
Title:	Prescribing and medicines optimisation update
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Submitted to:	Quality & Patient Safety Assurance Committee [West]
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Executive summary

This report covers areas of prescribing namely antibiotics, controlled drugs and medicines' safety as well as giving a performance summary.

WNCCG yearend (2017-18) primary care prescribing outturn forecast based on latest data (January 2018) is £31,929,014. This represents a potential over spend of +£905,388. The CCG continues to underperform compared to national growth and cost per ASTROPU. There have been significant cost pressures arising from stock shortages and drugs being placed on the NCSO (No Cheaper Stock Obtainable)/price concession list where price concessions are agreed with the Department of Health.

On 20th March 2018, Paul Baumann, CFO for NHS England, wrote to confirm that the 2017/18 Category M rebate will be returned to CCGs, as it has been recognised that CCG's have faced unavoidable cost pressures due to demands on stock availability (No Cheaper Stock Obtainable – NCSO – items). The IPP adjustment (August to December 2017) for WNCCG £138,904 i.e. this amount of money is being returned to the CCG. The value for the remaining category M rebate for Q4 is forecast circa £83,342.

Antimicrobial Stewardship (AMS) is the responsibility of all. Antimicrobial prescribing is included in the 2018-19 QIPP plan. The local CCGs have been asked to submit an outline of planned activities to bring the CCGs' antibiotic prescribing in line with national performance as the CCGs are outliers against prescribing of certain antibiotics.

Controlled drugs continue to be monitored and appropriate action taken. AGEM CSU has taken over the contract with NHS England to provide on-going support to NHS England Controlled Drugs Accountable Officer. The CCGs' responsibilities remain unchanged.

Prescribing Update

The WNCCG forecast 2017-18 year end outturn for primary care prescribing is £31,929,014 (including rebates and recharges) against a QIPP'd budget of £31,023,626. QIPP target for 2017-18 is £1.4m. The forecast overspend is £905,388. If this position is maintained the CCG will have delivered £500k of prescribing QIPP savings. The forecast overspend is above the estimated cost pressures. NHS England is now returning to CCGs category M rebate which they had been withholding in order to mitigate against some of these cost pressures. For WNCCG the Category M rebate is estimated to be £222,246. This reduces overspend to £683,142 and increases the QIPP to £722k.

WNCCG cost per ASTRO PU (January 18) was £43.02 c.f. national £39.54. We continue to perform in line with national on growth: national +0.03% WNCCG -0.25%. See below for rolling inflation costs and items.

There have been significant cost pressures arising from stock shortages and drugs being placed on the price concession/NCSO (No Cheaper Stock Obtainable) list where price concessions are agreed with the Department of Health.

There are ongoing cost pressures arising from increases in drug prices on the drug tariff when drugs come back into stock and off price concession.

The CCGs face building pressures following a number of national consultations and additions to the drug tariff. The three main ones are gluten free prescribing, liothyronine prescribing and FreeStyle Libre (flash blood glucose monitoring). The CCGs are maintaining their current commissioning positions i.e. not commissioned thus not prescribable on FP10 (except for limited prescribing gluten free foods in children in WNCCG).

A directive has been issued by NHS England and Public Health England to practices to prescribe Adjuvant Trivalent flu vaccine to everyone 65 yrs. of age and above and quadrivalent vaccine to at risk groups under 65.

There is a single manufacturer of Adjuvant Trivalent vaccine and two manufacturers of the quadrivalent flu vaccines. The prices of these vaccine are higher than the average price currently being paid. There is a risk that insufficient stocks of these vaccines will be available. Practices may also receive stock later in the season than usual as we have been informed by practices that deliveries are based on when orders were placed – many practices had to cancel existing orders. The final guidance was issued 5 February 2018. Further concerns have been raised in respect of potential to administer the wrong vaccine during a busy “flu” clinic.

