

PCCC22/003

PRIMARY CARE COMMISSIONING COMMITTEE

Title of paper	Primary Care Prescribing		
Agenda item	Posted on website in lieu of meeting	Date of meeting – stood down	19 January 2022
Director lead	Michael Ridgwell, Director of Delivery		
Clinical lead (if applicable)	Dr Nicola Decker, CCG Clinical Leader		
Author	Neil Hardy, Associate Director Medicines Optimisation, South West Hampshire on behalf of Pharmacy Leads		

Purpose	For decision	<input type="checkbox"/>	Link to strategic objective	<ul style="list-style-type: none"> Operational Service Delivery Supporting people and teams Transforming services
	To ratify	<input type="checkbox"/>		
	To discuss	<input type="checkbox"/>		
	To note/receive	<input checked="" type="checkbox"/>		

Executive Summary
<p>This report summarises the work of the medicines optimisation teams within the CCG, including their response to the COVID-19 pandemic. The report also highlights the key medicines optimisation priorities and actions being taken to address these. Prescribing data from the NHS BSA are available to June 2021.</p> <p>This paper covers:</p> <ul style="list-style-type: none"> Financial performance including cost-orientated interventions and prescribing rebates Medicines optimisation response to COVID-19 Antimicrobial stewardship Medicines quality, safety and controlled drugs stewardship Medicines interventions that support the NHS sustainability agenda Digital initiatives in medicines optimisation The proposal to create a HIOW Prescribing Committee and align existing medicines formularies The development of an ICS integrated pharmacy and medicines optimisation plan (IPMO) <p>Medicines remain the most frequent therapeutic intervention in the NHS. In primary care in Hampshire, Southampton and Isle of Wight there were 28 million prescription items</p>

dispensed in 2020/21 at a cost of £264 million.	
Medicines are crucial in preventing ill health and in improving the treatment and care of patients. Reducing medicines-related harm, ensuring antimicrobial stewardship and improving the efficiency and value of medicines use are high priorities.	
Recommendations	The Primary Care Commissioning Committee is asked to note the report.
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	Not applicable.
Financial and resource implications / impact	There are no financial implications arising from this paper.
Legal implications	There are no legal implications arising from this paper.
Principal risk(s) relating to this paper	There are no risks in relation to this paper.
Key committees / groups where evidence supporting this paper has been considered.	The evidence supporting this paper has been considered by CCG pharmacy leads.

Governance and Reporting – other meetings where <u>this paper</u> been discussed		
Committee Name	Date discussed	Outcome

PCOG22/003

Primary Care Prescribing – Report to the Hampshire, Southampton and Isle of Wight CCG Primary Care Commissioning Committee – January 2022

1. Summary

1.1 This report summarises the work of the medicines optimisation teams within the CCG, including their response to the COVID-19 pandemic. The report also highlights the key medicines optimisation priorities and actions being taken to address these. Prescribing data from the NHS BSA are available to October 2021.

The HSI CCG Primary Care Commissioning Committee is asked to note the report.

1.2 Key risks associated with primary care prescribing are:

- Financial risk of overspending the primary care prescribing budget
- Risks to patients with respect to the quality, safety of prescribing and use of medicines.

1.3 This paper covers:

- Financial performance including cost-orientated interventions and prescribing rebates
- Medicines optimisation response to COVID-19
- Antimicrobial stewardship
- Medicines quality, safety and controlled drugs stewardship
- Medicines interventions that support the NHS sustainability agenda
- Digital initiatives in medicines optimisation
- The proposal to create a HIOW Prescribing Committee and align existing medicines formularies
- The development of an ICS integrated pharmacy and medicines optimisation plan (IPMO)

2. Context

2.1 Medicines remain the most frequent therapeutic intervention in the NHS. In primary care in Hampshire, Southampton and Isle of Wight there were 28 million prescription items dispensed in 2020/21 at a cost of £264 million (the average cost of each prescription item was therefore £9.40).

Medicines are crucial in preventing ill health and in improving the treatment and care of patients. Reducing medicines-related harm, ensuring antimicrobial stewardship and improving the efficiency and value of medicines use are high priorities.

The lead pharmacists from all healthcare organisations across HIOW (providers, CCGs, Local Pharmaceutical Committee and the Wessex AHSN) have been working together for the past four years and have previously developed an STP wide pharmacy and medicines optimisation plan.

This group (known as the HIOW Pharmacy Leaders Medicines Optimisation Delivery Group) has developed and submitted a draft HIOW ICS Integrated Pharmacy and Medicines Optimisation Plan (IPMO) as required by the South East Region. A number of sub-groups have been established to lead on the medicines-related priorities.

