NHS
Wolverhampton
Clinical Commissioning Group

Wolverhampton CCG Medicines Optimisation Work plan 2017/18

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Wolverhampton CCG Medicines Optimisation Work plan 2017/18

Overall Outcomes

Through our medicines optimisation work programme we aim to:

- Improve patient safety
- Improve cost-effective prescribing
- Support patients to get maximum benefit from their medicines

Patient Safety

Eclipse

The CCG will continue to pay the license for Eclipse Live. Eclipse Live improves patient safety by analysing prescribing and patient data to:

- Identify patients at risk from their medicines
- Assist in the management of chronic disease

The tool will be used by GP practices and the Primary care Medicines Team (PCMT)

Drug Alerts

The PCMT will continue to support practices where action is required in the event of a MHRA Drug Alerts. The CCG will explore the use of new functionality within GP clinical systems to further support practices.

Antibiotic Use

Antibiotic resistance poses a significant threat to public health, especially because antibiotics underpin routine medical practice. To help prevent the development of resistance, it is important to only prescribe antibiotics when they are necessary; not for self-limiting, mild infections such as colds and most coughs, sinusitis, earache and sore throats.
Public Health England (PHE) guidance recommends that simple generic antibiotics should be used if possible when antibiotics are necessary. Broad-spectrum antibiotics (for example, co-amoxiclav, quinolones and cephalosporins) should be avoided when narrow spectrum antibiotics remain effective because they increase the risk of methicillin resistant Staphylococcus aureus (MRSA), Clostridium difficile and resistant urinary tract infections.

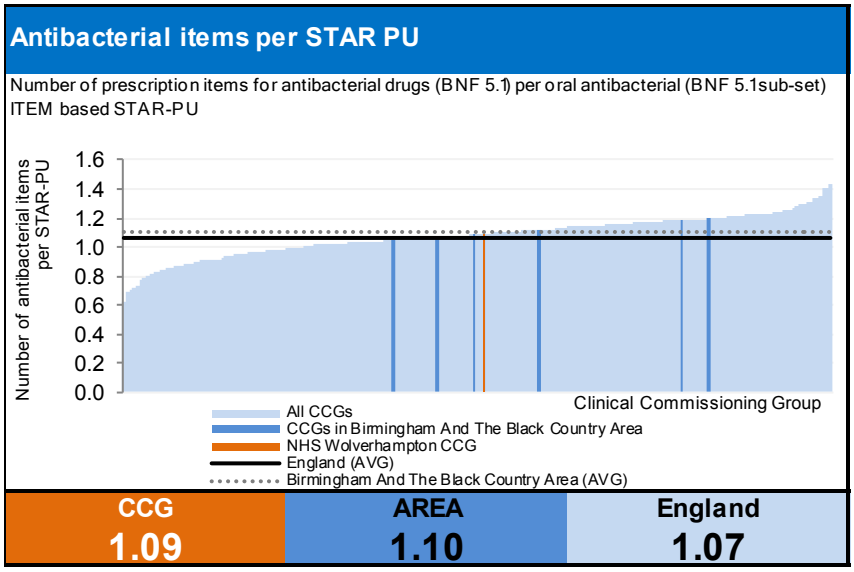
This year's Quality premium includes the requirement to reduce or maintain the number of items prescribed for trimethoprim in primary care. The CCG will need to reduce the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16) for 2017/18 by 10%. In addition the CCG will need to reduce or maintain prescribing below a specific ratio of trimethoprim to nitrofurantoin prescribing for UTI in primary care.

The required performance in 2017/18 - the ratio of trimethoprim to nitrofurantoin prescribing to be below 1.580 (based on CCG baseline data (June15-May16) for 2017/18

Therefore the team will continue to:

- Review and audit, if appropriate, revise current prescribing practice and use implementation techniques to ensure prescribing is in line with PHE guidance.
- Review the total volume of antibiotic prescribing against local and national data.

