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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY

MEDICINES AND PRESCRIBING ANNUAL REPORT

Date of the meeting	21/05/2014
Author	K Gough, Chief Pharmacist
Sponsoring Board Member	T Goodson, Chief Officer
Purpose of Report	To provide assurance to the board that the CCG is delivering best practice and statutory requirements in medicines management and prescribing.
Recommendation	The Governing Body is asked to **Note** the report.
Stakeholder Engagement	The medicines optimisation group and advisory group have patient members, the medicines team works closely with GP locality prescribing leads, and attends all member practices for prescribing visits.
Previous GB / Committee/s, Dates	

Monitoring and Assurance Summary

This report links to the following Assurance Domains	• Quality • Engagement • Outcomes • Governance • Partnership-Working • Leadership

I confirm that I have considered the implications of this report on each of the matters below, as indicated:	**Yes** [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk 7Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials : KMG

1. Introduction

1.1 The purpose of this report is to provide an overview of the activity of the medicines team in ensuring that the CCG meets the financial, best practice and statutory requirements in relation to medicines management and prescribing.

1.2 The medicines team supporting Dorset CCG has had a positive and rewarding year in prescribing and medicines optimisation. The team started the first year of the CCG with a number of vacancies, and these have been filled, and the team has come together very well and built good relationships with member practices.

1.3 The approach to prescribing data and visits has been well received across the Practices and supported by the locality prescribing leads there have been some notable pieces of work undertaken including publishing of a pan-Dorset formulary, formalising health community drug decision making arrangements and supporting service redesign.

2. Report

2.1 **Prescribing budget**: The Practice prescribing budget of approximately £105million should return an underspend of approximately £600k when the final figures for 2013/14 are received at the end of May. Earlier national forecasts suggested a far higher underspend of close to £2m. However, this was adjusted following the October figures being released. The reason for the earlier more favourable forecast was given by the Department of Health as being due to generic savings being lower than predicted.

2.2 These forecasts often change mid-year as they are subject to contractual discussions with community pharmacy and GP negotiating bodies and the resulting changes to generic prices in Category M of the drug tariff.

2.3 **Practice visits:** the locality pharmacists have been working closely with the GP prescribing leads to ensure that there has been a programme of Practice prescribing visits for all Practices. This is accompanied by data and analysis tailored to each Practice. There has been some very positive feedback received about these visits and the data and the majority of Practices have welcomed the approach taken.

2.4 Most localities have also held locality prescribing meetings or have prescribing as an item on their wider locality events. The locality pharmacists attend and present as requested.

2.5 **Audits:** the medicines team produced two audits for Practices to carry out in 2013/14. These were undertaken by 98 of the Practices. The audits covered Antibiotic prescribing and usage of the Out of Hours service, each of these will be discussed further in this report.

2.6 **Quality measures in prescribing:** the medicines team uses a range of benchmarks to compare local and national prescribing against a range of quality measures. An important measure is the use of antibiotics. Previously Dorset has been higher than average on antibiotic prescribing, and as a result, this remains a high priority area for monitoring. There are two main measures that are benchmarked, the use of Cephalosporins and Quinolones and the volume of antibiotic use overall. Appendix 1 shows the progress against the volume of antibiotic measure, and the decrease in items and spend in this area of over 20k fewer items and £72k lower spend. The longer term cost avoidance of reduced antibiotic usage should hopefully be reflected in the incidence of hospital acquired infection and reduced resistance to common antibiotics, but that is less able to be measured.

2.7 **CCP support**: the medicines team provides support to the CCPs at short term working group level, horizon scanning and pathway redesigns. For example the joint working of the Cardiovascular working group of the Dorset Medicines Advisory Group (DMAG) and clinicians on the CCP for Cardiovascular disease worked with medicines team to produce new guidance on first choice statins for the treatment of Acute Coronary Syndrome, this is awaiting final approval and then will become part of the pan Dorset formulary for adoption across the health community. In another example the team ensured that arrangements for medicines in a new service re-design were made clear in the contract to avoid additional unexpected costs once the service went live.