3. Addressing Issues and Risks

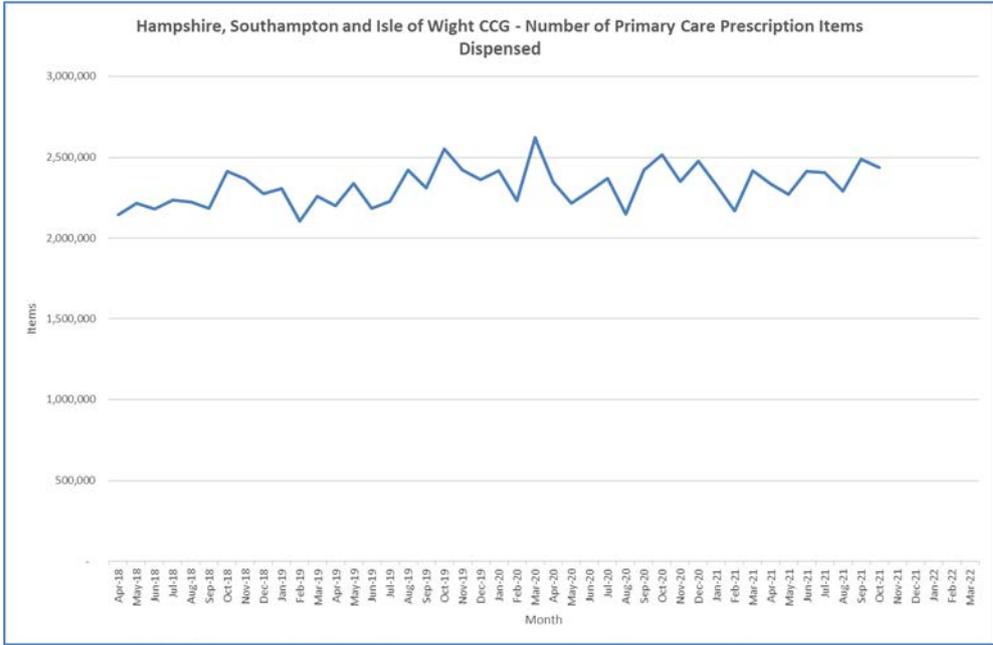
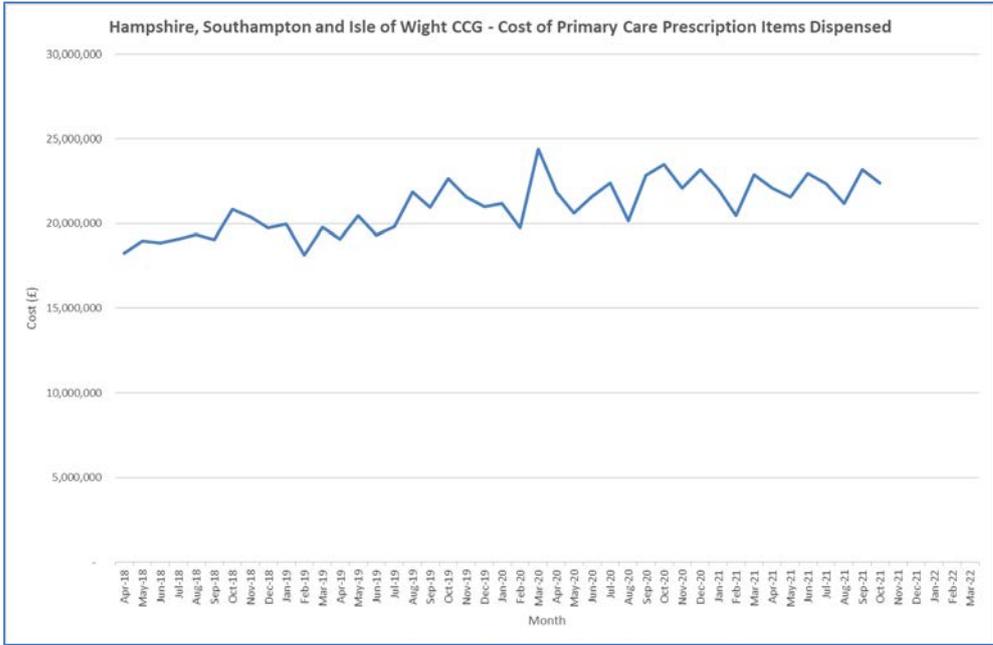
3.1 Financial Performance including Cost-Orientated Interventions

The following table shows the prescribing spend for HSI CCG and England:

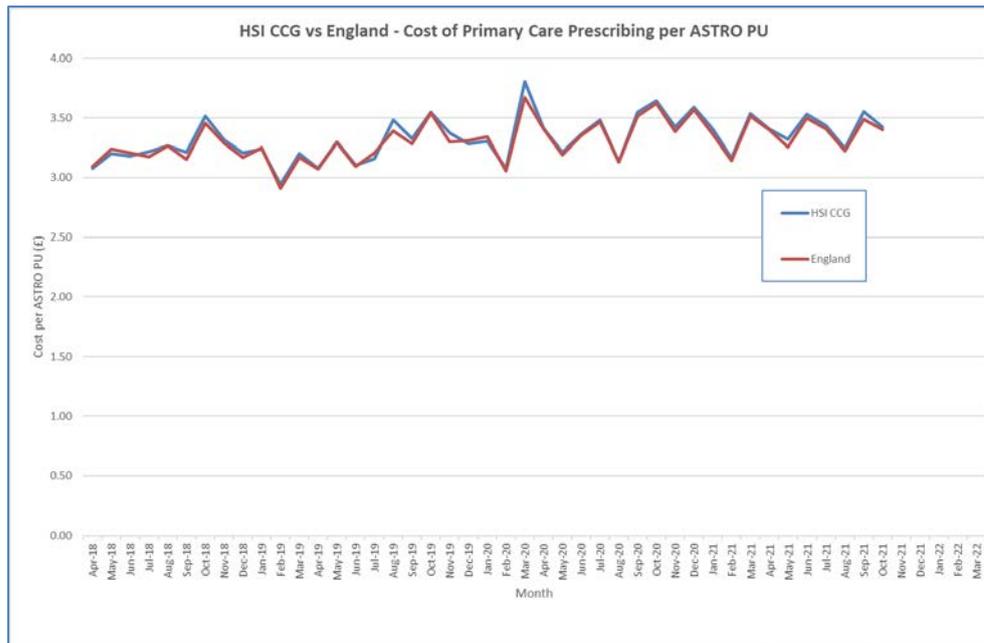
	HSI CCG	England
Spend 2019/20	£252.1M	£8,411M
Spend 2020/21	£263.7M	£8,731M
Spend 2021/22 (April – October 21 data)	£155.7M	£5,076M
Forecast Spend 21/22 – see note below	£265.0M	£8,745M
Forecast Increase in Spend 21/22 vs 20/21 Outturn (£ / %)	£1.3M (0.5%)	£14.4M (0.2%)