Current position (NHSE MO Dashboard)



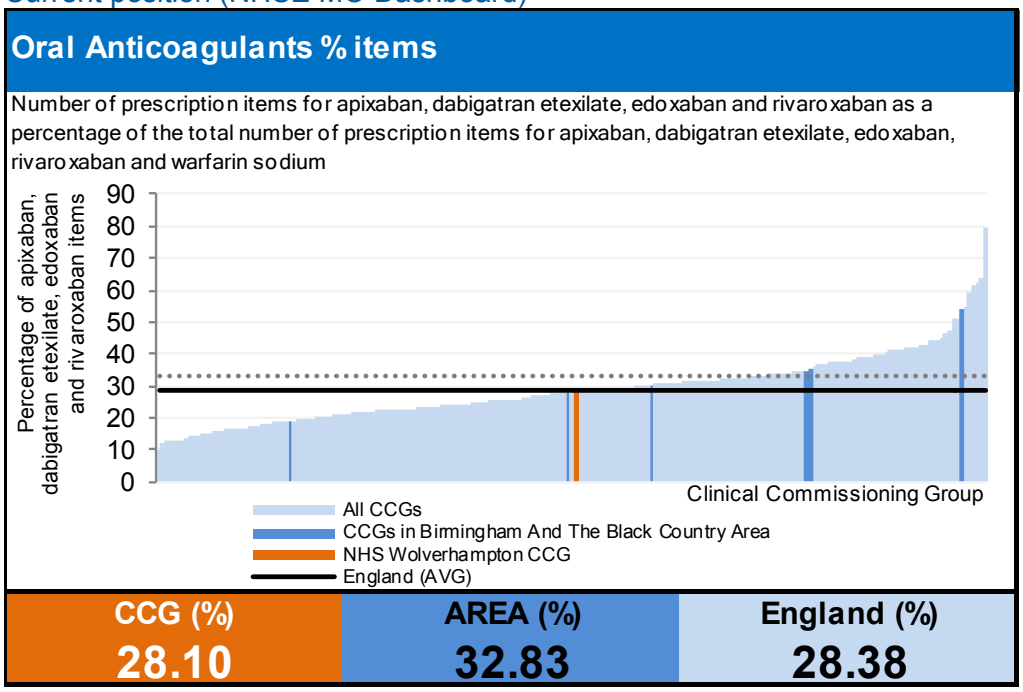
Medicines Commissioning

Primary Care Prescribing

Through the actions of the CCG Formulary Subgroup the Medicines Optimisation team will continue to:

- Review, discuss and action formulary decisions on behalf of local commissioners.
- Identify patient safety with regard to medicines and recommend action to address risks.
- Seek to harmonise with other local health economy formularies
- Seek to make best use of medicines within the available budget e.g. New Oral Anticoagulants

Current position (NHSE MO Dashboard)