2.8 **Urgent Care Agenda**: The medicines team undertook a large piece of work to support the urgent care agenda. This involved minimising the impact that requests for repeat prescriptions has on the NHS 111 service. The workplan included an audit , guidance and letters to Practices, guidance and publicity for local patients and holidaymakers , care homes and acute trusts as well as guidance for pharmacies. The result was that patients are referred to a pharmacy in the out of hours period if they need medicines and that resulted in a decrease in the demand on the NHS111 service on Saturday mornings.

2.9 **NICE TAs**: Quarterly updates of CCG adoption of NICE TAs onto the formulary are published on the CCG website. This is a statutory requirement. Successful implementation is ensured though the medicines team supporting the service delivery teams and CCPs in the pathway and commissioning changes that are necessary.

2.10 **DMAG**: the Dorset medicines Advisory Group was successfully re-launched in 2013, and is the subject of a separate annual report.

2.11 **Formulary**: A pan Dorset formulary was published on the CCG website in October, and subsequently there has been a procurement for a standalone website to host the formulary owned by the three acute trusts and the mental health/community trust. The site has been procured and testing and uploading of information is currently underway.

2.12 **Public Health Dorset**: The budget forecast spreadsheets for 2013/4 have been reporting the spend for public health on long acting contraceptives, substance misuse and smoking as a top slice from the Practice, the sum of

this drug spend has been charged separately to Public Health Dorset, as funding moved to the local authorities in April 2013.

2.13 The medicines team continues to advise Public Health Dorset on a number of prescribing and medicines optimisation issues and in some areas of commissioning from community pharmacy.

2.14 **Public Health England**: The spend for influenza vaccines administered in primary care through general practices is charged to the GP prescribing budget. This is then reported separately and re-charged to Public Health England.

2.15 **Specialised Commissioning**: It is expected that some drugs currently prescribed by GPs will be repatriated to specialised services (some renal and Cystic Fibrosis drugs). Initially this was expected in 2013/4, but it may take until 2016 for the repatriation to be completed. The medicines team will begin to report these drugs separately to Practices ready for the change. When the drugs are repatriated, both the spend and budget are expected to be moved.

2.16 **Controlled Drugs**: NHS England published a Single Operating model for controlled drugs management in December 2013. The CCG adherence to this has been mapped out and reported to the Quality Group.

2.17 Whilst there is no requirement for the CCG to have a Controlled Drugs Accountable Officer (CDAO), a controlled drugs lead is required for attendance at local intelligence networks and liaison with the NHS England CDAO, as well as analysis of prescribing at Practice level. This role is carried out by the CCG chief pharmacist. The chief pharmacist and wider medicines team has also supported the NHS England CDAO with investigations, information and support in the first year of the new role.

2.18 **Medicines Optimisation Group**: The Medicines Optimisation Group (MOG) continues to meet quarterly with good attendance and input from the locality prescribing leads. The group considers general areas of medicines optimisation and prescribing and has approved a number of policies and guidance documents this year as well as the practice level audits. The group has also received the outcomes of audits from previous years which have resulted in the production of best practice guidance.

2.19 **Drug and Therapeutics Committees**: The CCG now has medical and pharmaceutical representation on the Drug and Therapeutics committees (D&T) at each of the acute trusts and the mental health group in Dorset which will act as a filter for application for formulary inclusion. We also make sure that there is oversight of decisions on the border D&Ts in Salisbury and Yeovil which can have a big impact on prescribing patterns.

2.20 **Education**: following a number of requests from the prescribing lead GPs, a critical appraisal training session was commissioned from the Medicines Information Centre at Southampton General. This was delivered in March and well received, attendees included provider trust representatives as well.

2.21 **Non-Medical Prescribers**: The medicines team has undertaken an exercise with DHUFT to “clean-up” the register of non-medical prescribers, removing retired and resigned practitioners and ensuring that current practitioners are appropriately registered. The DHUFT employed non-medical prescribers will mostly move to DHUFT managed prescriptions during 2014.