Note the NHS BSA has published their forecast outturn formula for 2021/22. Given that this is based on seven month's data, it should be viewed with caution. It is also important to note that these figures only relate to the prescribing costs of FP10 prescribing.

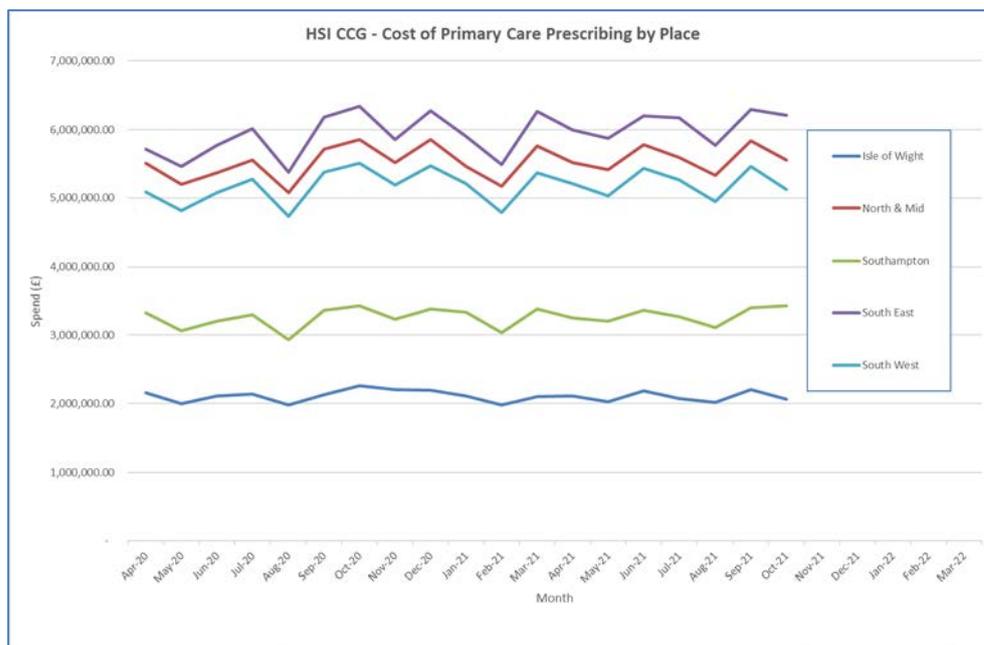
The following graphs show the spend and number of prescription items for primary care prescribing for the CCG.



The following graph compares the spend per ASTRO PU for the CCG vs. the England mean. The ASTRO PU is an age / sex weighting for total prescribing costs.



The following graph shows the prescribing spend by 'place' within the CCG. Note the figures are not weighted for population size.



The following graph demonstrates the reduction in prescribing for the products included in the National list of 'items which should not be routinely prescribed in primary care':

<https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/>

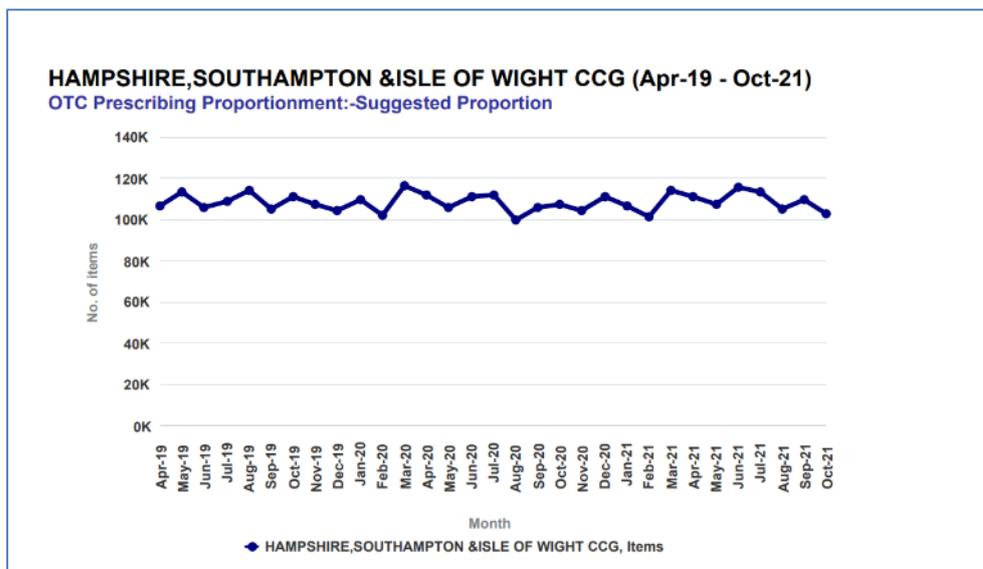
Working with GPs and specialists to reduce the prescribing of these products in line with the National guidance has been a priority for the medicines optimisation teams.



