

Report To: Inverclyde Integration Joint Board **Date:** 8 November 2016

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Partnership (HSCP) **Report No:**
IJB/61/2016/MM

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Subject: Update on Prescribing and Medicines Management 2016

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on prescribing and medicines management within Inverclyde Health and Social Care Partnership (HSCP).

2.0 SUMMARY

2.1 Prescribing and medicines management that is safe, clinically effective, cost efficient and patient-centred is essential for health and social care organisations.

2.2 From a financial perspective, prescribing is a complex and unpredictable activity. Development and implementation of initiatives to address current challenges in prescribing and medicines management, support cost efficiency on prescribing budget, while continuing to prioritise safe use of medicines and patient-centred care.

2.3 Inverclyde HSCP has been identified to pilot the new GMS contract model for New Ways of Working. For this pilot, the existing team and additional prescribing support resource have been allocated to all 16 GP practices to test new models of care.

2.4 Additionally, Inverclyde HSCP has been identified as a pilot site for testing community pharmacy New Ways of Working. There is an opportunity for community pharmacy to extend input to treatment of minor ailments and some common clinical conditions.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note and endorse this paper with respect to: -

- Prescribing and medicines management support
- New Ways of Working Prescribing Support
- New Ways of Working Community Pharmacy
- Prescribing expenditure position

4.0 BACKGROUND

- 4.1 Safe, clinically effective, cost efficient and patient-centred prescribing and medicines management are essential for health and social care organisations. Prescribing decisions are made within a complex environment of national and local guidelines and formularies, clinical autonomy, local established practice, new therapies, cost pressures and patient expectation, and from a financial perspective, is a complex and unpredictable activity. Medicines management encompasses the wider use of medicines including community pharmacy activities and medicines use in care homes and social care settings.
- 4.2 The challenge is delivery of safe, clinically effective prescribing and management of medicines, with patient-centred care and cost minimisation, despite the volatility and complexities, by provision of support via medication review, input to staff training, and implementation and monitoring of initiatives such as prescribing indicators.
- 4.3 In 2015, the Scottish Government announced details of funding to recruit pharmacists to work directly with GP practices to support the care of patients with long-term conditions and free up GP time to spend with other patients. Alongside this, Inverclyde HSCP was identified to pilot the new GMS contract model for New Ways of Working. For this pilot, the existing team and additional prescribing support resource have been allocated to all 16 GP practices to test new models of care.
- 4.4 The NHS Community Pharmacy Contract requires all pharmacies in Scotland to provide four core pharmaceutical care services: Minor Ailment Service (MAS), Public Health Service (PHS), Acute Medication Service (AMS) and Chronic Medication Service (CMS). A range of national and locally negotiated additional services are also provided. As part of New Ways of Working, there is an opportunity for community pharmacies in Inverclyde to pilot an extended MAS and provision of treatment for some common clinical conditions.

5.0 PROPOSALS

Prescribing and Medicines Management Support

- 5.1 GP prescribing indicators and measures use prescription data to assess prescribing activity in specified therapeutic areas and provide a comparison across GP practices. These focus the work of prescribing team members supporting improvements in safe, quality and cost effective prescribing via medication review and clinics. This year each GP practice has indicators relating to formulary preferred list blood glucose test strips, preferred list respiratory inhalers, number of patients prescribed > 14 corticosteroid inhalers per year, plus another agreed practice specific indicator. NHSGGC Prescribing Indicators and Measures 2016/17 are shown in Appendix 1.
- 5.2 Cost minimisation is supported by improving formulary compliance, reducing use of unlicensed medicines, identifying and working on specific therapeutic areas of current cost and volume pressure, improving repeat prescribing processes and reducing waste. Current cost pressures include short supply of commonly prescribed drugs leading to price increases; non drug prescribing increases e.g. oral nutritional supplements, and stoma appliances; uptake of new medicines e.g. Novel Oral Anticoagulants (NOACs); and prescribing volume and cost growth, including drugs used in pain management, respiratory disease, and diabetes. Cost per weighted patient comparisons for HSCPs/Localities in NHSGGC and GP practices within Inverclyde HSCP are shown Appendices 2 and 3.
- 5.3 April to July 2016 figures compared to April to July 2015 for prescribing volume and volume growth show the following:

Inverclyde 6,422 items per 1000 weighted patients, growth +0.38%.
NHSGGC 5,832 items per 1000 weighted patients, growth +0.01%.
Scotland 6,091 items per 1000 weighted patients, growth +0.56%.

- 5.4 Training on safe and efficient medicines management and input to processes to minimise waste continues for local Care Homes.
- 5.5 Social care referrals for medication compliance review continue, and social care medicines management is supported via development of a draft HSCP Adult Medication Administration Support Policy with associated training.

New Ways of Working Prescribing Support

- 5.6 Inverclyde HSCP is a pilot site for testing of transformational change to develop a model of efficient, effective, sustainable multidisciplinary team working in primary care. One of the tests of change involves provision of additional prescribing support resource to relieve workload pressures on general practices by using clinical and independent prescribing skills to work directly with GPs to support care of patients with LTCs, and free up GP time. Primary Care Transformation Fund 50% / Prescription for Excellence Fund 50% has funded an additional 8wte Prescribing Support Pharmacists Band 7 and 2wte Prescribing Support Technicians Band 5 to be integrated into GP practices. For this pilot, the existing team and additional prescribing support resource have been allocated to all 16 GP practices to test new models of care.
- 5.7 All 16 GP practices applied for additional prescribing support and their objectives were agreed. Prescribing team resource, including existing and new staff, and GP practice priority objectives, including new ways of working initiatives and general prescribing support, are shown in Appendix 4.
- 5.8 To date, development of objectives are as follows:
- Input to acute requests in 13 practices.
 - Input to medicines reconciliation in 12 practices.
 - Input to management and monitoring of Disease-Modifying Anti-rheumatic Drugs (DMARDs) in 7 practices.
 - Input to management and monitoring of Novel Oral Anticoagulants (NOACs) in 2 practices.
 - Pharmacist run clinics in 10 practices – focus on respiratory, pain and polypharmacy.
 - General Prescribing Support – prescribing indicators, audits, medication queries in 16 practices.
- 5.9 Evaluation of the pilot will be via GP and Prescribing Team audit, GP, staff and patient questionnaires, and an IT extract of Pharmacy Activity. A report is due in March 2017 to inform the new GMS contract model.
- 5.10 A national pilot of electronic prescribing by Pharmacist Independent Prescribers working in GP practices is currently under development, and due to commence in November 2016. Inverclyde Prescribing Support Pharmacists will be closely involved in this work.

New Ways of Working Community Pharmacy

- 5.11 As part of the Scottish Government and HSCP transformational change work for delivery of primary care services, there is an opportunity for community pharmacies in Inverclyde to pilot an extended MAS to all patients registered with an Inverclyde GP practice (except for care home patients) and provide treatment for some common clinical conditions such as uncomplicated urinary tract infection and impetigo. As such, Inverclyde HSCP has been identified as a pilot site for tests of change for community pharmacy New Ways of Working.

- 5.12 Initial engagement with local community pharmacists has been positive and the pilot is now being developed. This will include an update of the local MAS Formulary, and development of Patient Group Directions for some common clinical conditions with associated referral pathways.
- 5.13 This pilot is due to run from January 2017 for a period of 12 months, with an evaluation and production of a report.