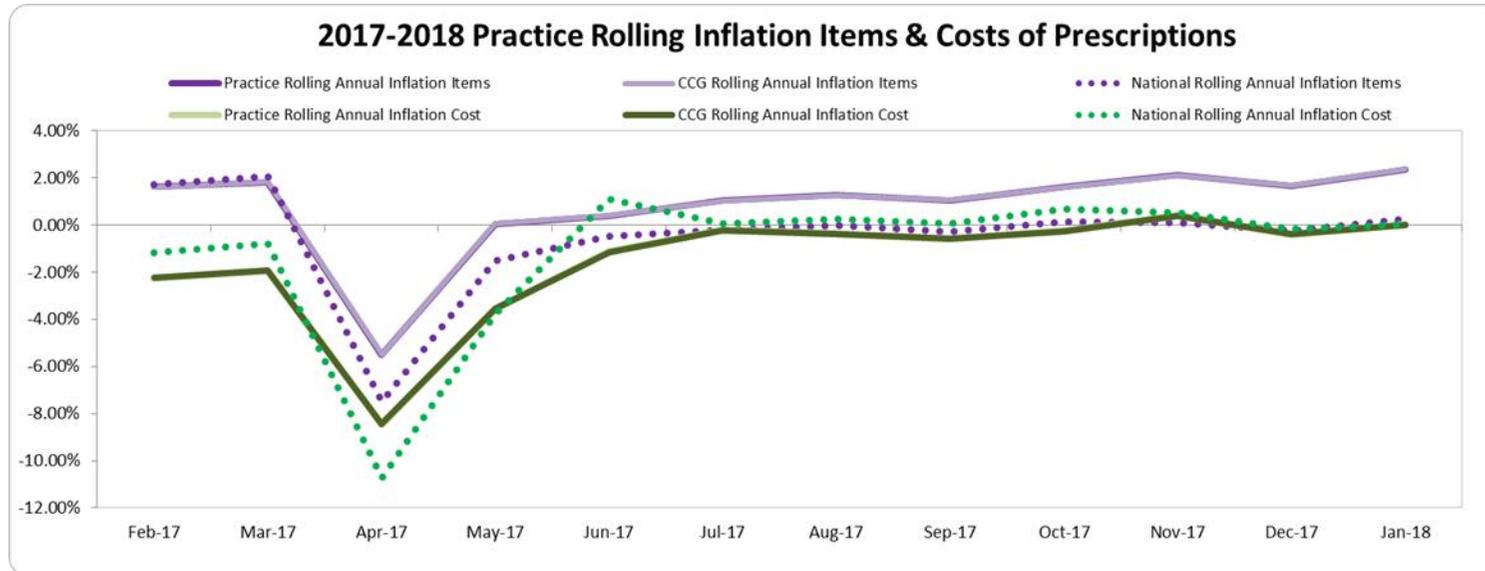
Potential cost pressures:

WNCCG £120,000

Note that there are no cost pressures due to influenza vaccination through community pharmacy as these are funded directly by NHS England.

CCG Rolling Inflation items and costs of prescriptions

West CCG



Shared Care – update

A GP LES has been sent by primary care leads to all practices.

The medicines optimisation team has as yet not been notified of who has signed up to the LES and what processes are in place should a practice decide not to sign the LES.

No update on National work.

Antimicrobial Stewardship

Antimicrobial Stewardship (AMS) is the responsibility of all. The Norfolk and Waveney AMS steering group met on 19.1.18. The meeting is now chaired by Dr Linda Hunter and the next meeting is on 20.4.18.



190118 FINAL DRAFT
minutes Antimicrobial

The prescribing team will continue to work with practices and CCGs to ensure appropriate prescribing of antibiotics and compliance with agreed primary care formulary. The full formulary and quick guide have been updated and will be available on Knowledge Anglia.

