

Prescribing Deep Dive 2018-19

Executive Summary

This report reflects on primary care prescribing performance across the Norfolk and Waveney STP.

Highlights are:

- All Norfolk and Waveney CCGs are showing a reduction in growth c.f. last year NN -3.6%; Norwich -5%; SN -3.1%; WN -3.5% GYW -5.5% national growth of- 0.6%
- Annualised spend per ASTROPU for the Norfolk & Waveney CCGs is below national with the exception of WNCCG which is above national (£41.41 c.f. £38.85). WNCCG trend in ASTROPU is dropping towards national
- All Norfolk and Waveney CCGs are experiencing **cost pressures of circa £1.4m** per CCG due to price concessions (~£650k/yr.); drug returning to cat M (~£470k/yr.) at higher prices and of price adjustments to meet DHSC community pharmacy contractual agreement (~£280k/yr.) over which we have no control.
- The STP (and the CCGs therein) is delivering savings in both drugs of low clinical value and self-care/over the counter. In the 12 months January 18 to December 18 the STP saved £557,479 compared to previous 12 months' spend on DLCV. One area that is proving challenging is the prescribing of liothyronine. This is may be a cost pressure going forward into 2019-20. Overall spend on drugs across all OTC categories fell by £675,062 in the 12 months to December 18 compared with the same period in 2017.
- All CCGs meet the quality premium target for total number of antibiotic items/STARPU and the picture has dramatically improved for broad spectrum antibiotics with Great Yarmouth and Waveney achieving the target of less than 10% (at 7.55%) North Norfolk (10.66%), Norwich (10.09%) and South Norfolk being close and West Norfolk remains an outlier at 12.12%
- Rebate income for 4 Norfolk CCGs £1,100,00 and recharges to public health and specialist commissioning £2,737,810

This report also describes cost pressures and potential opportunities identified for 2019-20.

Report for 2018-19

NHS ARDEN & GEM has provided medicines optimisation services to the Norfolk and Waveney CCGs from 1st April 2018. We provide primary care services to all four Norfolk CCGs and secondary care services to all five CCGs. NHS Great Yarmouth and Waveney CCG have their own team and work collaboratively with the AGEM team. Cath Byford, NHS GYW CCG Deputy Chief Officer and Director of Commissioning, is Norfolk and Waveney STP's Medicines Optimisation Strategic Lead.

ePACT data is used to monitor and manage primary care prescribing. ePACT data is always two months in arrears. This report is based on latest data available: **December 2018**.

Note that in December 2018 the NHS Business Services Authority amended their phasing which impacted negatively on December forecast outturn figures.

Prescribing budgets are allocated to practices net of QIPP.


QIPP targets set by the Norfolk CCGs for 2018-19 were as follows:

- North Norfolk £1.2m
- South Norfolk £2.0m
- West Norfolk £1.6m
- Norwich £1.6m
- Great Yarmouth and Waveney £3.3m

Norfolk and Waveney Financial Summary – Highlights:

- All Norfolk and Waveney CCGs are showing a reduction in growth c.f. last year NN -3.6%; Norwich -5%; SN -3.1%; WN -3.5% GYW -5.5% national growth of- 0.6%
- Annualised spend per ASTROPU for the Norfolk & Waveney CCGs is below national with the exception of WNCCG which is above national (£41.41 c.f. £38.85). WNCCG trend in ASTROPU is dropping towards national
- All Norfolk and Waveney CCGs are experiencing **cost pressures of circa £1.4m** per CCG due to price concessions (~£650k/yr.); drug returning to cat M (~£470k/yr.) at higher prices and of price adjustments to meet DHSC community pharmacy contractual agreement (~£280k/yr.) over which we have no control.
- The medicine optimisation teams continuously strive to mitigate against these cost pressures e.g. messaging via Scriptswitch; formularies and guidance; addressing newly identified cost pressures e.g. lymphoedema garments