Prescribing Expenditure Position

- 5.14 Inverclyde prescribing drug budget expenditure for 2015/16 was £17,397,304 (GIC), which was + £410,471, + 2.42% overspent on budget allocation. The NHSGGC expenditure was £233,064,316 (GIC), which was + £3,592,071, + 1.57% overspent on prescribing budget allocation.
- 5.15 Inverclyde prescribing drug budget allocation for 2016/17 is £17,982,689 (GIC). Prescribing expenditure at July 2016 is £5,992,527, which is + £95,816, + 1.62% overspent on budget allocation. The NHSGGC position at July 2016 is - £168,760, - 0.21% within prescribing budget allocation. A prescribing budget risk sharing agreement across all HSCP/Localities within NHSGGC is in place for 2016/17.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A	Prescribing	2016/17	At July 2016, 2016/17 Inverclyde prescribing expenditure is £5,992,527, which is +£95,816, +1.62% overspent on budget allocation	N/A	At July 2016, 2016/17 NHSGGC prescribing expenditure is -£168,760, - 0.21% within prescribing budget allocation

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

LEGAL

- 6.2 There are no legal issues within this report. Prescribing is undertaken within a complex environment of legal framework, national and Health Board guidance, and professional standards.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.
Medicines are prescribed according to patient need.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

6.6 This report supports delivery of the National Wellbeing Outcomes. Safe, accessible and clinically effective prescribing and medicines management supports people to be able to look after and improve their own health and wellbeing and live in good health for longer, and supports people, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Lead Clinical Pharmacist.

8.0 LIST OF BACKGROUND PAPERS

8.1 Appendix 1:
NHSGGC Prescribing Indicators and Measures for 2016/17

8.2 Appendix 2:
NHSGGC HSCPs/Localities Annualised cost per weighted list size

8.3 Appendix 3:
GP Practices in Inverclyde HSCP Cost per weighted patient per quarter (April – June 2016)

8.4 Appendix 4:
Prescribing team resource allocation and GP practice priority objectives

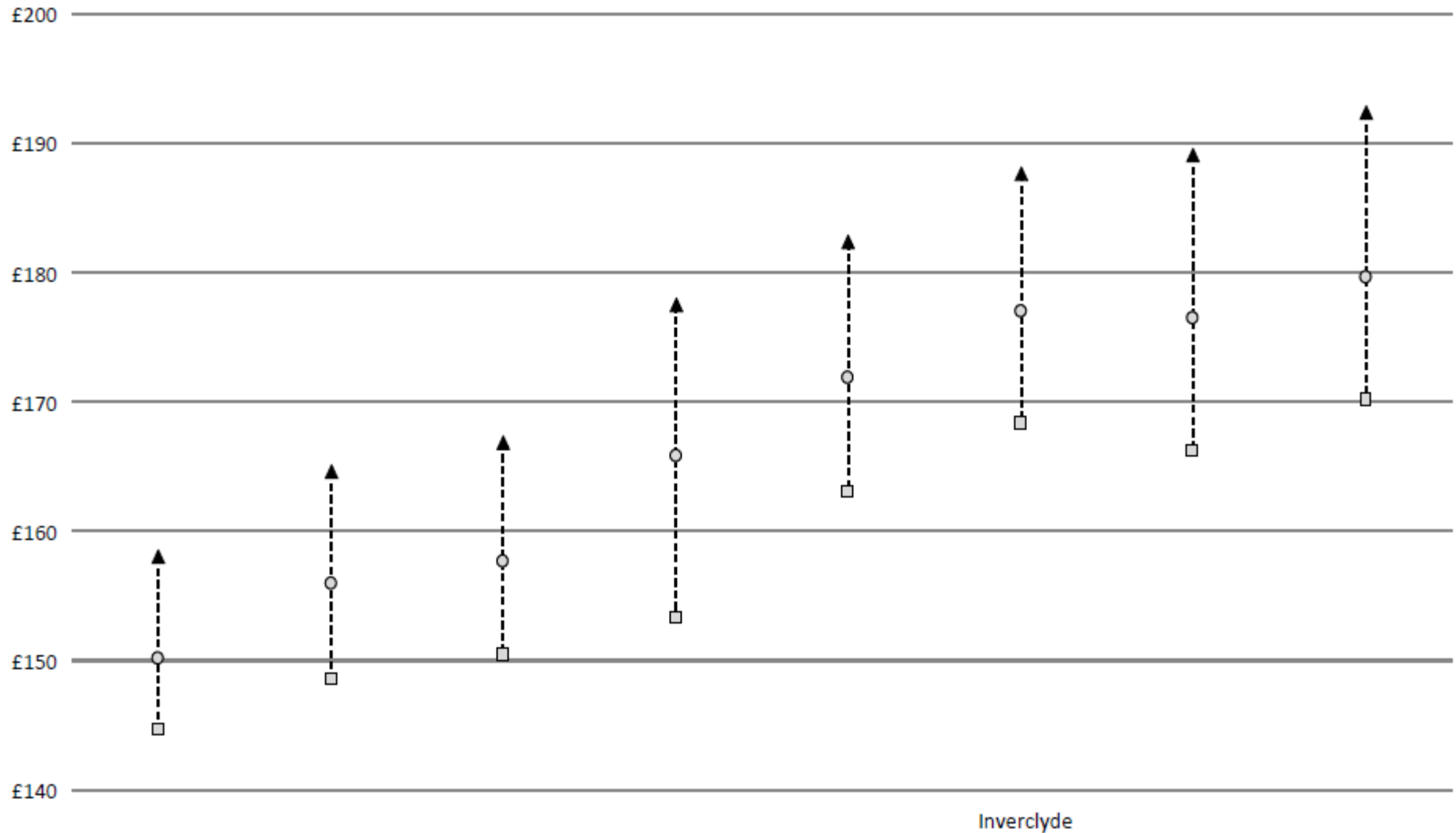
NHSGGC Prescribing Indicators and Measures for 2016/17