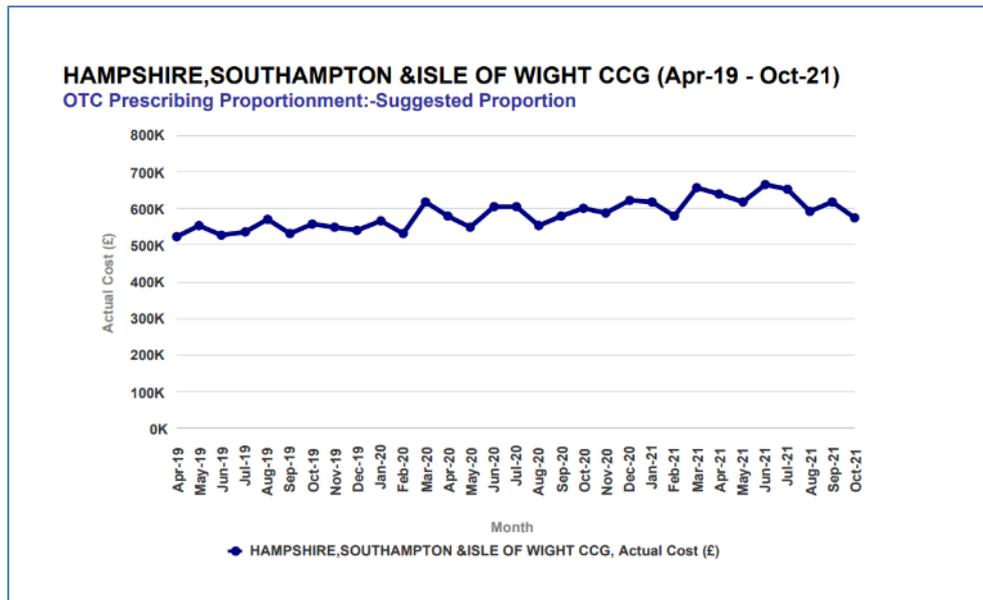
The following graphs show the number of items and spend on medicines that are available 'over the counter' and are indicated for the treatment of minor, short-term health concerns: <https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>

It is important to note that many of these products are also prescribed for long-term conditions, which fall outside of the national guidance.

Hampshire, Southampton and Isle of Wight CCG – OTC Prescribing Items (using NHS BSA suggested proportion)



Hampshire, Southampton and Isle of Wight CCG – OTC Prescribing Costs (using NHS BSA suggested proportion)



The medicines optimisation teams have worked together to review the primary care rebates that former CCGs had signed and have updated the legal agreements to reflect the new CCG. A policy and process to consider new rebates has been developed and new rebates are being considered at the primary care prescribing savings sub-group.

The NHS recently initiated a national procurement deal for directly acting oral anticoagulants (DOACs) with the aim of making expanding access more affordable and saving money for both the health service and the taxpayer from the reduction in strokes. The new agreement will make DOACs more affordable allowing the NHS to provide treatment to an additional 610,000 more patients. This level of uptake will help to prevent an estimated 21,700 strokes and save the lives of 5,400 patients from a fatal outcome over the next three years.

The commercial agreement went live from the 1 January 2022 and HSI CCG has signed up to the agreement. As part of signing up to the national framework any local rebate schemes cease. There is an immediate saving to the CCG and the potential for additional savings (which are then available to fund the increase in the use of DOACs) depending on the choice of DOAC. NHSEI will publish commissioning recommendations to encourage further identification (Detect), treatment (Protect) and optimisation (Perfect) and where appropriate, greater use of lower costs DOACs. As part of the agreement, up to £40 million investment nationally will be made in 'Detect, Protect and Perfect' pathway initiatives which will also help identify people with AF and move them onto effective and appropriate treatment.

As part of the CCGs signing up to the commercial agreement, hospitals will also have access to the framework prices. The pricing of the four DOACs in the national agreement is confidential. It is also important to note that all four DOACs are licensed to treat AF and have been recommended by NICE. The clinician, in

conjunction with the patient, will continue to determine the most appropriate treatment for their clinical needs.

Link to NHS announcement:

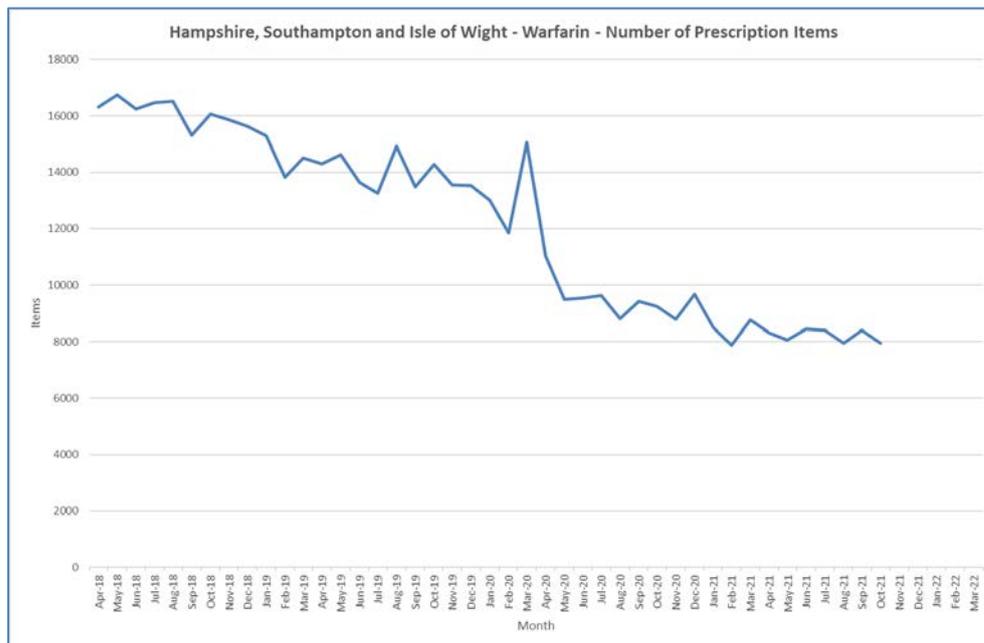
[NHS England » Thousands spared strokes thanks to new NHS drug agreements](#)