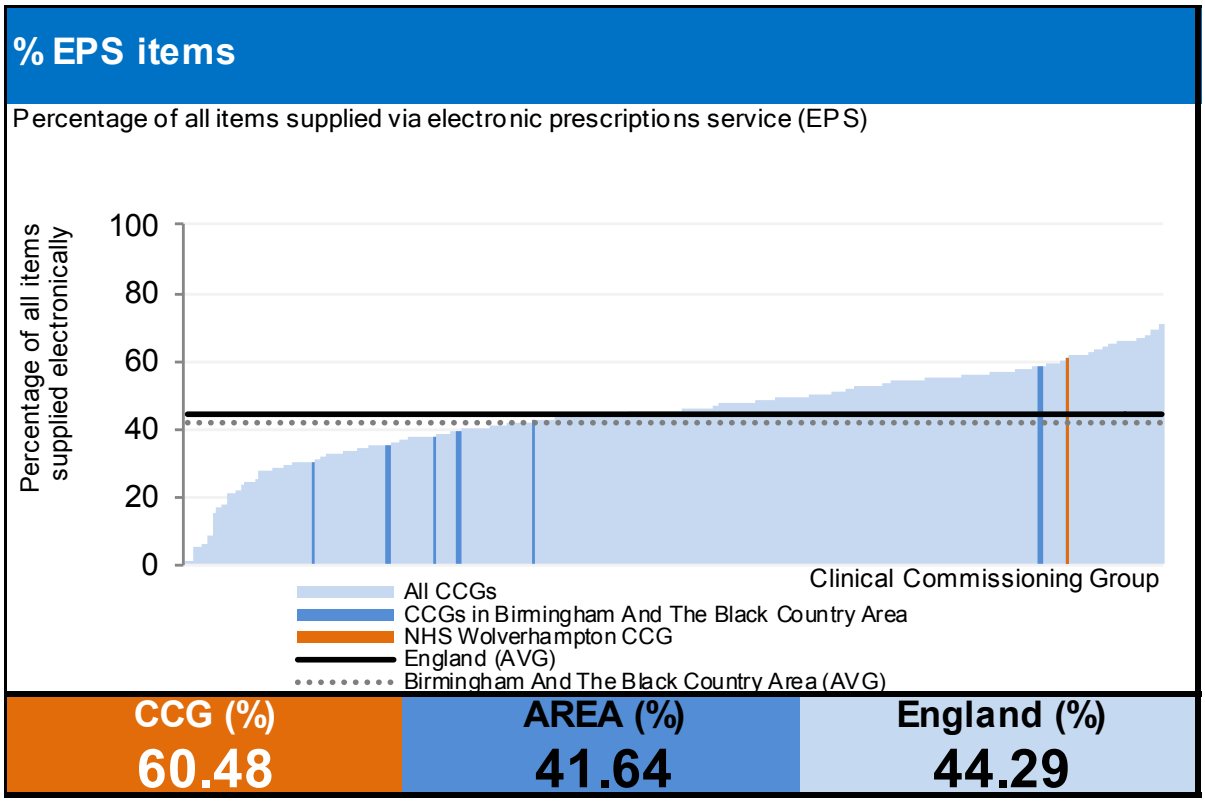
Secondary Care Prescribing

Through close working with the CCG Contracting and Finance Teams the Medicines Optimisation Team will continue to review Royal Wolverhampton Trust (RWT) business cases and NICE implementation plans and advise accordingly.
Use of the Quality Matters reporting system will allow monitoring of adherence to the commissioning for medicines quality aspects of the RWT and Black Country Partnership (BCP) contracts.

The PCMT will use an audit approach to improve the quality in transfer of information at admission and discharge from secondary care to ensure all communication is prompt and understandable to all.

EPS

The PCMT will seek to support full implementation of electronic transfer of prescriptions allowing improved patient access to their treatments.
Current position (NHSE MO Dashboard)



Medicines Governance

There will be a continuation of the process to incorporate of medicines optimisation within service specification requirements within contracts issued to NHS, Private and Independent health and care providers, including clear lines of accountability for the governance of medicines through the update of robust terms and schedules. In addition the Medicines Optimisation Team will continue to provide oversight of service provider protocols and sign off accordingly.

QIPP (Savings are reported via monthly reporting process)

The savings will be reported on a single line however the work streams are as shown below and will be expanded upon in this document:-

Work Stream	QIPP target 2017/18
Rebates -	£150,000
Script Switch	£350,000
Nutrition Support Service	£150,000
PCMT Work plan	£1,180,000 (plus an additional 220k dependent upon additional investment)
Total	£1,830,000 (increases to £2,050,000 with additional investment)

The PCMT will be working extensively to reduce the cost of prescribing in the following areas:

Area of work	QIPP savings in plan (,000)
Polypharmacy Reviews	662
Blood glucose testing strips- formulary products	2
Diabetes needles- formulary products	2
Gluten Free prescribing- staple foods	11
Oxycodone- lower cost branded products	25
Emollients- cost effective products	5
Lipid modifying drugs (exc statins)	10
Infant formula milks- formulary products	2
Inhalers- Inhaled Corticosteroids (cost effectiveness & Step down) *	220
Inhalers- cost effective tiotropium	80
Buprenorphine patches- cost effective brands	120
Antibiotics (azithromycin, fosfomycin)	5
Branded generics (including NP8)	50
Ocular lubricants- cost effective products	5
Proton pump inhibitor step down	1
Quetiapine -cost effective MR brands	10
Pharmaceutical specials- appropriate prescribing	90
Care home reviews	100
TOTAL	**1400**

*Additional investment required

Polypharmacy Reviews

Polypharmacy is a term that refers to either the prescribing or taking of many medicines. Concerns about the risks of polypharmacy are growing, supported by evidence which associates polypharmacy with increased adverse drug events, hospital admissions, increased healthcare costs and non-adherence. Polypharmacy reviews will be undertaken

using a patient-centred approach which combines both clinical and patient perspective in order to reduce polypharmacy and undertake deprescribing safely.