	Indicators	Measures
Gastrointestinal	Proton Pump Inhibitors: DDDs per 1,000 weighted LS per day	
Cardiovascular		Oral anticoagulant: number of patients prescribed an antiplatelet also prescribed an oral anticoagulant but without gastroprotection as percentage of all patients prescribed an oral anticoagulant (EFIPPS)
Respiratory	Preferred list Inhalers: Preferred list respiratory inhalers as a percentage of all respiratory inhalers (items)	High Strength Corticosteroid Inhalers: High Strength Corticosteroid Inhalers as a percentage of all corticosteroid inhalers (items)
	Corticosteroid Inhalers (including combination inhalers): number of patients prescribed more than 14 ICS inhalers in a year as a percentage of all patients prescribed ICS inhalers	Under 12 years prescribed high strength corticosteroid inhalers as a percentage of all children prescribed inhaled corticosteroids
	Mucolytics: DDDs per 100 weighted LS per day	Short Acting Beta-Agonist (SABA) Inhalers: number of patients prescribed more than 12 SABA inhalers in a year as a percentage of all patients prescribed SABAs
CNS - psychotropic	Hypnotics and Anxiolytics: DDDs per 1,000 weighted LS per day	Hypnotics and Anxiolytics diazepam 2mg tablets as a percentage of all diazepam tablets (items)
	Antidepressants: DDDs per 1,000 weighted LS per day	Antipsychotic: number of patients aged ≥75 years prescribed antipsychotics (EFIPPS) as percentage of all people aged ≥75 years Antidepressants: number of patients prescribed the same antidepressant long-term (>2 years) as a % of all patients prescribed antidepressants (excluding amitriptyline)
CNS - analgesic	Opioid analgesics: Strong opioids (including tramadol products) DDDs per 1,000 weighted LS per day	Opioid analgesics: number of patients prescribed strong opioids long term (>2 years) as a percentage of all patients prescribed strong opioids
	Opioid analgesics: Step 2 Opioids (other than strong opioids) DDDs per 1,000 weighted LS per day	Opioid analgesics: number of patients prescribed average daily dose of opioid equivalent to ≥ 120mg per day of morphine as a percentage of all patients prescribed step 2 and strong opioids
		Opioid analgesics: Morphine as a percentage of all morphine, oxycodone, fentanyl, tapentadol, and hydromorphone prescribed (DDD)
	Gabapentanoids: pregabalin and gabapentin DDDs per 1,000 weighted LS per day	Gabapentanoids: number of patients prescribed > 1 DDD per day of gabapentanoid as a percentage of all patients prescribed a gabapentanoids (6 months)