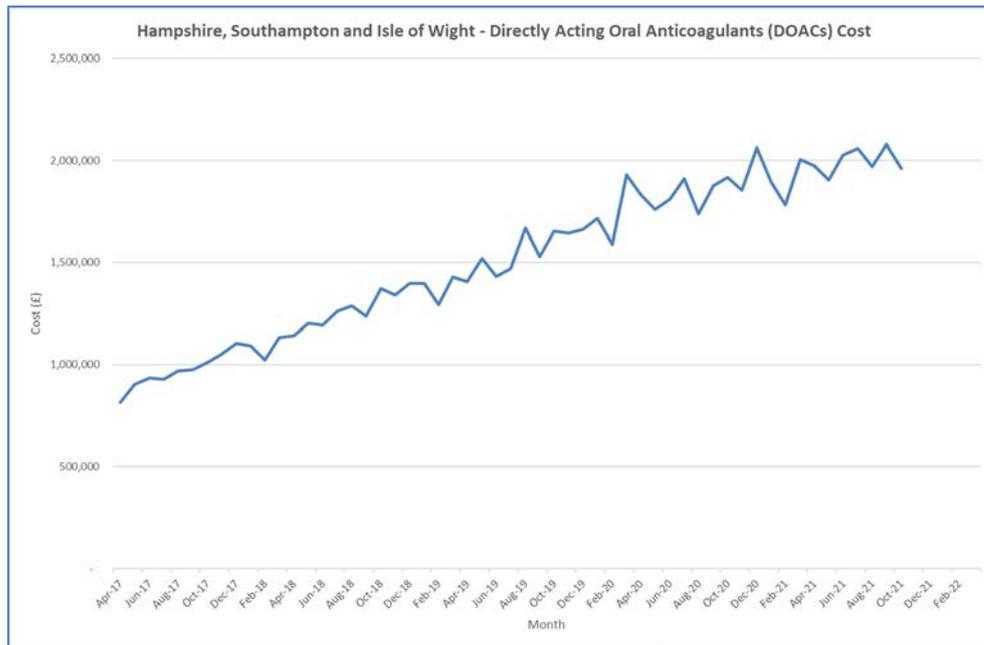
3.2 Medicines Optimisation Response to COVID-19

The COVID-19 pandemic accelerated the collaborative approach with provider chief pharmacists, CCG lead pharmacists, the chief officer of HIOW LPC and the medicines optimisation lead for the Wessex AHSN meeting regularly (initially on a weekly basis) at the start of the pandemic. These meetings have continued and have increasingly focussed on other priorities in addition to the pandemic.

During the COVID-19 period the medicines optimisation team focused on the following:

- Primary care prescribing support work including facilitating the timely availability of medicines used in palliative care, dealing with medicines shortages, supporting the greater use of EPS/eRD (see section 3.5), supporting patients to switch from warfarin to a directly acting oral anticoagulant (DOAC), that do not need regular INR blood tests, and promulgating guidance via the HIOW wide bulletin. The following graphs shows the reduction in the number of patients being prescribed warfarin and the increase in the prescribing costs for DOACs:

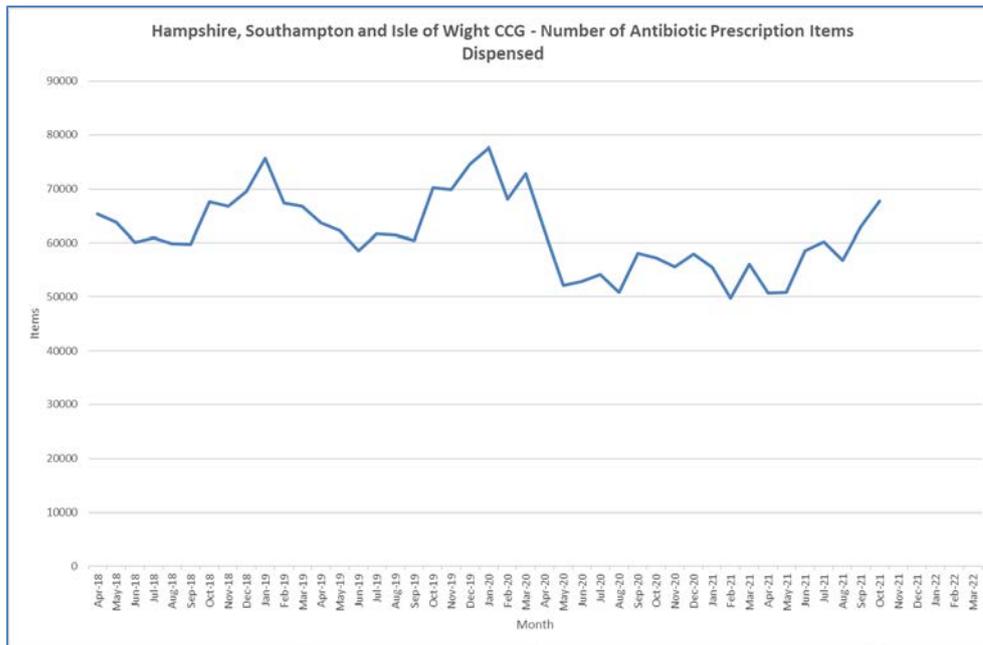




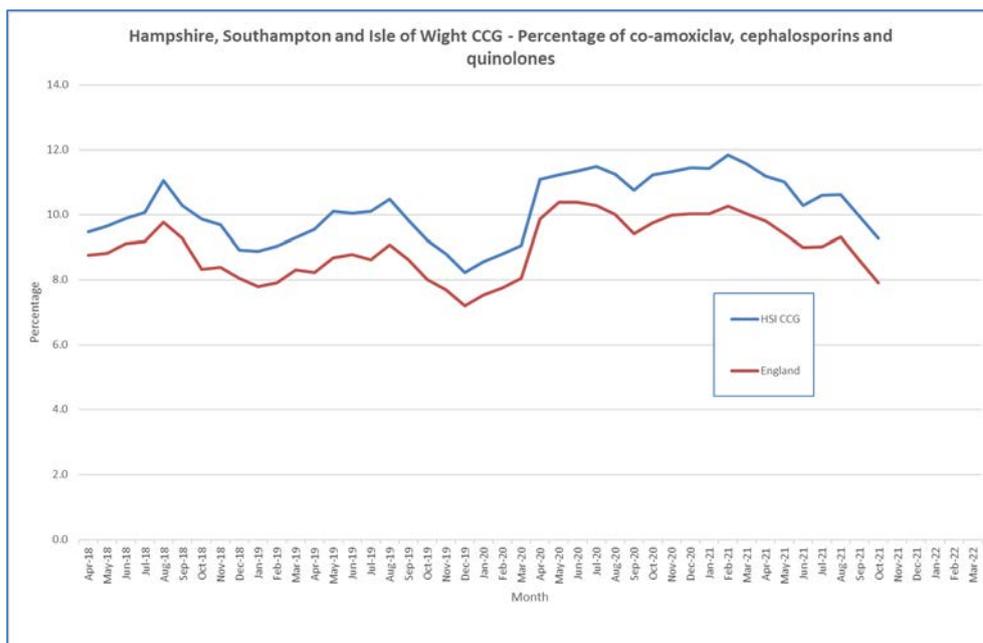
- Implementation of the medicines optimisation requirements within the national care homes support guidance. This included supporting enquiries from care homes, the introduction of 'proxy ordering' for care home residents, structured medication review including those residents newly admitted or discharged from hospital and dealing with stock shortages. A medicines optimisation in care homes sub-group is in place to support this work stream.
- CCG and PCN pharmacists and pharmacy technicians have been supporting the PCN COVID-19 vaccination sites to immunise priority groups. Support includes providing pharmaceutical oversight, guidance and answering queries, diluting and preparing the vaccines and administering to patients. This support was increased in December 2021 to support the booster programme with all available team members deployed to support the programme.

3.3 Antimicrobial Stewardship

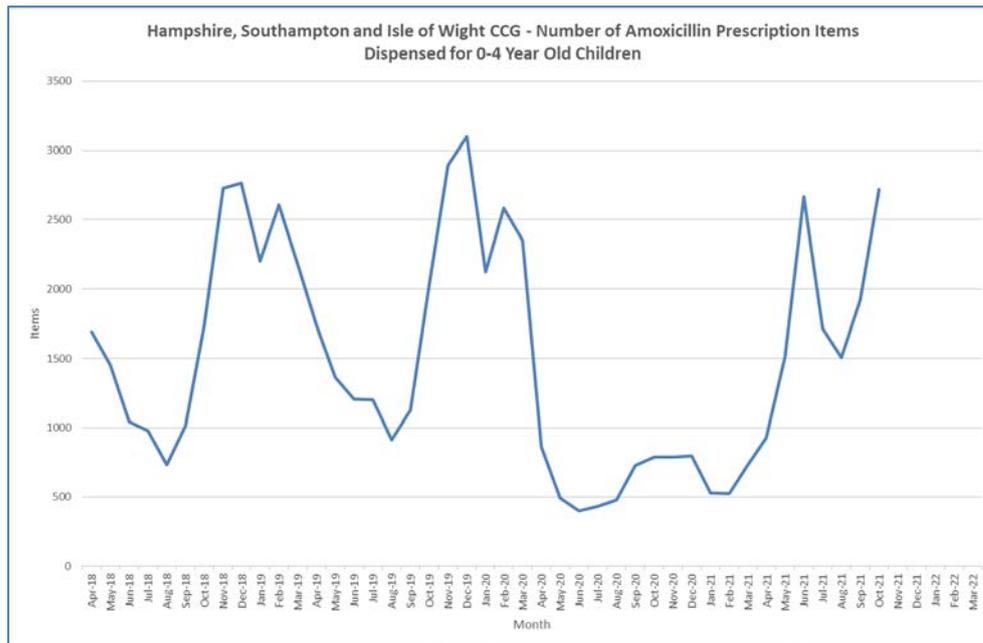
The following graph shows the monthly total prescription items for antibiotics.



The use of broad-spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) is discouraged unless included in guidelines and clinically indicated. The following graph shows the percentage of broad-spectrum agents compared to the total antibiotic items:



The following graph shows the CCG trend for antibiotic prescription items for children aged 0-4 years.