December 2018 financial summary

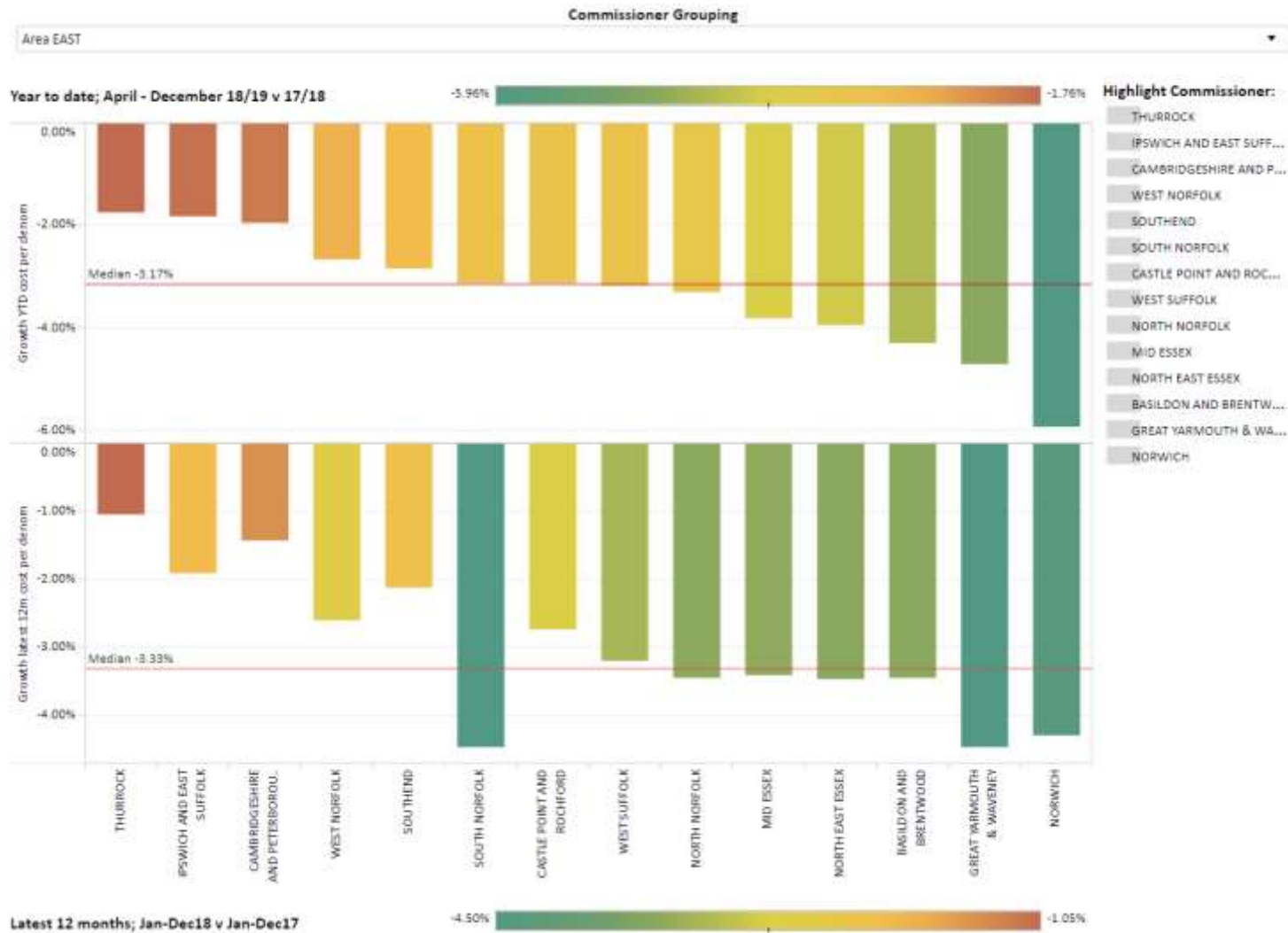
Arden & GEM CCGs Drugs & Appliance Summary (inc Contingency) December-18 

CCG	Cost AstroPU (Dec 18)	Budget	Spend to Date						Norfolk Forecast			Items to date				
			This month	Budget to Date (PPD phasing)	Spend to date	Cum % change from last year	Variance to date	Spend per AstroPU (Annualised)	Year-end out-turn	Year-end o/u spend	Year-end variance	This month	Items to date	Cum % change from last year	Items per Astro PU (Annualised)	Items AstroPU (Dec 18)
North Norfolk	806,169	28,990,914	2,480,406	21,696,800	22,214,173	-3.6%	£517,373	£36.74	£29,682,219	£691,305	2.4%	413,293	3,673,100	1.2%	1.62	3,018,021
Norwich	810,415	29,406,999	2,467,293	22,008,198	22,047,869	-5.0%	£39,671	£36.27	£29,460,006	£53,007	0.2%	339,945	2,994,997	-0.7%	1.37	2,907,422
South Norfolk	937,659	30,467,826	2,685,152	22,802,121	24,532,051	-3.1%	£1,729,930	£34.88	£32,779,330	£2,311,504	7.6%	422,698	3,846,070	1.6%	1.49	3,446,710
West Norfolk	750,897	29,711,542	2,557,095	22,236,118	23,323,008	-3.5%	£1,086,890	£41.41	£31,163,827	£1,452,286	4.9%	412,709	3,688,351	1.6%	1.77	2,783,321
Great Yarmouth & Waveney	990,623	36,447,643	3,045,804	27,277,416	27,107,043	-5.3%	£170,373	£36.48	£36,219,993	£227,650	-0.6%	429,512	3,839,709	-0.9%	1.40	3,650,088
National (Relates to Drugs and Appliances excluding Woundcare)							-0.6%	£38.85								

- Charts to compare growth year to date and latest 12 months



- Charts to compare growth in cost per 1,000 pts year to date and latest 12 months





Arden&GEM Norfolk and Waveney NHS England initiatives

Following national consultation NHS England has issued guidance on:

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs otherwise known as drugs of limited clinical value (DLCV). A second consultation extending the list of drugs closed on 28.2.19.
2. Guidance on conditions for which over the counter items should not routinely be prescribed in primary care. The focus of this guidance is to discourage prescribing for conditions that are suitable for self-care or are self-limiting.