Antimuscarinics/ Anticholinergics	Antimuscarinics: Drugs for urinary frequency, enuresis, and incontinence(BNF 4.7.2 excluding duloxetine and mirabegron) DDDs per 1,000 weighted LS per day	Anticholinergics: number of patients aged ≥ 75 dispensed > 10 items of strong or very strong anticholinergics (mARS 3&2) in 12 months as a percentage of people aged ≥ 75 years
Antibiotics	Antibiotics: Total antibiotic script items per 1,000 LS per day	Antibiotics: number of patients >4 antibiotics per 1,000 LS per 100 days
	Antibiotics: 4C antibiotics script items per 1,000 LS per 100 days	Antibiotics: number of adult women prescribed a 3-day course of acute UTI antibiotics as a percentage of all adult women prescribed acute UTI antibiotics
Drugs for Diabetes	Antidiabetic Drugs: Metformin as percentage of all anti-diabetic drugs (DDD's)	SMBG: average cost per 50 blood glucose test strips (quantity)
		SMBG: number of patients prescribed insulin not prescribed blood glucose test strips as a percentage of patients prescribed insulin
	SMBG: Preferred list blood glucose test strips as a percentage of all blood glucose test strips (items)	SMBG: number of patients prescribed blood glucose test strips who are not prescribed treatments for diabetes (insulins and/or antidiabetic drugs) or are only prescribed metformin as a percentage of all patients prescribed blood glucose test strips
Musculoskeletal	NSAIDs including Cox-2 inhibitors: DDDs per 1,000 weighted LS per day	NSAID prescribing to patients aged ≥ 65 years prescribed an ACE inhibitor/angiotensin receptor blocker and a diuretic (EFIPPS) as a percentage of people aged ≥ 65 years
		NSAID prescribing to patients aged ≥ 75 years without gastroprotection (EFIPPS) as a percentage of people aged ≥ 75 years
	NSAIDs including Cox-2 inhibitors: Ibuprofen and naproxen as a percentage of all NSAIDs (DDD's)	NSAID prescribing to patients aged ≥ 65 years prescribed an antiplatelet without gastroprotection (EFIPPS) as a percentage of people aged ≥ 65 years
		NSAID prescription to patients prescribed an oral anticoagulant without gastroprotection (EFIPPS) as a percentage of patients prescribed an oral anticoagulant
Wound Management	Antimicrobial Wound Products: Antimicrobial wound products as percentage of total wound products (items)	
New Medicines		Black triangle meds as a percentage of all meds from BNF chapters 1-7 & 9-13 (items)
LS – List Size		EFIPPS - Effective Feedback to Improve Primary care Prescribing Safety Tx – Treated