The NICE guideline on medicines optimisation recognises that optimising a person's medicines can support the management of long-term health conditions, multimorbidity and polypharmacy. Deprescribing is the complex process needed to ensure the safe and effective withdrawal of inappropriate medicines. Resources have been developed to support healthcare professionals who are reviewing people with polypharmacy to help guide decision-making about the appropriateness of prescribing and deprescribing including STOPP/START and NO TEARS tools.

Blood glucose testing

Wolverhampton has a new Blood Glucose Meter Formulary agreed across primary and secondary care. There are three main meters all have strips costing less than £10 per pot of 50. The PCMT will raise awareness of the updated formulary and encourage practices to adopt these meters for patients requiring a new or replacement meter.

Diabetic needles

Cost effective use of diabetic needles and lancets will be considered which will help offset the higher cost of prescribing under the safer sharps initiative where more costly retractable needles will be prescribed.

Gluten Free Prescribing

Assist patients to adopt a healthy diet by promoting healthier gluten free foods as opposed to luxury items such as chocolate biscuits, cakes, pies and puddings. In addition to this work would continue on recommending the number of units of GF products in line with Coeliac Society recommendations.

Oxycodone

Substantial savings could be achieved if Oxycodone Slow release tablets are prescribed as Longtec® tablets. This brand is currently half the price than the originator brand or if prescribed generically (based on MIMS/Drug Tariff Feb-17 prices).
If strong opioids are required, oral morphine should be the first choice for most patients and is a cost effective choice compared with other stronger opioids, such as fentanyl, buprenorphine and oxycodone, which are considerably more expensive.

Emollients

Evidence from controlled trials for the effectiveness of emollients in treating skin conditions such as eczema is limited, as is evidence comparing efficacy of different emollients. However, there is general agreement amongst clinicians that emollients have a key role in treating dry skin conditions, including eczema and psoriasis. Recommending patients are prescribed cost effective emollients in line with the formulary is a starting point for prescribing. Choice of an emollient needs to be made after discussion with the patient in order to match choice to patient lifestyle and increase compliance. Recommending the first prescription is for a small quantity amount of emollient on an acute prescription to gauge suitability to patient.

Lipid Modifying Drugs

The NICE guideline on lipid modification recommends that bile acid sequestrants, nicotinic acid, fibrates and omega-3 fatty acid compounds should not generally be offered (see the guideline for details). It may be appropriate to use bile acid sequestrants, nicotinic acid or fibrates to treat familial hypercholesterolemia in some circumstances.

The PCMT will review and, if appropriate, optimise prescribing of lipid-modifying drugs including statins, ezetimibe, bile acid sequestrants, fibrates, nicotinic acid, omega-3 fatty acid compounds to ensure it is in line with NICE guidance.

Infant formula

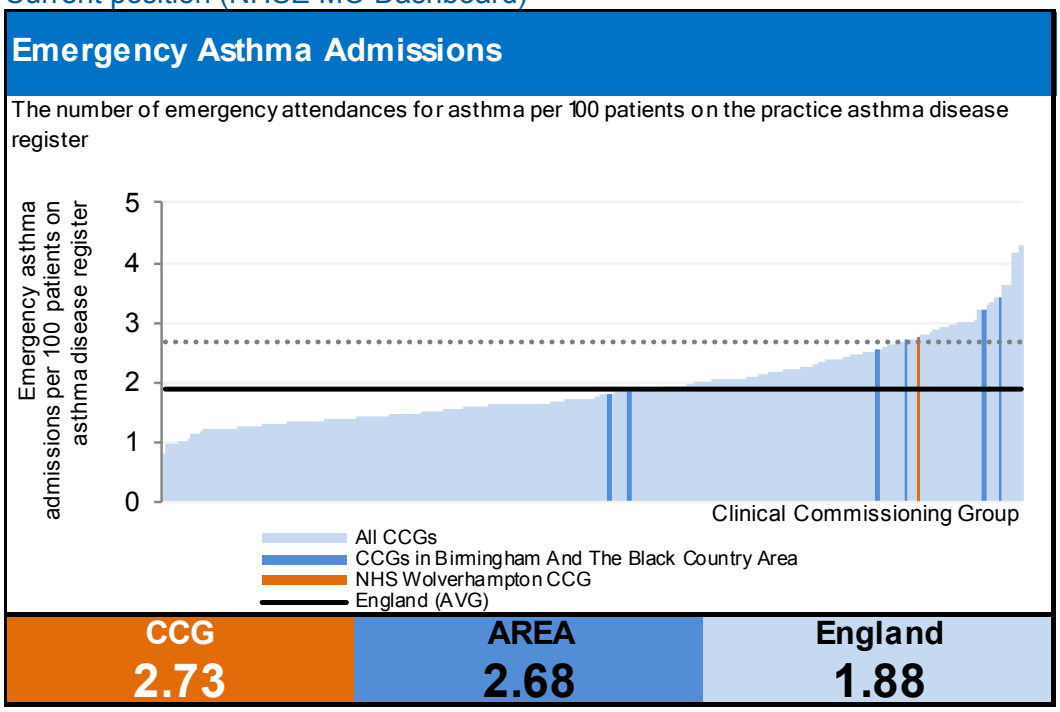
The APC has produced guidance around infant formula milks. Reviews will take place of existing prescribing against the guidance and following a discussion with the patient's parents/carers, inappropriate prescribing of these formulas will cease.