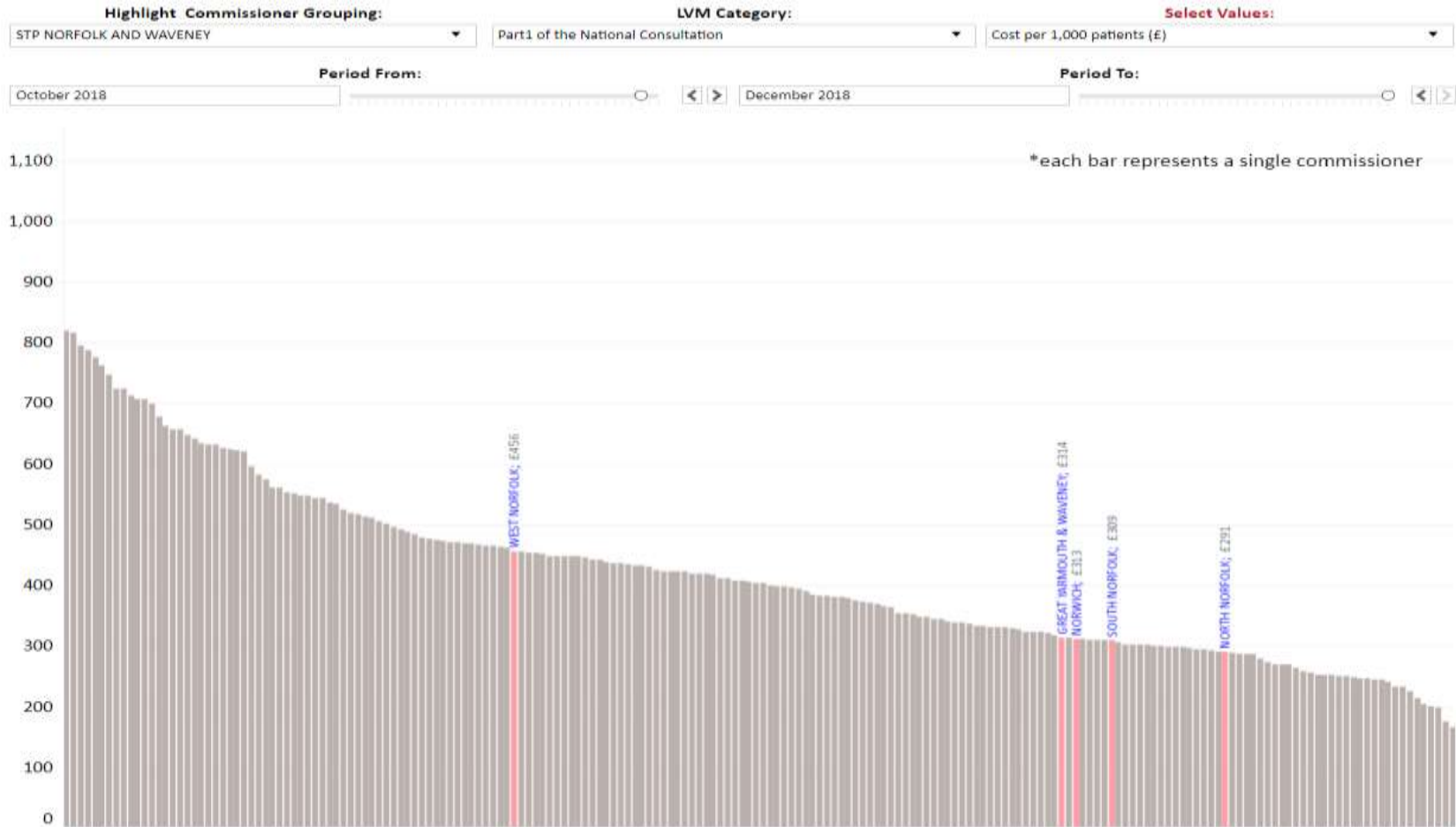
These work streams form part of the national medicines value programme

<https://www.england.nhs.uk/medicines/value-programme/>

The CCGs are expected to show significant savings in these areas.