NHS GG&C HSCP/Sectors

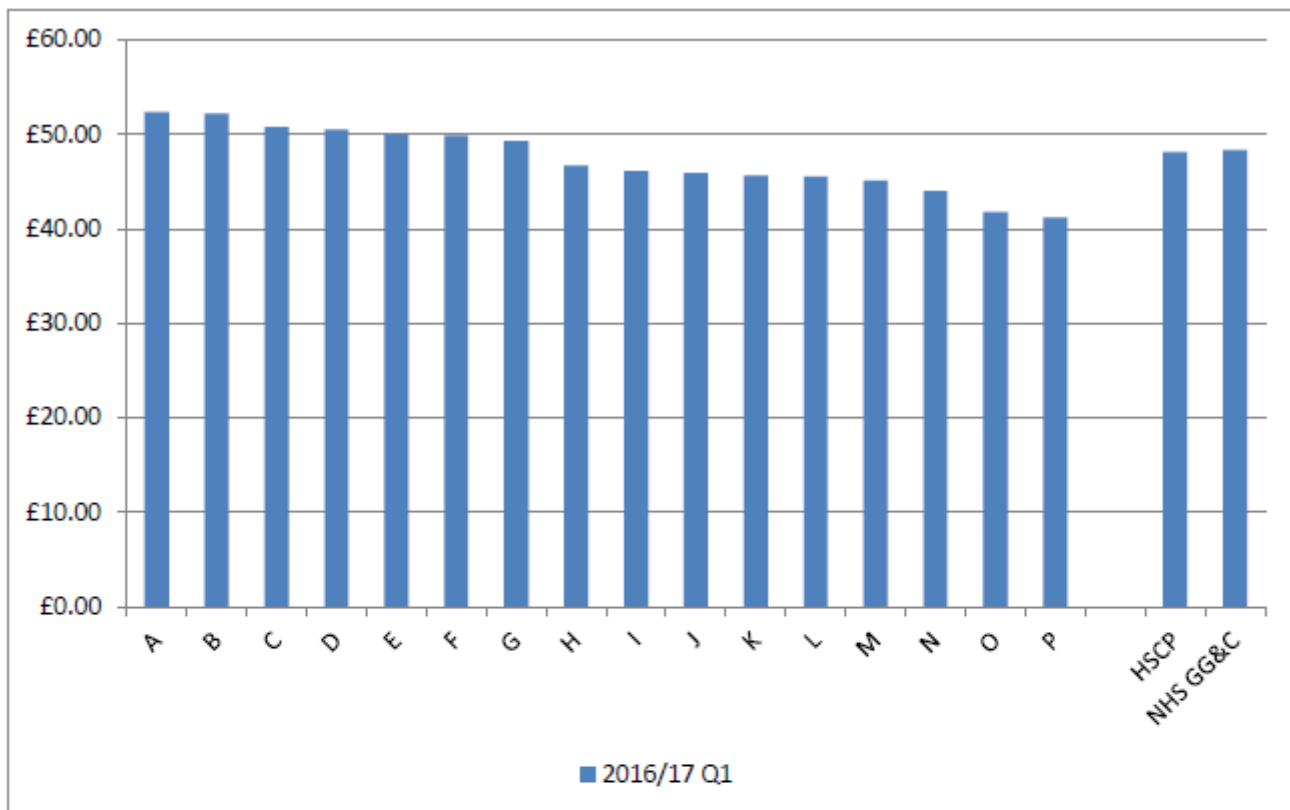
Annualised cost per weighted list size



□ June 2014 ○ June 2015 ▲ June 2016

GP Practices in Inverclyde HSCP

Cost per weighted patient per quarter (April - June 2016)



	2016/17 Q1
A	£52.34
B	£52.20
C	£50.77
D	£50.48
E	£50.01
F	£49.88
G	£49.27
H	£46.67
I	£46.11
J	£45.88
K	£45.63
L	£45.52
M	£45.12
N	£44.01
O	£41.77
P	£41.20
HSCP	£48.11
NHS GG&C	£48.36