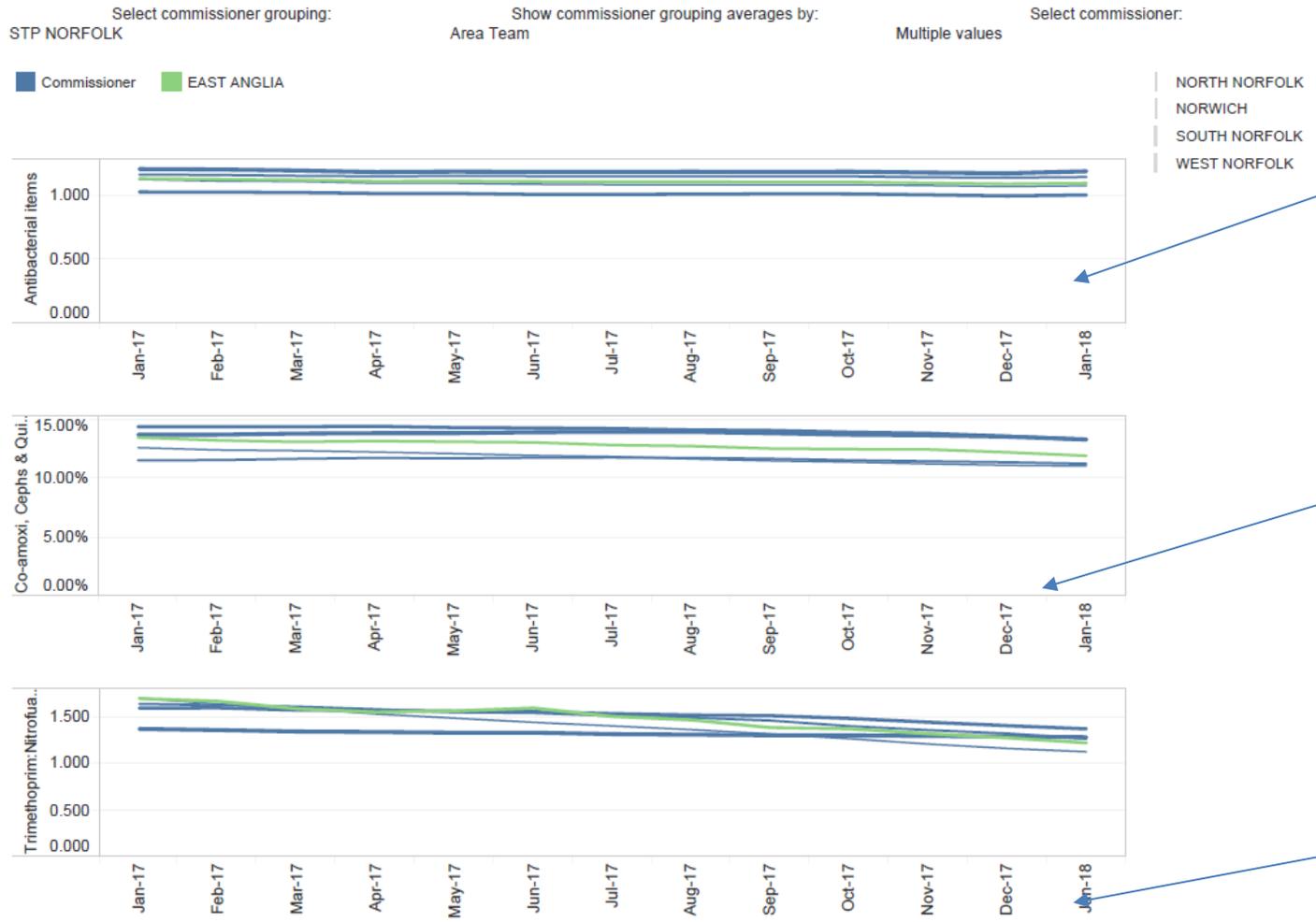
Antimicrobial prescribing features in all 5 local CCG prescribing QIPPs for 2018-19.

We continue to use and promote the RCGP TARGET Antibiotic Toolkit <http://www.rcgp.org.uk/TARGETantibiotics>

A raft of resources are available <https://www.gov.uk/government/collections/european-antibiotic-awareness-day-resources>

STP Picture 2017-19 antibiotic QP performance 12 month rolling period to January 2018

NEW: CCG simple trend charts



Order of lines from top to bottom:
 WN- Norwich- NN - SN
 Green = Norfolk Average

Order of lines from top to bottom:
 SN- WN- NN - Norwich
 Green = Norfolk Average

Order of lines from top to bottom:
 NN- Norwich -SN - WN
 Green = Norfolk Average