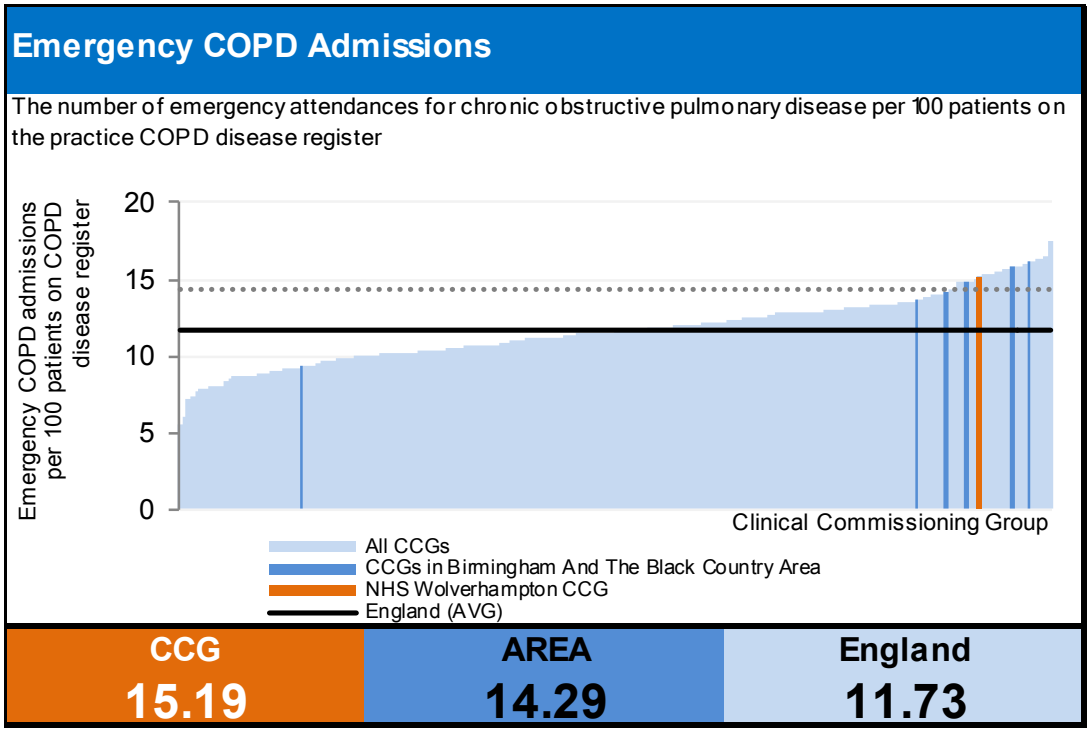
Cost effective inhalers & Step Down

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. To achieve the QIPP savings target in this area will require additional investment in the PCMT to employ a specialist respiratory pharmacist.