3.4 Medicines Quality, Safety and Controlled Drugs

The Hampshire Medicines Safety Group has been in place for a number of years and currently reports to the three local area prescribing committees. The group includes the Medicines Safety Officers from organisations (providers and CCGs) and the group advises on medicine safety issues and priorities.

One of the key roles of the medicines optimisation teams and PCN clinical pharmacists is to support GPs to undertake medication reviews of patients on problematic medicines. The CCG medicines optimisation teams have a valuable role to support the PCN clinical pharmacists to deliver the requirement within the PCN DES to undertake structured medication reviews.

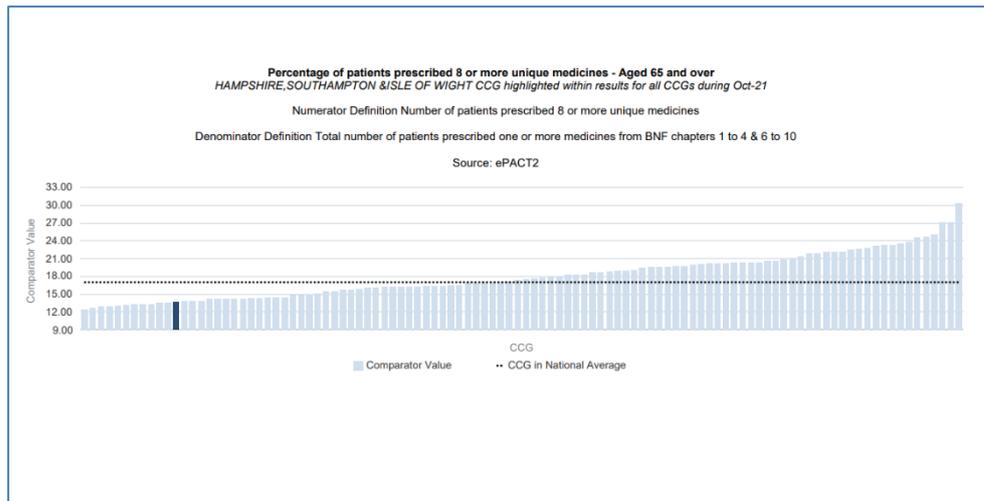
The DHSC has recently published its report on polypharmacy:

Good for you, good for us, good for everybody - A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions

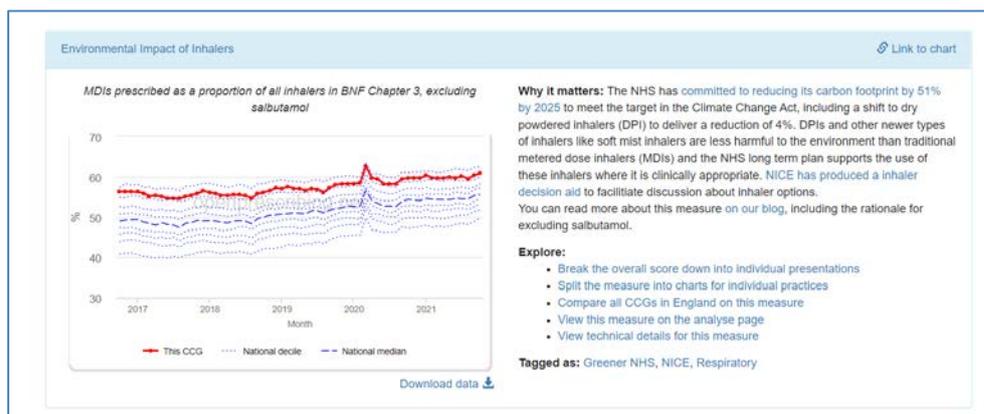
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf

The report states - *evidence is limited, but the review estimates that it is possible that at least 10% of the total number of prescription items in primary care need not have been issued.*

The following graph shows the percentage of patients in HSI CCG aged 65 years and over prescribed 8 or more unique medicines:

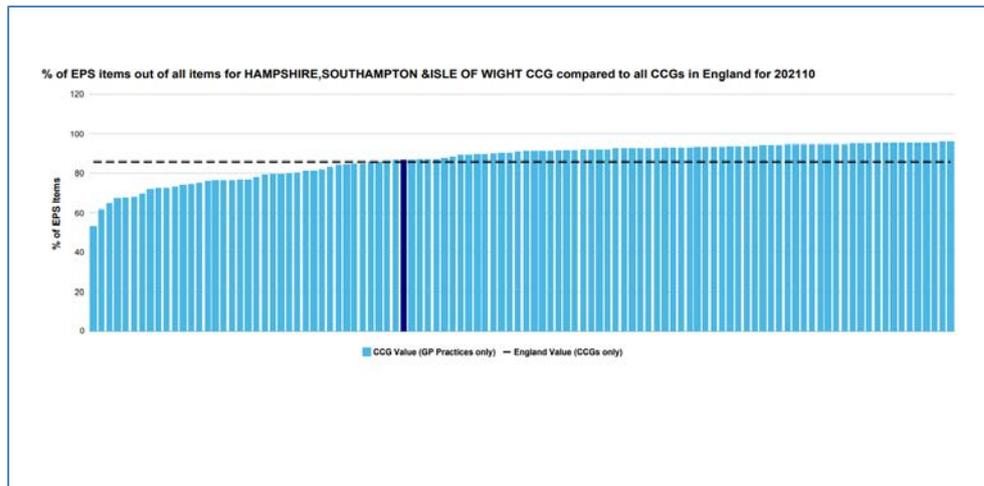


Within primary care, the choice of inhaler device is an important component of the NHS sustainability agenda. The CCG is an outlier with respect to the use of metered dose inhalers (MDIs) compared to dry powder inhalers (DPIs). This is now included in the PCN DES and resources to support interventions are being developed.

