NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Joint commissioning committee meeting 04.04.17

Title of Report:	**Medicines Optimisation QIPP 2017/18**
Report of:	David Birch, Head of Medicines Optimisation
Contact:	David Birch, Hemant Patel
Commissioning Committee Action Required:	☒ **Decision** ☐ **Assurance**
Purpose of Report:	Approve the amendments to the Quality Prescribing Scheme for 2017/18. The changes include the increase in overall funds within the Quality Prescribing scheme. Commit additional funds to Primary Care Medicines Team for additional respiratory medication reviews. These have all been endorsed and recommended by the Modernisation and Medicines Optimisation Programme Board.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	Providing assurances medicines are being prescribed both safely and cost effectively in order to improve patient outcomes and achieve required efficiencies for the CCG.
Relevance to Board Assurance Framework (BAF):	
• **Domain 1:** A Well Led Organisation	The scheme is linked to indicators of good prescribing. Achievement of this reflects on the CCG leadership.

• **Domain 2a:** Performance – delivery of commitments and improved outcomes	The incentive scheme is designed to maintain and improve quality, and ensures better outcomes for patients.
• **Domain 2b:** Quality (Improved Outcomes)	The incentive scheme helps to achieve progress in delivering key mandated requirements around reduction of antimicrobial resistance.
• **Domain 3:** Financial Management	The incentive scheme supports the CCG in achieving good financial management of the prescribing budget.
• **Domain 4:** Planning (Long Term and Short Term)	The incentive scheme supports the medicines optimisation annual operational plans.
• **Domain 5:** Delegated Functions	

1. BACKGROUND AND CURRENT SITUATION

1.1 The CCG Medicines Optimisation Team wishes to continue to offer a prescribing incentive scheme to its GP practices for 2017/18 and seeks approval to progress.

2 MAIN BODY OF REPORT

2.1 Current Situation

The CCG has historically offered a GP Quality Incentive Scheme to support the QIPP agenda. The Medicines Optimisation Team is proposing to offer this service again. The proposed service specification for 2017/18 is attached.

2.2 Potential Payment of scheme

Payments are made based on population of 270,000. Current budget for 2016/17 is £250k. It is proposed to increase this amount to £450K to incentivise an increased number of individual components within this year's scheme. The extra funding is to be re-allocated directly from the Prescribing Budget. Successful achievement of the scheme will release savings from the prescribing budget which will fund this scheme. This approach was agreed in principle by a group consisting of the CCG chair, GP prescribing lead and locality leads in 2015/16. Payment would only be made on the respective surgery achieving the targets.

	Proposed payment per 1000 patients	100% achievement by all practices would require the following budget	Potential savings if implemented fully
PART 1: Antibiotic prescribing	**£400**	£108,000	£44,797
PART 2a: Antibiotic prescribing for UTI in primary care. Ratio of trimethoprim to nitrofurantoin prescribing	**£150**	£40,500	0
PART 2b: Antibiotic prescribing for UTI in primary care. Number of items prescribed for trimethoprim	**£150**	£40,500	0
PART 3: Hypnotics optimisation	**£125**	£33,750	£16,967
PART 4: NSAIDs	**£100**	£27,000	£44,337
Parts 1 to 4 = £249,750.			
PART 5: Low cost Blood Glucose Testing Strips	**£150**	£40,500	£127, 275
Part 6: Lower cost branded buprenorphine patches	**£125**	£33,750	£175,000
Part 7 : Diabetic pen needles	**£125**	£33,750	£39,803
Part 8: Lower cost branded tiotropium inhalers	**£200**	£54,000	£82,861
Part 9: Brand prescribing of inhalers	**£125**	£33,750	£200,000
Parts 5 to 9 = £195,750.			
Total	£1,650	£445,500	£603,766

2.3 It should be noted savings from the certain items are not accounted for, such as Quality Premium payments. The patient benefits and potential harm avoidance from lower use of hypnotics and NSAIDs as well as the long term effects on Antimicrobial resistance with appropriate use of antibiotics.

2.4 It is proposed to commit additional funds to Primary Care Medicines Team for a specialist respiratory pharmacist to provide training and guidance to primary care colleagues including PCMT to conduct respiratory medication reviews with the aim of reducing the overall cost per inhaler for inhaled corticosteroids and combinations. In addition this specialist respiratory pharmacist would be expected to undertake complex respiratory reviews.

An investment of an additional £40K (0.6FTE Band 8b) would be required to support this piece of work. Analysis of current prescribing indicates if implemented this programme of work would result in an annual saving of 220K. The work would primarily be focused on the use of cost effective inhalers and stepping down treatment where deemed clinically appropriate. Over the past few years there has been a steady increase in the number of treatments available for those with Asthma or COPD. In addition the loss of patent on standard inhaler treatments has led to the introduction of cost effective alternatives over the past 12 to 18 months. It is important cost-effectiveness of treatments is considered when prescribing for COPD or asthma. However it's vitally important to ensure that when a patient is first prescribed an inhaler they are shown how to use it, they can demonstrate that they are able to use it and ensure inhaler technique is assessed on a regular basis to ensure correct on-going technique. PCMT will raise awareness of available options for patients and stress the importance of checking Inhaler technique to support wider initiatives to reduce hospital admission.

Inhaled corticosteroids (ICS) are the first-choice regular preventer therapy for adults and children with asthma for achieving overall treatment goals. To minimise side effects from ICS in people with asthma, the BTS/SIGN guideline on the management of asthma recommends that the dose of ICS should be titrated to the lowest dose at which effective control of asthma is maintained.

3 CLINICAL VIEW

3.1. The indicators have been endorsed by the GP Prescribing lead. Each of the indicators has an aim to improve the quality of prescribing.

4. PATIENT AND PUBLIC VIEW

4.1 **Nil**

5. RISKS AND IMPLICATIONS

Key Risks

Risks relate to non-approval.

5.1 Risks of poor prescribing performance.

5.2. Risk of non-achievement of the CCG Quality premium.

5.3. Risk of non-achievement of QIPP savings plan.

5.4 Risk of poor control of prescribing budget in future years

Financial and Resource Implications

5.5 An Annual budget of £445,500 is proposed for this year for the GP Quality Prescribing Scheme and an additional budget of £40,000 is proposed for the Primary Care Medicines Team.

Quality and Safety Implications

5.6 Nil

Equality Implications

5.7 Nil

Medicines Management Implications

5.8 As per report

Legal and Policy Implications

5.9 Nil

6 RECOMMENDATIONS

- **Approve** the revised incentive specification (Quality Prescribing Scheme Service Specification).
- **Approve** the increase in budget for the Quality Prescribing Scheme Service Specification
- **Approve** the additional investment in a specialist respiratory pharmacist
- **Note** the possible impact on the CCG Quality Premium.
- Request CCG contracting team to offer the revised contract to practices alongside other enhanced services.

Name **David Birch**
Job Title **Head of medicines optimisation**
Date: **16.03.2017**

ATTACHED:

(Attached items :)

RELEVANT BACKGROUND PAPERS

(Including national/CCG policies and frameworks)

1) Proposed Service Specification - Quality Prescribing Scheme Service Specification
2) Detail Work plan document
3) Data Source reference document

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View -		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Medicines Management Implications discussed with Medicines Management team	**As per report**	
Equality Implications discussed with CSU Equality and Inclusion Service	**n/a**	
Information Governance implications discussed with IG Support Officer	**n/a**	
Legal/ Policy implications discussed with Corporate Operations Manager	**n/a**	
Signed off by Report Owner (Must be completed)	**David Birch**	**16.03.2017**