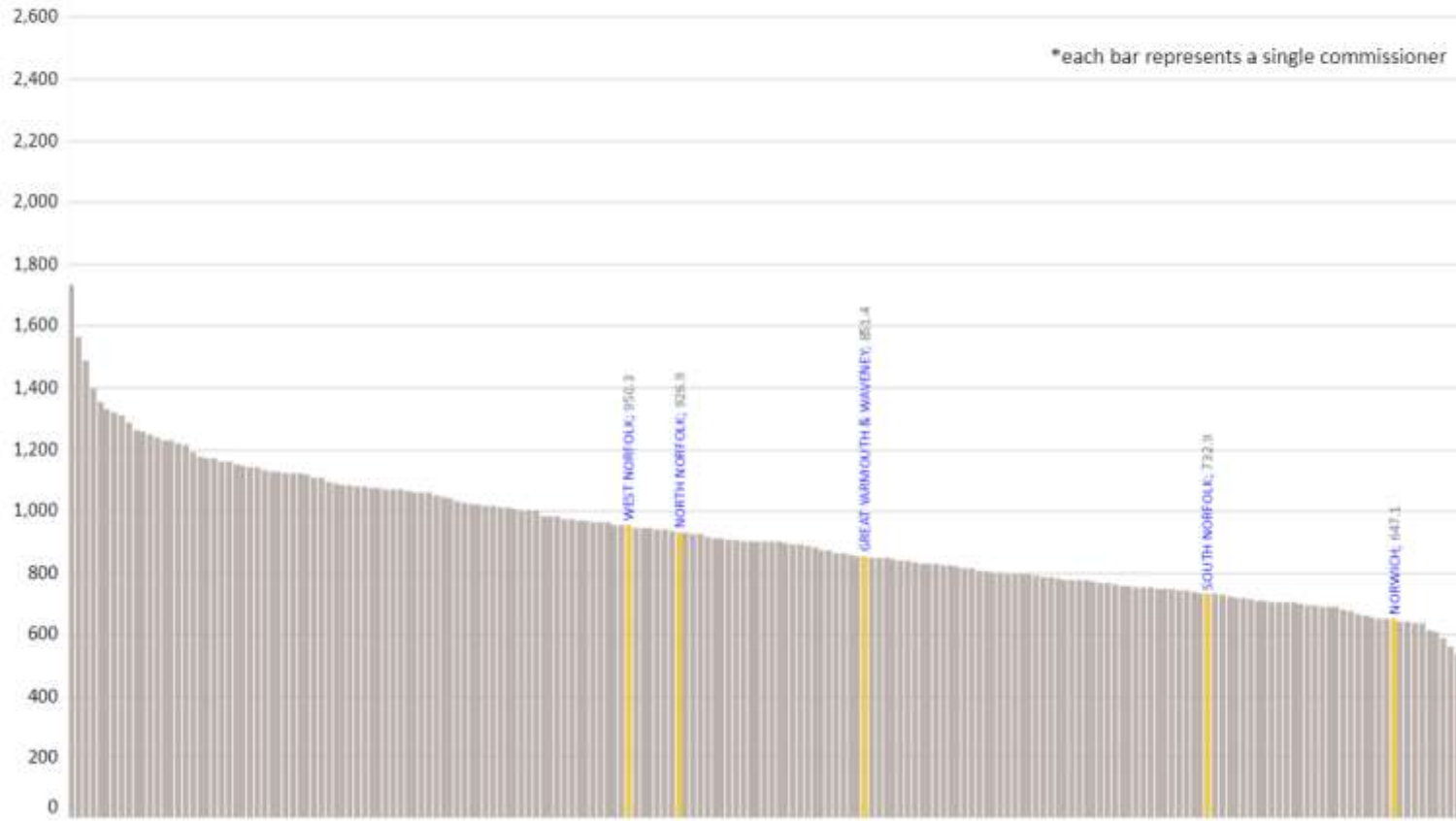
All five CCGs are showing savings. In the 12 months January 18 to December 18 the STP saved £557,479 compared to previous 12 months' spend on DLCV. One area that is proving challenging is the prescribing of liothyronine. This is may be a cost pressure going forward into 2019-20. Overall spend on drugs across all OTC categories fell by £675,062 in the 12 months to December 18 compared with the same period in 2017.

- Drugs of low clinical value benchmarking



OTC Drugs benchmarking

Highlight Commissioner Grouping: STP NORFOLK AND WAVENEY
 Select Values: Cost per 1,000 patients (£)
 Select Proportion: Suggested proportions
 OTC Grouping: (All) OTC Category: (All) Period From: October 2018 Period To: December 2018



Norfolk and Waveney Antimicrobial Stewardship

Antimicrobial resistance is a national and global threat to health as no new antibiotics have been developed in the past 30 years and increasing bacterial resistance to those antibiotics in current use means infections are becoming harder to treat. There are currently 25,000 deaths a year in Europe caused by infections that have no effective antibiotic treatment. The UK 5 Year Antimicrobial Resistance Strategy 2013-18 has seven objectives, one of which is optimising antimicrobial prescribing practice. This is an NHS patient safety priority, with a national ambition to reduce both inappropriate antibiotic use, and health care associated gram negative blood stream infections by 50% by 2020/21.

Antimicrobial prescribing has been a key priority for the CCGs during 2018-19. Focused activity has led to improvements in primary care prescribing both in overall number of antibiotic prescriptions (items/STARPU) and percentage of broad spectrum antibiotics (cephalosporins, quinolones and co-amoxiclav) which can contribute to the development of *clostridium difficile* infections.

All Norfolk and Waveney CCGs have achieved the target of less than 1.161 prescription items per STARPU with South Norfolk achieving the stretch target of below 0.965.

Great Yarmouth and Waveney CCG remains the only CCG to achieve the broad spectrum target of less than 10%. The position as of December 2018:

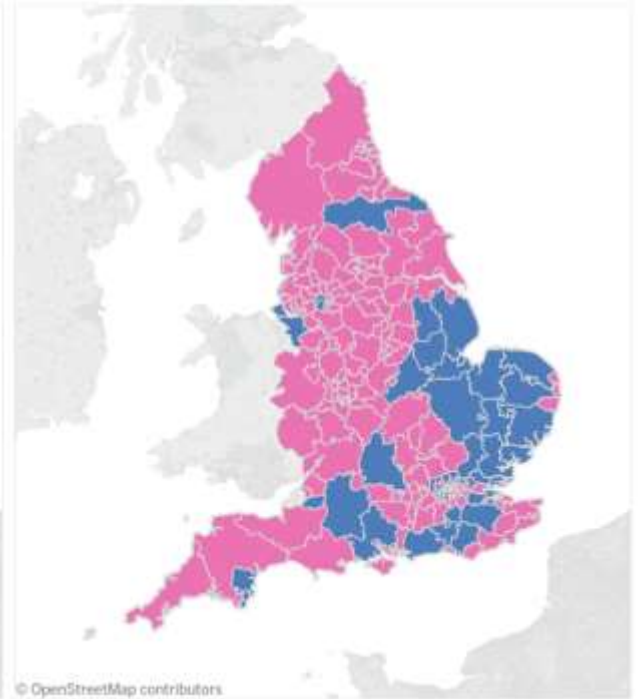
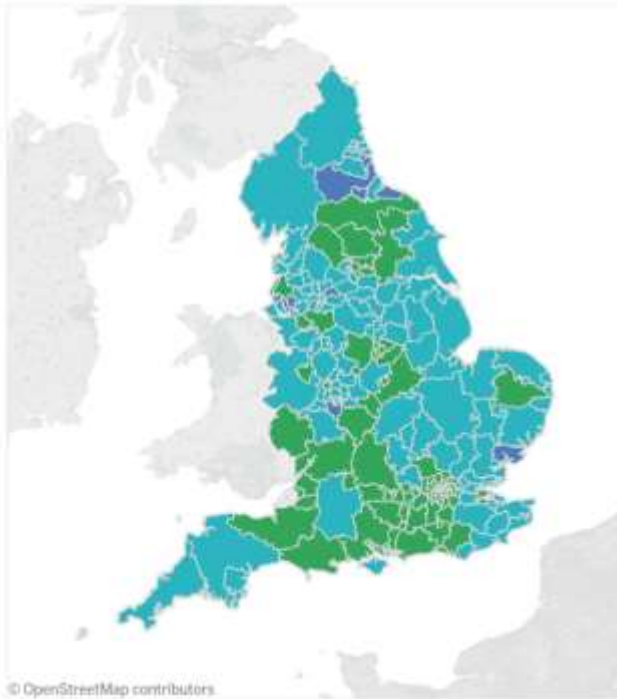
- Great Yarmouth & Waveney 7.55%
- North Norfolk 10.66%
- Norwich 10.09%
- South Norfolk 10.82%
- West Norfolk 12.12%