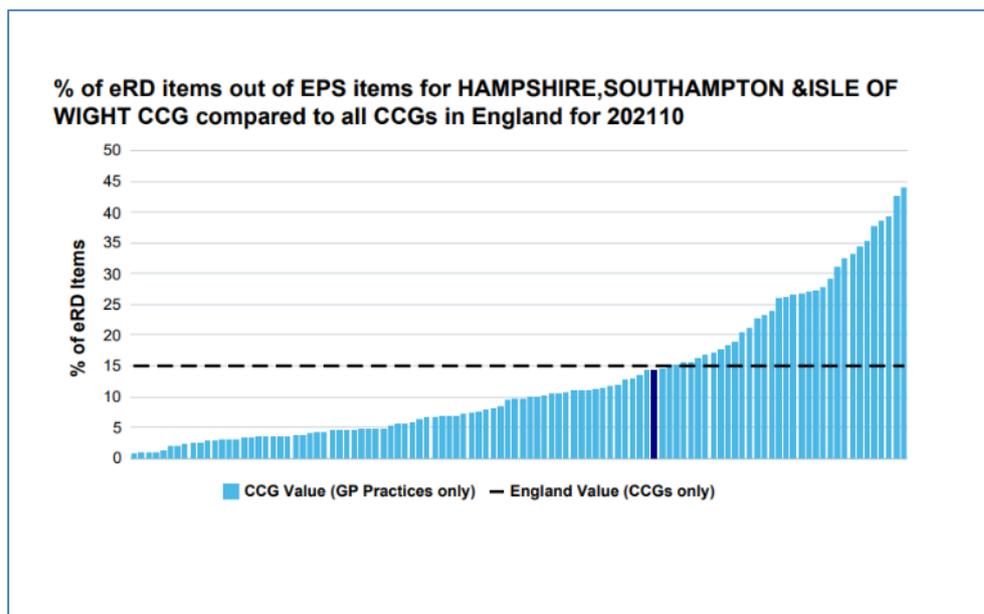


3.5 Digital Initiatives in Medicines Optimisation

The transfer of all suitable patients to EPS (Electronic Prescribing Service) was an early priority as part of the response to COVID-19 to avoid paper prescriptions and reduce the need for patients to attend the surgery to collect prescriptions. It is important to note that dispensing practices cannot currently use EPS for their dispensing patients.



The implementation of electronic Repeat Dispensing (eRD) is another priority as part of COVID-19 to reduce the need for frequent repeat prescription requests. The medicines optimisation teams are supporting practices to implement this in suitable patients (i.e. those patients on a stable medication regimen) and the Wessex AHSN has a group established to support this initiative.



The medicines optimisation teams are currently supporting practices and care homes to implement 'proxy ordering', which allows the care home staff to order patient's repeat medicines electronically on behalf of the patient. This improves the audit trail and reduces the use of paper prescriptions.

3.6 The development of an ICS integrated pharmacy and medicines optimisation plan (IPMO)

The pharmacy leaders within HIOW are developing action plans for each of the work streams within the IPMO plan with the support of the programme management office.

4. Governance

Medicines optimisation teams use prescribing data from the NHS BSA and Open Prescribing to identify practices and therapeutic areas that require discussion and further investigation. Comparative information is shared with GPs through a variety of prescribing forums and all teams have a GP prescribing lead.

Currently there are three area prescribing committees within HIOW:

- Basingstoke, Southampton and Winchester District Prescribing Committee (DPC)
- Portsmouth and South East Hampshire Area Prescribing Committee (APC)
- Island Medicines Optimisation Committee (IMOC)

There was an initial proposal to create a single HIOW Prescribing Committee to replace the three existing Committees. Following discussion with the Chairs of the existing Committees, we are developing a revised proposal to maintain these Committees and divide the different areas of work across the three Committees to reduce duplication and ensure a consistent approach across HIOW.

There will be a need for an overarching Committee to ensure consistency. There are a number of different formularies in place across HIOW and links to these are publically available on the medicines optimisation page of the CCG website:

<https://www.hampshiresouthamptonandisleofwightccg.nhs.uk/aboutus/medicines-optimisation>

A single process for evaluating new medicines and reviewing existing medicines forms part of the HIOW Prescribing Committee discussions to ensure consistency of access to medicines across the CCG.

Dr Alastair Bateman and Neil Hardy have been confirmed as the medical and pharmaceutical representatives on the newly formed South East Regional Medicines Optimisation Committee (RMOC).

5. Next steps

In December 2021 the medicines optimisation teams were redeployed to support the COVID-19 vaccination programme.

The CCG finance team has created a process whereby the monthly spend is attributed to individual 'places' within the CCG and a forecasting model has been developed.

The CCG has signed up to the national DOAC procurement framework.

The plans for a single HLOW Prescribing Committee are being discussed by a small working group that includes the Chairs of the existing Committees.

6. Decision Required

The Primary Care Commissioning Committee is asked to note and comment on the contents of this report.

Neil Hardy
Associate Director - Medicines Optimisation, South West Hampshire

On behalf of the Lead CCG Pharmacists for HSI CCG

January 2022