Prescribing Team Resource Allocation and GP Practice Priority Objectives

Prescribing Team Resource Allocation and GP Practice Priority Objectives

Practice	PSP 8a	PSP 7	PST	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
1	0.2	0.4 0.3	0.2	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Respiratory	Community Pharmacy liaison re Waste, Rx Management and Minor Ailments	Prescribing Support Indicators / Audits / Queries
2	0.2	0.5	0.3	Input to Medicines Reconciliation	Input to Acute / Special Requests focus on Analgesics and Benzodiazepines	Pharmacist Clinic (with IP if possible) Analgesics and Benzodiazepines	Pharmacist Clinic (with IP if possible) COPD/Respiratory	Prescribing Support Indicators / Audits / Queries
3	0.32	0.5 0.3	0.5	Input to Acute / Special Requests	Management and monitoring of DMARDS and NOACs	Input to Medicines Reconciliation (initial focus on Medical IDLs)	Pharmacist Polypharmacy Clinic (with IP if possible) (incorporating Pain and Respiratory)	Prescribing Support Indicators / Audits / Queries
4	0.2	0.3	0.2	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Pain	Pharmacist Clinic (with IP if possible) Respiratory	Prescribing Support Indicators / Audits / Queries
5	0.24	0.7	0.5	Input to Acute / Special Requests	Input to Medicines Reconciliation	Medication review of new patients with nurse	Pharmacist Polypharmacy Clinic with IP	Prescribing Support Indicators / Audits / Queries
6	0.21	0.5	0.2	Pharmacist Polypharmacy Clinic with IP	Input to Acute / Special Request	Input to Medicines Reconciliation		Prescribing Support Indicators / Audits / Queries
7	0.2	0.5	0.2	Input to Acute / Special Requests	Management and Monitoring of DMARDS	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Polypharmacy / Respiratory	Prescribing Support Indicators / Audits / Queries
8	0.2	0.5	0.2	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) COPD	Pharmacist Clinic (with IP if possible) Learning Disability	Prescribing Support Indicators / Audits / Queries
9	0.2	0.2	0.1	Pharmacist Polypharmacy Clinic with IP	Input to Medicines Reconciliation	Input to Acute/Special Requests		Prescribing Support Indicators / Audits / Queries
10	0.2	0.3	0.1	Input to Acute / Special Requests	Input to Medicines Reconciliation	Pharmacist Clinic Analgesics / DMARDS		Prescribing Support Indicators / Audits / Queries
11	0.2	0.3	0.1	Input to Acute / Special Requests	Pharmacist Clinic (with IP if possible) Follow up to acute req /high risk meds/analgesics	Input to Medicines Reconciliation e.g. queries on Medical IDLs	Input to Polypharmacy medication reviews	Prescribing Support Indicators / Audits / Queries
12	0.2	0.2	0.1	Input to Medicines Reconciliation	Input to Acute / Special Requests	Pharmacist Clinic (with IP if possible) Polypharmacy/Respiratory poss joint PN clinic		Prescribing Support Indicators / Audits / Queries
13	0.2	0.5 0.2	0.2	Input to Acute / Special Requests focus on DMARDS and Step 2 Opioids	Input to Medicines Reconciliation	Pharmacist Clinic with IP Respiratory	Technician Patient Education	Prescribing Support Indicators / Audits / Queries
14	0.2	0.5	0.2	Input to Medicines Reconciliation	Input to Acute / Special Requests	Pharmacist Polypharmacy Clinic with IP	Pharmacist Medication Advice Clinic	Prescribing Support Indicators / Audits / Queries
15	0.2	0.3 0.4	0.2	Management and Monitoring of DMARDS and other NPT LES meds	Input to Medicines Reconciliation	Pharmacist Clinic (with IP if possible) Respiratory	Pharmacist Clinic (with IP if possible) Polypharmacy / Pain	Prescribing Support Indicators / Audits / Queries
16	0.63	0.6	0.6	Input to Acute / Special Requests	Management and monitoring of DMARDS	Input to Medicines Reconciliation	Pharmacist Clinics (with IP if possible) Pain and Respiratory	Prescribing Support Indicators / Audits / Queries
	3.8	8	3.9					
PSP 8a Post MI LVSD	0.2							
PST 6 Admin/Training			0.1					
	4	8	4					