NATIONAL PICTURE

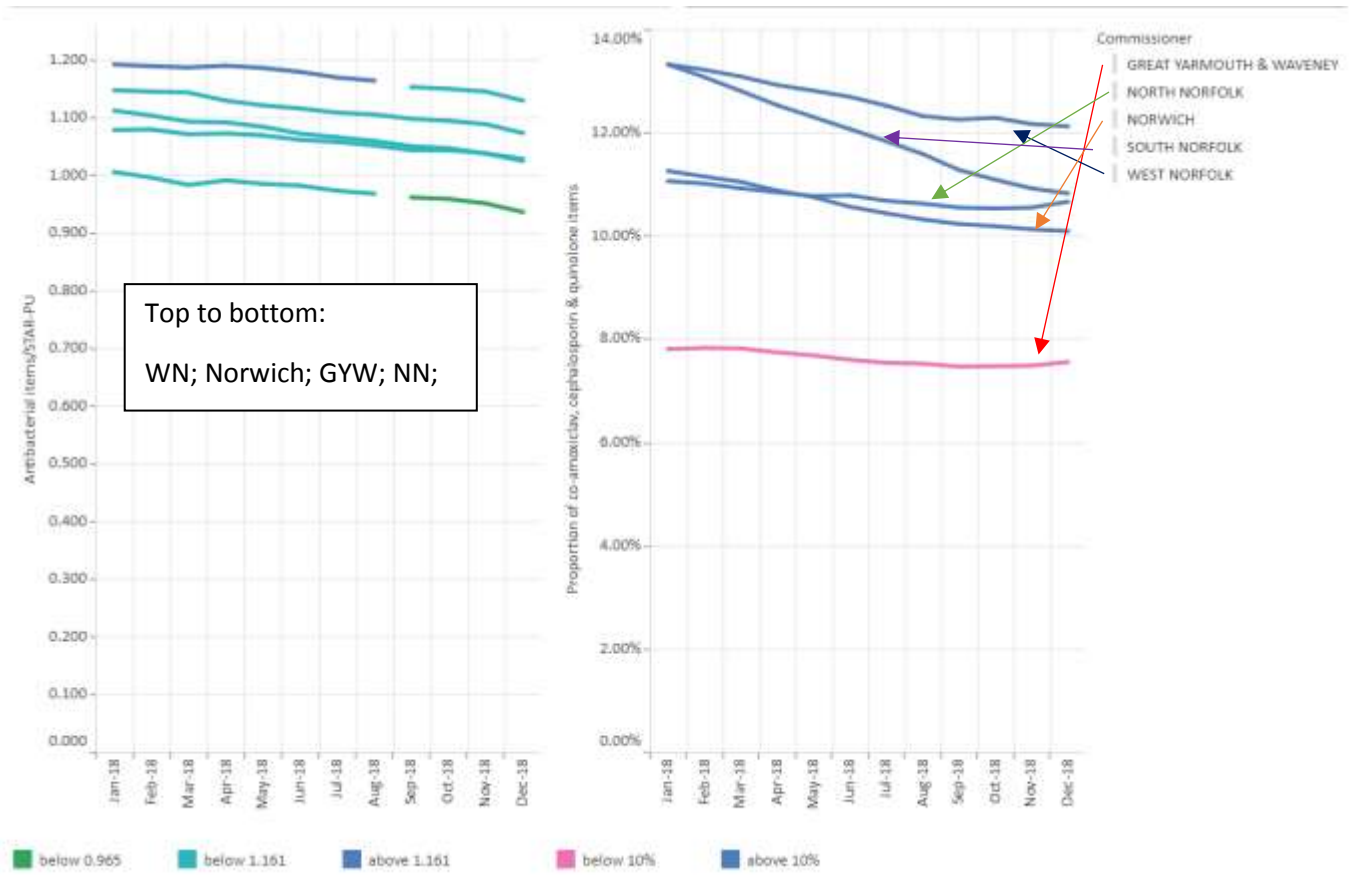
Antibacterial items/STAR-PU



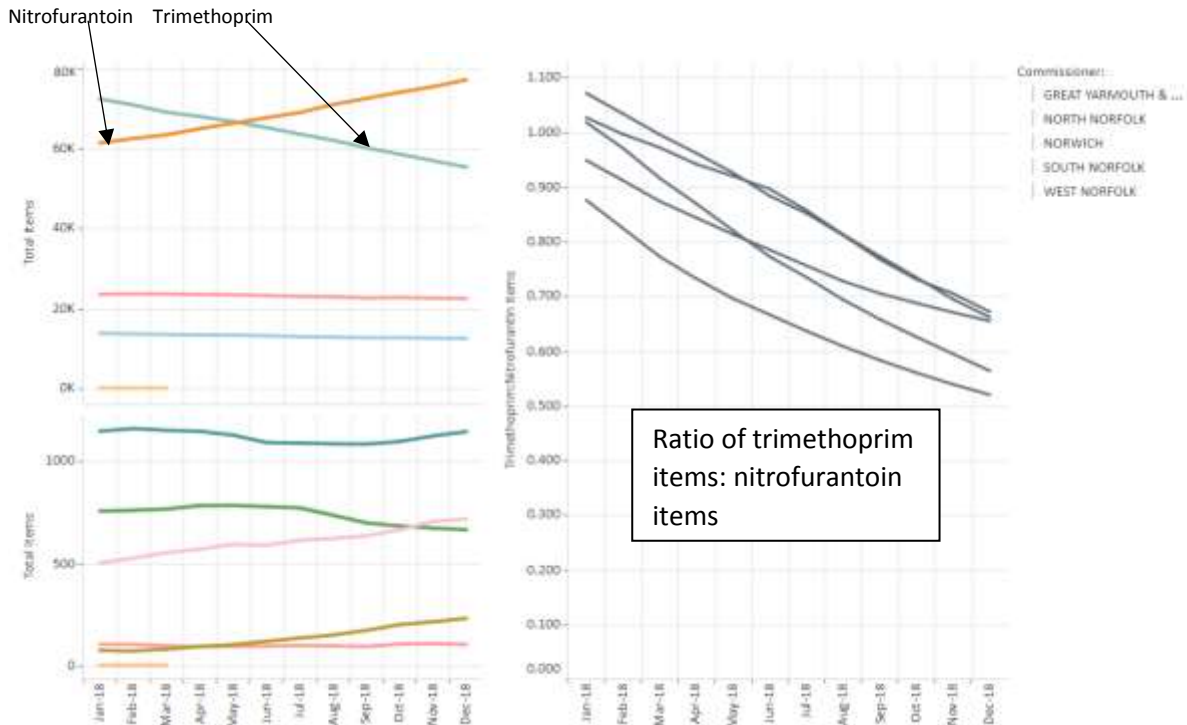
Proportion of co-amoxiclav, cephalosporin & quinolone items :



TREND LAST 12 MONTHS



This year there was a switch from trimethoprim to nitrofurantoin for the management of urinary tract infections. All 5 CCGs showed a high degree of concordance with this new public health recommendation.



The above are three elements of the CCG Quality Premium scheme. Work continues with practices that have not met target as there is variation within CCGs.

Scriptswitch®

AGEM CSU pro-actively manage the Scriptswitch® profile for the four Norfolk CCGs. The uptake by practices of this prescribing support software is actively being encouraged. This year has seen more practices sign up with the aim of achieving 100%.

Scriptswitch costs 27p per patient on practice list size and current return on investment is:

WN £4.96 NN £8.34 SN £4.67 Norwich £6.45

Return on investment (ROI) varies across the year depending on:

- Practice acceptance/engagement/who uses the system (if practices are engage the offer rate and potential savings decrease with time due to education).
- New practices signing up
- Price changes and concessions*
- Supply issues*

*this may result in changes being suspended or switches deleted which will reduce ROI

The ROI does NOT include savings made as a result of:

- Information cost effective switches
- Items not prescribed as a result of information given e.g. TAG message; NHSE self-care or DLCV
- Safe prescribing e.g. antibiotics, MHRA messages

The offer rate is low 6% < (i.e. there are already learnt behaviours) and acceptance rate is high >40%. These measures compare favourably to national rates which indicate high acceptance of the local profile.

As Scriptswitch is a point of prescribing messaging software we envisage that in the event of severe drug shortages following Brexit this will be one of the most effective ways of keeping prescribers informed of stock situation. It should help minimise time spent amending prescriptions returned from pharmacy/dispensary and improves patient experience.

Primary Care Rebates

AGEM CSU Medicines Optimisation team manage the primary care rebates for the four Norfolk CCGs.

The value of these rebates across the four Norfolk CCGs in 2018/19 is c £1,100,000. Currently there are 14 rebate agreements in place.