Current position (NHSE MO Dashboard)





Buprenorphine patches

Substantial savings could be achieved if buprenorphine 5 mcg, 10 mcg and 20 mcg transdermal patches are prescribed as Butec® or Sevodyne® 5 mcg, 10 mcg and 20 mcg patches respectively. These brands are currently 55% less expensive than generic buprenorphine patches and Butrans® patches (based on MIMS/Drug Tariff Feb-17 prices). If strong opioids are required, oral morphine should be the first choice for most patients and is a cost effective choice compared with other stronger opioids, such as fentanyl, buprenorphine and oxycodone, which are considerably more expensive.

Branded generics (including NP8)

These are generic drugs which are not in section 8 of the Drug Tariff e.g. sodium valproate MR 300mg tablets. Community pharmacies will be reimbursed for the invoice price by the NHSBSA. Historically, there have been some instances where some companies have inflated prices of non-drug tariff products. Regulations do not currently preclude this practice. Attention should be given to prescribing preparations that are included in the part 8 of the drug tariff to ensure cost effectiveness for the NHS. In addition a list of preferred brands for prescribing has been agreed to provide a means of cost control for these products.

Ocular Lubricants

There are many products available for the treatment of dry eyes. Manufacturers of pharmaceutical products have expanded their range of ocular products to include relatively expensive unit dose products. There is a lack of evidence showing that any one product is better than another, so practices should choose to prescribe those with the lowest acquisition cost. Prescribing appropriately in line with the formulary should help for new and existing patients will help maximise efficiencies.

PPI step down

When reviewing a person's treatment, prescribers should consider that whilst generally well-tolerated, there is evidence to suggest that long-term PPI use is associated with an

increased risk of fracture, hypomagnesaemia and possible increased risk of *Clostridium difficile* infection.

Branded MR Quetiapine
Several modified release brands of quetiapine are now available and many are much less expensive than generic quetiapine MR tablets. The CCG has been working to ensure that patients are prescribed a cost effective brand for 2016/17(73% of prescribing). This will continue in 2017/18.

Pharmaceutical Specials
On occasion there are times when a patient is unable to use a licensed formulation of a medicinal product, either due to the correct strength being unavailable, or being unable to take a solid dosage form. In these circumstances an unlicensed medicine (special) is prescribed for which the prescriber takes full responsibility. These are usually obtained from specials manufacturers and are costly. Pharmaceutical specials are a necessity for some patients; however long term there may be other options available or a special may be being prescribed on repeat when it is no longer required. Patients receiving a special should be reviewed to ensure it is still required and that there aren't other more suitable medications available.

Care Home Reviews
The older population are at higher risk from medication errors as this population have a higher level of morbidity and are frequently prescribed more medication as a result. NICE guidance SC1: Managing Medicines in Care Homes, published March 2014, was developed to provide recommendations for good practice on the systems and processes for managing medicines in care homes.
The guidance recommends that GPs should ensure that arrangements have been made for their patients who are residents to have medications reviews. All medication reviews should be linked to the patient's care plan.
Wolverhampton CCG has a commissioned a service from the Primary Care medicines Team that is supported by a local geriatrician to ensure that deprescribing i.e. withdrawal of inappropriate medication is done safely and effectively.

Rebates
Primary Care Rebate Schemes are contractual arrangements initiated by pharmaceutical companies which offer financial rebates on particular branded medicines. Rebate Schemes offer CCGs entry into a retrospective discount agreement with a pharmaceutical manufacturer in order to reduce the expense of prescribing high-cost, branded drugs and also contribute to established NHS efficiency. The CSU manages rebates and provides the governance on behalf of the CCG. QIPP target is £150,000

Scriptswitch (reported quarterly by system supplier)
This is a prescribing decision support tool that works in conjunction with the GP clinical systems to offer tailored medicines optimisation recommendations in accordance with the profile managed by the CSU on behalf of the CCG. It offers the ability to make changes to medication as well as providing patients safety messages at the point of prescribing
Annual cost of license is £80,000 (VAT exempt)
QIPP target for 2017/18 is £350,000

Areas of cost control in addition to QIPP

GP Prescribing Incentive Scheme (Reported via quarterly Quality and Safety Committee reports)

By setting an annual incentive scheme for GPs which as a primary focus of improving quality in prescribing there will be an associated control of costs. The following areas are proposed as an incentive for 2017/18 where the GP practices are asked to maintain or reduce the prescribing in the following areas:

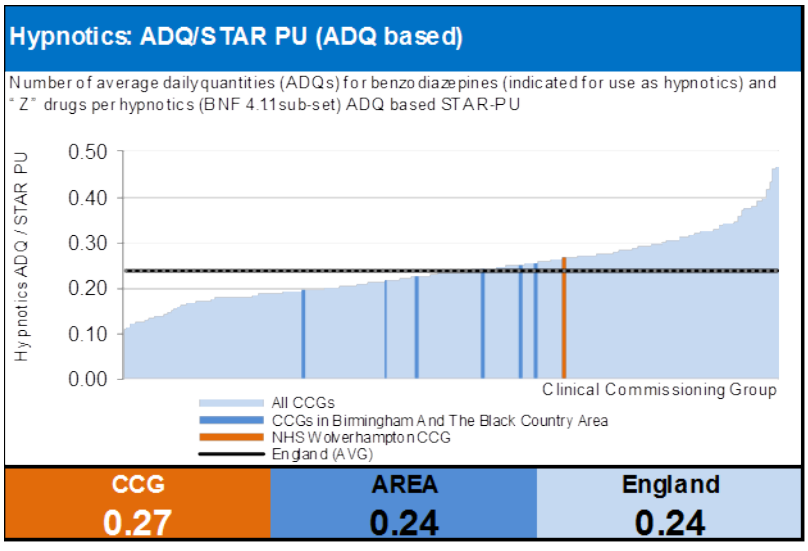
- Antibiotic prescribing rates
- Antibiotic prescribing for UTI in primary care.
- Hypnotic prescribing rates
- NSAID prescribing rate
- Increase the proportion of low cost blood glucose testing strips prescribed
- Lower cost branded buprenorphine patches
- Diabetic pen needles
- Lower cost branded tiotropium inhalers
- Brand prescribing of inhalers except short acting beta agonists

Also GP practices use of Scriptswitch will need to be demonstrated. Awareness of the system benefits will be promoted.

Hypnotic Prescribing Rates

Risks associated with the long-term use of hypnotic drugs have been well recognised for many years. These include falls, accidents, cognitive impairment, dependence and withdrawal symptoms. Benzodiazepine hypnotics should be used only if insomnia is severe, disabling or causing the person extreme distress. The lowest dose that controls symptoms should be used, for a maximum of 4 weeks and intermittently if possible. Prescribing of hypnotics should be reviewed, and if appropriate, revised, to ensure that it is in line with national guidance.

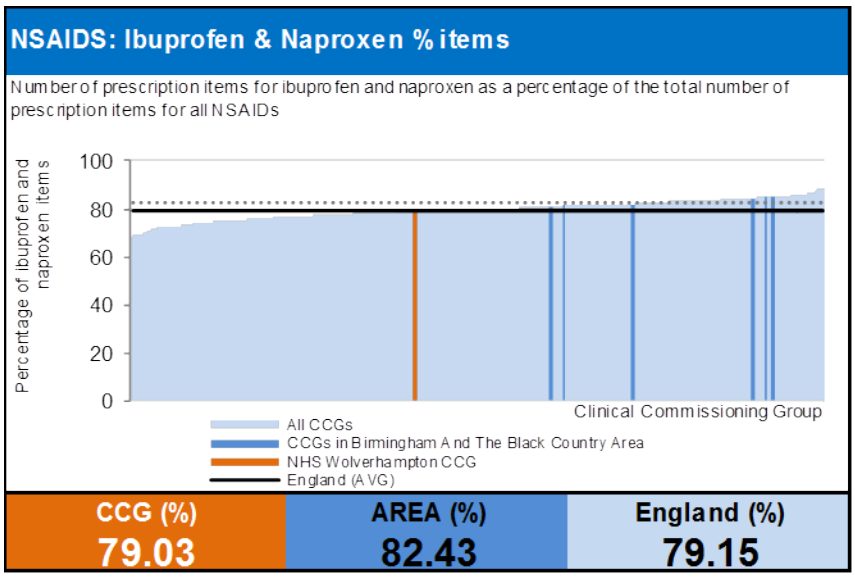
Current position for hypnotics (NHSE MO Dashboard)