2.22 Forecasts for 2014/15: Horizon scanning has identified cost pressures and expected NICE Technology Appraisals for each of the CCPs and these have been submitted in the financial plans. This also includes forecasts for spend on non-nice excluded drugs. Much of the responsibility for excluded high cost drugs has moved to NHS England eg. Cancer Drugs. However the national list delineating which drugs should be funded by NHS England and which should be funded by CCGs has been withdrawn by Wessex Area Team which has led to confusion. This is not the case for bordering areas.

2.23 In Primary Care prescribing there are a number of new drugs which are likely to have an impact in 2014/15 but the category M savings should negate the worst of the impact. The major area of growth will be as the use of newer anticoagulants (NOACs) continues to increase. The CCG is currently slightly behind the national trend, and has not yet reached exponential growth in prescribing volumes of this drug group. This is expected to occur in the next 2 years. The forecast for 2014/15 for the practice prescribing spend on NOACs is an increase of over £600k, and double that for the following year.

2.24 Fortunately for 2013/15 the generic price changes in Category M have been announced early, these are forecast to be worth a potential price drop of £1.4million for Dorset CCG. As the CCG has a high (and rising) rate of generic prescribing, then we should hope to deliver the maximum savings.

2.25 In recent years the prescribing budget has benefited from some very significant patent expiries of “blockbuster” drugs such as atorvastatin, sildenafil, dementia drugs and many new antipsychotics becoming available generically and at a fraction of the price. As a result the introduction of newer, more expensive drugs has been absorbed by these savings. There are fewer predicted patent savings in the next few years, and more pressures on General Practice prescribing from services moving to the community, such as virtual wards. This means that there are likely to be cost pressures in the next few years.

2.26 Audits for 2014/15: The prescribing lead GPs and the MOG have approved several audits for use in practices for 2014/15 and are subject to the financial arrangements being agreed by the governing body. The audits cover antibiotics, medicines reconciliation and review and COPD and will shortly be issued to practices.

3. Conclusion

3.1 The Medicines team continues to ensure that the CCG has appropriate arrangements in place to meet statutory and best practice in prescribing and medicines management.

3.2 After a successful first year the team will build on the good practice with the aim of further improvements in prescribing quality efficiency and spend and aim for improvements in optimising the use of the medicines that are prescribed to the Dorset population.

Author's name and Title : Katherine Gough, Chief Pharmacist
Date : April 2014
Telephone Number : 01305 213610

Appendices

Appendix 1	**Medicines Management Report** **Anti-Biotics Data**

Comparison of Prescribing for BNF Chapter : Infections
(April 2012 - Feb 2013) vs. (April 2013 - Feb 2014)

2012/2013

BNF Name	Items	Cost	Items Per STAR-Pu
Anthelmintics	2,822	£5,322	1.51
Antibacterial Drugs	478,253	£1,908,458	255.84
Antifungal Drugs	28,685	£238,238	15.34
Antiprotozoal Drugs	52,848	£130,472	28.27
Antiviral Drugs	11,485	£118,014	6.14
Infections Total	*574,093*	*£2,400,504*	*307.1*

2013/2014

BNF Name	Items	Cost	Items Per STAR-Pu
Anthelmintics	2,600	£4,317	1.37
Antibacterial Drugs	455,103	£1,835,836	238.96
Antifungal Drugs	29,036	£234,366	15.25
Antiprotozoal Drugs	53,136	£121,646	27.9
Antiviral Drugs	12,507	£103,198	6.57
Infections Total	*552,382*	*£2,299,363*	*290.05*

Items Difference	Cost Difference	Items per STAR-Pu Difference
-222	-£1,005	-0.14
-23,150	-£72,622	-16.88
351	-£3,873	-0.09
288	-£8,827	-0.37
1,022	-£14,815	0.43
-21,711	*-£101,141*	*-17.05*

Comparison of Q3 2012/2013 Vs. Q3 2013/2014