Public Health and Specialised Commissioning recharges

AGEM CSU Medicines Optimisation manage the recharging process for the four Norfolk CCGs. These recharges relate to primary care prescribing of drugs that are the responsibility of public health and specialised commissioning. The recharge year to date is £2,737,810. Note that this does not yet include recharges for influenza and pneumococcal vaccine.

PRIMARY CARE ACTIVITY SUMMARY

The medicines optimisation team supports primary care through a range of activities:

- Practice and care home work – hands on polypharmacy reviews; switches; de-prescribing; sharing lessons learnt from prescribing incidents
- Production of resources e.g. formularies; Key message bulletins; prescribing guidance
- Supporting practice teams with data and advice on prescribing priorities
- Engagement with practices: practice champions; prescribing leads; practice visits and working with pharmacists and technicians employed by the practices and through NHS Pharmacy Integration fund
- Manage introduction of new medicines and devices available on FP10
- Manage cost pressures through actively working with providers and commissioners
- Prescribing Quality Schemes
- Working with CCG primary care; finance; transformation; quality and communications teams
- Supporting both CCG and practices with patient complaints
- Rebates and recharges to public health and specialist commissioning



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Cost Pressures 2019/20

NCSO (No Cheaper Supply Obtainable)

The Department of Health Agrees concessionary prices for products that are in short supply and where it has not been possible for community pharmacies to source these products at the Drug Tariff prices.

In addition the NHS price of these products is often increased when they become more widely available.

The Department of Health also use the prices of drugs in Category M of the drug tariff to manage the cost envelope of the community pharmacy contract. This results in price fluctuations that in this financial year has added costs to the primary care prescribing budget.

Examples:

Product	Pack Size	DT price (Feb 19)	Concessi-on price	Increase	% Increase
Risperidone 3mg tablets	60	£1.61	£23.95	£22.34	1388%
Dosulepin 75mg tablets	28	£1.13	£14.24	£13.11	1160%
Ibandronic acid 50mg tablets	28	£7.22	£65.50	£58.28	807%
Naproxen 500mg tablets	28	£1.38	£12.50	£11.12	806%
Naproxen 250mg tablets	28	£0.89	£6.45	£5.56	625%
Telmisartan 40mg tablets	28	£1.06	£7.00	£5.94	560%
Candesartan 8mg tablets	28	£0.77	£4.57	£3.80	494%
Candesartan 16mg tablets	28	£0.81	£4.79	£3.98	491%
Losartan 25mg tablets	28	£0.67	£3.90	£3.23	482%
Naproxen 250mg gastro-resistant tablets	56	£1.99	£9.99	£8.00	402%

Price concessions were granted on 81 drug presentations in February

Cost Pressures for 2018/19 are:

CCG	NCSO – YTD (Dec)	Back into DT at increased costs YTD (Dec)	Increase in Cat M price YTD (Dec)	Projected end of year cost pressure. Total of NCSO and increased tariff prices and change to Cat M prices
North Norfolk	£402,003	£421,044	£181,424	£1,411,187
South Norfolk	£413,912	£418,397	£255,321	£1,537,073
West Norfolk	£395,006	£350,169	£224,437	£1,372,285
Norwich	£414,486	£348,933	£200,771	£1,393,640

We expect these issues with availability and costs of generic drugs will continue into next year and expect the cost pressures to be of a similar magnitude

Liothyronine is a thyroid hormone (T3) which has been used by a small number of patients. It is listed on NHSE's drugs of limited clinical value because of the cost of this drug and the lack of evidence of benefit over levothyroxine which is the mainstay of treatment. The NHS E document did not bar the use of this drug but suggested that it might be of benefit in a small group of patients. A policy has been adopted which defines the potential group and establishes the pathway. Local endocrinologists estimate there could be 10 -15 new patients per year in addition to the patients already receiving this. This is likely to be a conservative estimate.

Liothyronine costs £204 per pack of 28 and a year's treatment is in the region of £5,000pa, treatment would be lifelong.

Therefore the cost pressure would be £50,000 to £75,000 in year 1, £100,000 to £150,000 in year 2 and so on.

DOAC's

DOAC's are direct oral anticoagulants and are an alternative to Warfarin. They are considerably more expensive:

Costs per patient pa are:

Warfarin (Includes monitoring costs) £200

Apixaban £691.30

Edoxaban (Includes Rebate) £455.00

Rivaroxaban £655.20

Dabigatran £816.80

Growth is shown below

CCG	Actual Cost April to Dec 18/19	Cost increase April to Dec 18/19 v 17/18	% growth cost
North Norfolk	£1,279,637	£429,966	50.60%
South Norfolk	£1,291,737	£386,621	42.72%
West Norfolk	£1,146,027	£355,382	44.95%
Norwich	£1,078,917	£281,200	35.25%

The primary medical conditions these drugs are used to treat in primary care are Deep vein thrombosis (DVT), pulmonary embolism (PE) and Atrial Fibrillation (AF). The CCG's are encouraged to identify patients with undiagnosed AF and therefore this growth rate is expected to continue in 2019/20. The medicines management team continue to support the use of the lowest cost in class where clinically appropriate.

Freestyle Libre

NHS E announced that Freestyle Libre, a system to measure interstitial glucose would be made available to 20% of patients with Type 1 diabetes and some patients with Type 2 diabetes who have recurrent hypoglycaemic episodes from April 1st. The CCG's will be top sliced to fund this. We have as yet been unable to ascertain how much funding is being withheld, the clinical criteria or what happens if the cash envelope is exceeded.