All periods shown are 12 months rolling



CCG; position mapped



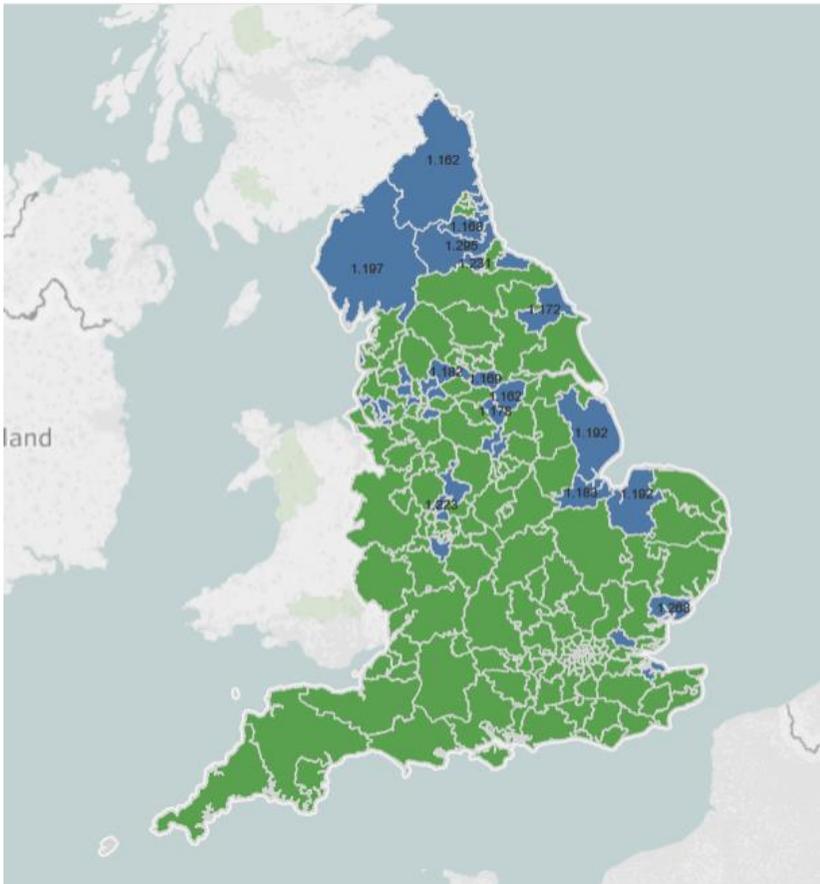
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(All) ▾

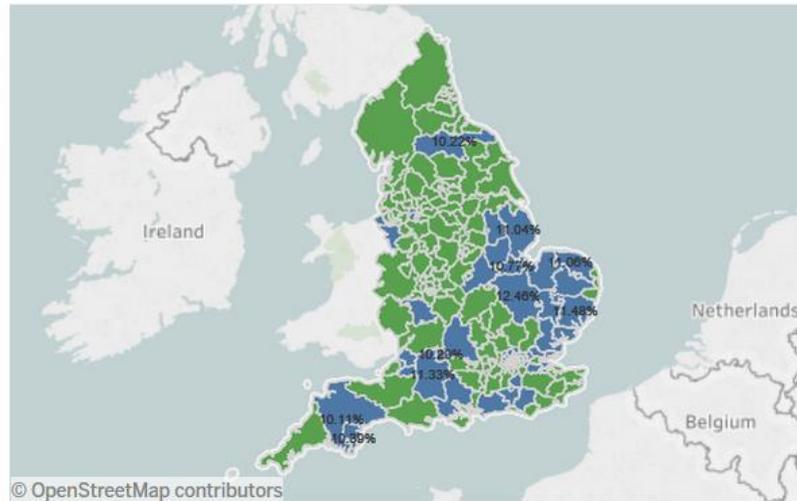
Select 12m rolling period to:

Jan-18 ▾

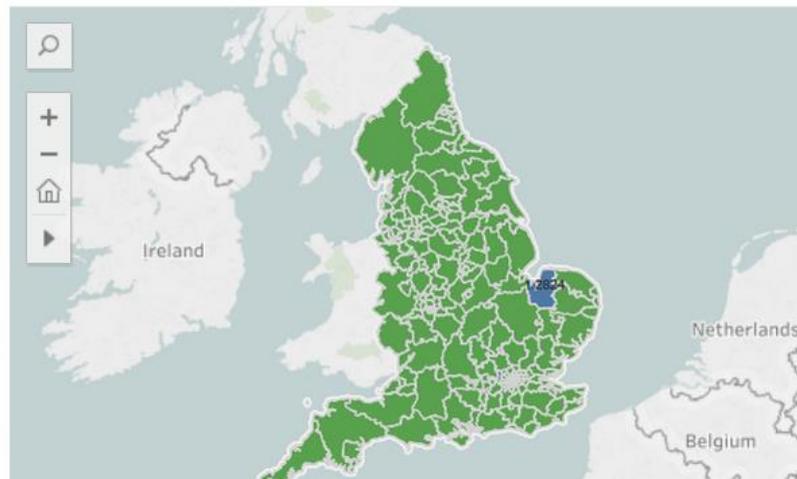
Antibacterial items



Co-amoxi, Ceph's & Quins



Trimethoprim:Nitrofuantoin items



Controlled drugs

The CCG has a duty to ensure controlled drugs are managed safely and that patients are protected from harm. All CCGs should have a named person (Controlled Drug Responsible Officer) who is responsible for ensuring the safe management of controlled drugs and liaising with NHS England's Accountable Officer (CDAO) for controlled drugs.

AGEMCSU prescribing team supports NHS England's CDAO and liaises where necessary with GP practices as appropriate.

The meeting of the Norfolk and Suffolk Local Intelligence meeting scheduled for March was cancelled due to snow and has been re-scheduled for 9 April 2018.

The government has launched a consultation on the re-scheduling of pregabalin and gabapentin to schedule 3 controlled drugs.

<https://www.gov.uk/government/consultations/pregabalin-and-gabapentin-proposal-to-schedule-under-the-misuse-of-drugs-regulations-2001>

this has now closed however guidance has yet to be issued. Main concerns expressed were in relation to safe custody.

Review of Safe custody regulations is being undertaken by CQC and new guidance is expected later in 2018 dependant on parliamentary process.

The CCGs' proposed Prescribing Quality Incentive Scheme for 2018-19 contains an audit on prescribing of opioids.

Awareness raising of Opioids Aware resources is ongoing <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware> . Resources include prescribing guidance and patient leaflets. This is a national campaign.

Incidents

NOTE: Controlled drug incident reporting has from the 5th of June moved to a web based reporting system <http://www.cdreporting.co.uk> this is the form that GPs, practice staff, dentists, care homes and pharmacists must use to report incidents and concerns.

All incidents across the East continue to be reviewed twice a month and appropriate action is taken. Community pharmacies are the professional group that most regularly reports incidents.

Medication Safety

There is a concern with regards to the use of Direct Oral Anticoagulants (DOACs) and lack of renal function testing. Local use of these drugs remains amongst the lowest CCGs in England although use is increasing. Safe DOAC prescribing audit included in proposed Prescribing Quality Incentive Scheme.

From July 2017 NHS Improvement will publish monthly data by reporting organisation on the numbers of patient safety incidents reported to the NRLS in the last 12 months by each English organisation (not independent providers nor CCGs) regularly reporting to the NRLS. This data will be published on the NHS Improvement website around the 16th of each month. The February 18 data release is available from <https://improvement.nhs.uk/resources/monthly-data-patient-safety-incident-reports/> and covers the numbers of incidents reported each month.

The World Health Organisation has launched its third global patient safety challenge: Medication Without Harm <http://www.who.int/patientsafety/medication-safety/campaign/en/> .

There are a whole host of resources (including YouTube video, social media resources) for use by CCGs and providers. The recommendation is that the CCGs' medication safety officers liaise across Norfolk and Waveney to implement this challenge and engage with the communications teams to roll this out across the health economy. The CCG medication officers can, as part of the provider quality review meetings, request providers to share their action plans to address this WHO challenge within their organisation.

You can follow the Medication Safety Officer network at <https://twitter.com/msonetwork>