NSAIDs

There are long-standing and well-recognised gastrointestinal and renal safety concerns with all NSAIDs. There is also an increased risk of cardiovascular events with many NSAIDs, including COX-2 inhibitors and some traditional NSAIDs. The MHRA recommend that the

lowest effective dose of NSAID should be prescribed for the shortest time necessary for control of symptoms. Prescribing of NSAIDS will be reviewed against the guidance. Where NSAIDs are used ibuprofen and naproxen are considered to have the best safety profile. Current position (NHSE MO Dashboard)



Low cost blood glucose testing strips
Current position for proportion of low cost blood glucose testing strips prescribed is 49%

Lower cost branded buprenorphine patches
Current position for proportion of higher cost patches is 82%

Diabetic pen needles
Current position – Our use of the least costly insulin (less than £6 per 100) disposable needles stands at 30% of all insulin disposable needles.

Lower cost branded tiotropium inhalers
Following the expiry of tiotropium's UK patent, the first lower cost 'equivalent' to Spiriva Handihaler® was launched by Teva under the brand name Braltus®. Also, the price of Spiriva Respimat® (tiotropium aqueous solution for inhalation) dropped substantially in the last year. The target for all practices is to achieve a prescribing rate above 50%.

Oversight of High Cost Drug Prescribing
The CCG has a process for managed introduction of new drugs and operate a joint formulary. High Cost Drugs (HCDs) are substantial parts of CCG spend. The CCGs uses the BlueTeq system for HCDs charged to the CCG. During the first 8 months of 2016/17, 355 individual charges have been queried as these haven't matched against the BlueTeq request or they should have been passed to other commissioners. The CCG will continue to use BlueTeq in 2017/18
The CCG will continue to challenge RWT to provide a rationale for those patients that are overdue a review.

Nutrition (reported via annual report produced by provider)
It is recognised that many patients are prescribed sip feeds inappropriately and require review. NICE have issued guidance around nutrition support in adults (CG32); this should be followed to ensure that patients do not receive oral nutrition inappropriately, and also so that

those patients that do require it receive it. Screening for malnutrition, or the risk of malnutrition, should be carried out by healthcare professionals with appropriate skills and training. The CCG commission a service from RWT that provides the input as outlined above.

QIPP target is £150,000

Timescales

Area of Work	Quarter 1	Quarter 2	Quarter 3	Quarter 4
GP Incentive scheme	Work undertaken by GP practices	Work undertaken by GP practices	Work undertaken by GP practices	Work undertaken by GP practices
Eclipse	Red and amber alerts	On going	On going	On going
Drug Alerts	As published	As published	As published	As published
Polypharmacy review	On going	On going	On going	On going
Care Home reviews	On going	On going	On going	On going
Buprenorphine patches	Work to support GP incentive scheme	Work to support GP incentive scheme		
Ocular lubricants	Ensure compliance with formulary	On going	On going	On going
Non drug tariff products(NP8)	On going	On going	On going	On going
Specials	On going	On going	On going	On going
Infant formula	Practice audits and advice on appropriate products	On going	On going	On going
NSAIDs	Work to support GP incentive scheme	Work to support GP incentive scheme	Work to support GP incentive scheme	Work to support GP incentive scheme
Lipid lowering drugs	Practice audits to check on compliance	Practice audits to check on compliance		
Emollients	Promotion of Zero range of products to improve ScriptSwitch acceptance rates	Promotion of Zero range of products to improve ScriptSwitch acceptance rates	Technician work plan.	Technician work plan.
Blood glucose testing strips(supports GP incentive scheme)	Patients not on insulin are using locally approved products	On going	On going	On going
Diabetic needles	Work to support	Work to		

	GP incentive scheme	support GP incentive scheme		
Cost effective inhalers	On-going as patients receive annual asthma/COPD review	On-going as patients receive annual asthma/COPD review	On-going as patients receive annual asthma/COPD review	On-going as patients receive annual asthma/COPD review
PPI step down (links to antimicrobial and NSAID work- supports GP incentive scheme)			Work to support GP incentive scheme	Work to support GP incentive scheme
Branded MR quetiapine	Continuing work from last year monitoring new patients initiated	On going	On going	On going
Pharmaceutical Rebates	Finance re-charge based on CSU analysis. CSU actively reviewing industry proposals	On going	On going	On going
Scriptswitch(Actual cost benefit)	Monthly system report	Monthly system report	Monthly system report	Monthly system report
Dieticians reviews	On going	On going	On going	On going