Continuous Glucose Monitoring - Pregnancy

NICE have announced that continuous glucose monitoring will be made available for all women with diabetes for the length of the pregnancy and for up to 12 months following birth. The cost of these is in the region of £3,500 per patient pa.

Oral therapy for Type 2 Diabetes

Patients with diabetes are at significant risk of cardiovascular events. Oral therapy is the mainstay of treatment of patients with Type 2 diabetes. Companies marketing drugs for diabetes now have to conduct cardiovascular outcome studies. It has become apparent that newer therapies have better cardiovascular outcome data over one type of an older treatment ie. sulphonylurea preparations. The newer drugs are of course more expensive.

Prevalence is:

	% prevalence of Diabetes (2016-17 QOF data)	Potential cost impact if there is a 10% switch
North Norfolk	7.4%	£104,000
South Norfolk	6.5%	£103,345
West Norfolk	8.38%	£83,435
Norwich	5.22%	£75,600
England	6.7%	

Lymphodema Garments

There has been significant growth in the costs of lymphedema garments with one practitioner in West Norfolk being responsible for £280,000 of prescribing. The medicines management team are working with NCH&C to address this. A joint formulary and pathway have been developed.

Gluten Free Foods

The CCG's have indicated that they do not wish to reinstate the prescribing of gluten free foods. Guidance issued by NHS England states: *The Amendment Regulations reduce much of this variation as they allow only for GF bread and mixes to be prescribed at NHS expense. CCGs may further restrict the prescribing of GF foods by selecting bread only, mixes only or CCGs may choose to end prescribing of GF foods altogether.*

<https://www.england.nhs.uk/wp-content/uploads/2018/11/prescribing-gluten-free-foods-primary-care-guidance-for-ccgs.pdf>

There remains however local pressure since other CCG's do allow prescribing.



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And a bit of good news

Patent expiries 2019/20

Solifenacin expires June 2019

Current spend is approximately £50,000 per CCG per Quarter. The price is likely to reduce by 90% from September giving £90,000 savings per CCG in the next financial year

Insulins Detemir, aspart biphasic and glulisine.

Biosimilars are likely to be launched with an estimated cost savings of approximately 15%. There is some resistance to biosimilar swaps in diabetes so this will take a little longer than would be the case if it were a non-biological drug.

Current spend is between £220,000 to £290,000 per CCG

Dressings

In Norfolk dressings are provided in 2 ways, either through a direct supply model or on prescription. All Norfolk CCG's have a growth below national and North Norfolk, West Norfolk and Norwich will be underspent in 2018/19. The direct supply model is being extended to Nursing and care homes. This will ensure formulary use and reduce waste. We expect minimal growth in 2019/20.

Pregabalin

In 2014 Pfizer made a legal challenge around the expiring patent of their drug Pregabalin trade named Lyrica. This was on the basis that they had a secondary patent for neuropathic pain which had not expired. The company lost, appealed, lost, appealed and finally lost. This delayed in introduction of generics and kept the drug tariff price at the Lyrica brand price. The cost of this to the NHS is estimated at £504 million for England although this is not necessarily the financial benefit the company received.

During part of that court case the company agreed to recompense the NHS if they lost. Since NHS E was not a party to the case they can we believe only act to recoup this money if they are in debt to the CCG's

One CCG has raised an invoice against NHS England for the amount they feel that they are owed.

We have asked, with the CCG finance teams, NHS England eastern region to raise this and agree a process.

Pfizer will no doubt try and reduce any liability.

The sums involved are as follows:

North Norfolk	£3,696,798
South Norfolk	£3,556,838
West Norfolk	£3,715,792
Norwich	£3,373,562
Great Yarmouth and Waveney	£2,831,326

This issue may not be sorted out in the next financial year. The CCG's may not be able to recoup this amount. If the CCG's choose to raise invoices to NHS E they should plan for the possibility that the amount may have to be written off in whole or part.

Medicines optimisation in care homes

Recruitment was complete however one candidate declined for personal reasons. We will be going back out to advert for the remaining post.

All "MOCH" staff are registered on the College of Pharmacy Practice and Education training pathway.

Five priority homes in each of the five CCGs has been identified and contacted. Work with these homes and associated practices has started.

The MOCH is fully integrated with the care home service provided under the core contract. The progress of this piece of work is reported through the Norfolk and Waveney Care Home Steering Group.

2019-20 Primary Care prescribing key activity - (Q4 2018-19 & Q1 2019-20)

- Prescribing Quality Schemes (PQS) for 2019-20 have been drafted and circulated to practice managers for comments.
- Agree funding for PQS and roll out from 1.4.19
- Draft Prescribing PID developed (4 Norfolk CCGs) and draft ideas templates completed and submitted to programme manager(s).
- Review and finalise PID
- Agree prescribing budgets and allocate to practices
- Build data reporting and PQS monitoring
- 60% of annual practice visits for 2019-20 will have been completed by end of April and within these visits the draft PQS is shared and areas for savings identified
- Ongoing work with practices not achieving antibiotic prescribing targets
- Continue to roll out Medicines optimisation in care homes programme
- Embed West Norfolk CCG enhanced support to 5 key practices
- Brexit planning and monitoring impact on stock availability. Aligning with national guidance.