this drug group as more patients are appropriately treated for stroke prevention. The figure below shows the current trend.



2.4 The long awaited consultation of Gluten free Prescribing has been launched by the Department of Health and is open until 22 June. An organisational response is being drafted and the prescribing lead GPs have been asked to contribute.

2.5 **Medicines Optimisation Group**: The minutes for the March 2017 MOG are attached as appendix 1. The committee is asked to note the minutes.

2.6 **Antimicrobial prescribing:** Work has been ongoing to reduce antimicrobial prescribing in line with the antimicrobial resistance (AMR) strategy launched in 2013 by the Chief Medical Officer (CMO). In September 2016 the Government's response to the O'Neill review on AMR committed to reducing inappropriate antibiotic prescribing by 50% by 2020.

2.7 As part of the quality improvement plans for 2016-17, GPs were asked to audit the use of antibiotics using one of the adapted RCGP TARGET toolkit audits. The topic for 2016-7 was acute cough.

2.8 The audit ran for three months in the autumn/winter and 88 practices took part. Reasons for not taking part included mergers, and challenged circumstances, as well as financial. Of those that took part, 95% demonstrated compliance with the recommendations on when to prescribe with 76% of practices achieving the ESAC (European Surveillance of antimicrobial consumption) standard for URTI (upper respiratory tract infection) (0-20% patients should be prescribed an antibiotic); 47% of practices achieved the ESAC standard for acute bronchitis – practices who didn't achieve stated small numbers and incorrect diagnosis of acute bronchitis rather than LRTI (lower respiratory tract infection).

2.9 Formulary adherence to all aspects of prescribing – choice, dose frequency and duration was 81%, some durations were 7 days rather than 5 days, occasionally because of pack sizes – Doxycycline for example.

2.10 The Medicines Optimisation team assisted in streamlining the data collection and submission process with audits by developing a template suitable for use in practices IT systems. This was the subject of a poster presentation at a national pharmacy conference in May 2017. See Appendix 2.

2.11 GPs were also incentivised to help the CCG meet the national Quality Premium by reducing the total use of antibiotics and by reducing the use of 3 broad-spectrum antibiotic groups (cephalosporins, co-amoxiclav and quinolones). At February 2017 the CCG was achieving well below both target levels, see Appendix 3 and 4.

2.12 There are some practices, however, who were significant outliers in antibiotic prescribing. The CMO wrote to individual GPs in 12 practices in Dorset CCG early in April 2017 to highlight that their prescribing was above the national average, including 7 practices whose antibiotic prescribing had increased since 2013-14. The details for these practices and prescribers were sent to PCCC members in April.

2.13 The medicines team plans to look more closely at the prescribing in these practices and the reasons behind the large volumes. These prescribers and practices will be encouraged to utilise the education resources on use of antibiotics and the support of a consultant microbiologist will be used where appropriate.

2.14 As part of Antibiotic Awareness Week in November the Medicines Optimisation IT sub-group arranged for “pop-ups” on GP IT systems whenever a broad-spectrum antibiotic was prescribed, asking for justification of the choice. This has informed the development of pop-ups to help achieve the 2017-8 Quality Premium. Anecdotal reports from GPs who have trialled these pop-ups demonstrate a significant impact on prescribing patterns.

2.15 The Medicines team contributed to the shared updating of the local antibiotic guidelines adaptation of Public Health England’s Primary Care Infection guidance and will be acknowledged as such.

2.16 For 2017-18 the medicines team plans a number of antimicrobial stewardship activities to deliver the national Quality Premium for 2017-19. This requires the CCG to meet the following antibiotic indicators:

- 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).
- a 10% reduction (or greater) in the trimethoprim: nitrofurantoin prescribing ratio based on CCG baseline data.
- a 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data

2.17 The Medicines team is also developing one-page newsletters highlighting key therapeutic points, along with new ways to present the prescribing data.

2.18 Locality pharmacists are also using the CMO materials sent in April to help reinforce the importance of appropriate antibiotic prescribing at practice visits for those who were identified as outliers by the CMO.

2.19 In recognition of the significance of AMR the MOG agreed to maintain the additional antibiotic indicator of keeping the broad spectrum antibiotic groups below the 10% level from 2016-7, in order that the new Quality Premium indicators do not cause a drift to other antibiotics.

2.20 GPs are encouraged to continue using the RCGP TARGET resources, including sharing patient leaflets for common conditions. All of this has been included in the 2017/18 Medicines Optimisation Plans for practices, which were agreed by the PCCC at the April meeting.

2.21 Information has also been circulated to urgent care and out-of-hours services to ensure the same messages and that prescribers in these services are encouraged to prescribe appropriately.

2.22 There has been an initial meeting of the Trust and the CCG antimicrobial pharmacists to establish the membership and work plan of an antimicrobial working group, in line with NICE guidance. This group will report to DMAG. It is still hoped to recruit a sessional consultant microbiologist to support ongoing work.

2.23 The Committee is asked to note the progress on antimicrobial prescribing.

3. Conclusion

3.1 The medicines team and the MOG continues to support the broad range of medicines topics.

3.2 The Committee is asked to note the MOG minutes and the progress on antimicrobial prescribing.

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Date : **May 2017**
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APPENDICES	
Appendix 1	**MOG Minutes**
Appendix 2	**Antibiotic Pop Up Poster**
Appendix 3	**Antibiotic Measures-Broad Spectrum**
Appendix 4	**Antibiotic Measures All Antibiotics**