Oxfordshire Primary Care Commissioning Committee

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<th>Date of Meeting:</th>
<th>3 January 2017</th>
<th>Paper No: 6</th>
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Title of Presentation: Primary Care Prescribing report

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Purpose of Paper:
This paper gives an overview on prescribing and the work being undertaken by the Medicines Management team.

Action Required:
OPCCC are asked to:
- Note the report and work being undertaken by the Medicines Management team.

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Overview
During 2015-16 the Medicines Optimisation Team continued to promote good quality, cost-effective prescribing across the CCG by supporting each practice and by managing some CCG-wide projects. Again, an increase in cost pressures made it a challenging year for prescribing but the team and practices worked hard to ensure that the resources available were used to best effect.

As usual, each practice had a prescribing meeting with a Prescribing Adviser where priorities were discussed and a plan made for the year. As a result, many excellent pieces of work were completed in practices with particular attention, again, being given to the prescribing of antimicrobials, resulting in further reduction in their use. The team also continued to work with practices in optimising prescribing of medicines to ensure quality and cost effectiveness through practice audit, practice meetings and also use of the clinical support tool, Scriptswitch which is now being used in all practices.

Another key area of work focussed on the appropriate use of sip feeds in care homes and ensuring a ‘food first’ approach. The aim of this work being that meal fortification be considered for residents considered at risk of malnutrition. Support from other health professionals such as dieticians and Care Home Support Service along with written materials produced and available to support the care homes in this initiative. We also prioritised reducing unnecessary medicines waste in repeat prescribing, with a particular focus on care homes, resulting in additional cost effectiveness.

Financial Overview and Growth
The following table shows spend per ASTRO PU for Dec 2014-Feb 2015 and Dec 2015-Feb 2016:

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<tr>
<td>Oxfordshire CCG</td>
<td>£8.29</td>
<td>£8.34</td>
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<tr>
<td>National</td>
<td>£10.26</td>
<td>£10.45</td>
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Prescribing Incentive Scheme 2015-16
As in previous years, the incentive scheme applied to FP10 primary care prescribing and the objectives were to:

- increase value for money by improving the quality and cost effectiveness of use of health care resources by practices in the CCG;
- enable individual practices to realise benefits for patient care;
- involve all practices in the CCG by automatic inclusion;
- be easy to measure achievement using ePACT data (elements 1, 2 and 4);
- incentivise practices for changing practice in prescribing to improve the health of the Oxfordshire population.
The final payments have still to be finalised but the maximum expected pay out is approximately £500k with achievement for the individual elements being:

- Element 1: prescribing within budget allocation – 46% of practices achieved this;
- Element 2: antimicrobials – 79% of practices achieved this;
- Element 3: quality audit – all practices had their audit approved;
- Element 4: cost savings – achievement still to be determined.

**Area Prescribing Committee, Oxfordshire (APCO)**

APCO continued to meet every two months to review new products and guidance in order to inform the CCG and its clinicians. The Committee consists of GPs, representatives from the OCCG Medicines Optimisation Team and representatives from healthcare providers across Oxfordshire particularly Oxford University Hospitals NHS Foundation Trust (OUHFT), Oxford Health NHS Foundation Trust (OHFT), LMC and community pharmacy. As a result, several new prescribing guidelines were developed and the Oxfordshire traffic light for prescribing kept up to date. All relevant information from APCO meetings is highlighted in the regular ‘Prescribing Points’ newsletter which can be found on the intranet and is also sent to practices by email (see below). The Clinical Ratification Group (CRG) met monthly to ratify clinical guidance on behalf of the CCG including recommendations from APCO as well as new and updated clinical pathways and guidance.

**Prescribing Traffic Light System**

The Oxfordshire traffic light classification for prescribing is updated bi-monthly after each APCO meeting and provides guidance to prescribers on prescribing responsibilities for selected medications. It aims to provide clear understanding of where clinical and prescribing responsibility rests between specialists and GPs and clarifies medicines which are not considered suitable for prescribing. The list is available on the CCG website and quarterly updates are sent to practices detailing ‘red’ and ‘black’ drugs that have been prescribed.

**Prescribing Dashboard**

The Prescribing Dashboard is available on the CCG intranet and continues to provide practices with monthly updates on performance data within key CCG prescribing priority areas including spend against budget. Performance can be assessed via a Red, Amber, Green (RAG) rating with green indicating above average performance, amber highlighting some work may be beneficial and red indicating lower achievement. It also contains links to performance graphs showing the practice’s achievement in comparison to other practices within the locality and with all practices in the CCG.

**‘Prescribing Points’ Newsletter**

The Team continued to produce the well-established ‘Prescribing Points’ newsletters which detail new guidance as well as highlighting drugs that have increased significantly in price (e.g. because no other stock is obtainable) and making recommendations on alternatives. Five newsletters were produced in 2015-16, covering a range of topics including:

- Guidance on opioid prescribing in non-cancer pain;
- COPD management in Primary Care;
- Guidelines for acute and prophylactic treatments in migraine;
- Update to Oxfordshire Adult Antimicrobial Prescribing Guidelines;
- Management of over active bladder;
- Type 2 diabetes prescribing update.
**ScriptSwitch**

Scriptswitch is an IT prescribing decision support tool which provides patient safety information messages, drug switch recommendations, traffic light and specials information and dosage optimisation at the point of prescribing. The tool generates savings by recommending cost effective switches which can be accepted by prescribers. The local profile is managed by the Medicines Optimisation Team and as such the team can respond quickly to potential savings opportunities and to feedback received from practices. The tool has been used in GP practices across Oxfordshire since 2007 and is now installed in all practices in Oxfordshire.

Net savings from ScriptSwitch for the financial year 2015-16 were comparable to previous years (see graph below). The new feedback option has been utilised by a few practices and enables the CCG to amend any messages or hyperlinks in a timely manner. In addition, if any errors are discovered or if practices wish to make suggestions, they can use the feedback option.

Cephalosporins, quinolones and co-amoxiclav

Reducing inappropriate use of cephalosporins, quinolones and co-amoxiclav to reduce *C. difficile* infection (and MRSA infection) continued to be prioritised in both primary and secondary care. In Oxfordshire, reduction in prescribing of these high risk antibiotics was first included in the Prescribing Incentive Scheme in 2012-13 (cephs and quins) and 2014-15 (co-amoxiclav), and there has been a significant reduction in their prescribing. Prescribing of cephalosporins, quinolones and co-amoxiclav (measured by items per STAR PU) has decreased by 68%, 34% and 44% respectively when comparing prescribing in Dec to Feb 2011-12 with the same period in 2015-16 (see below).

In the period Aug to Jan 2011-12, over 16.3% of all prescribing of antibiotics in primary care in Oxfordshire was for cephalosporin, quinolones and co-amoxiclav. This figure reduced to 10.3% in the same period in 2015-16 and the total antibiotic items reduced by 11%.
Oral Nutrition Prescribing
Since 2012, Oxfordshire spend on oral nutritional supplements (sip feeds) has increased by 20%. Therefore, at the September meeting of APCO it was agreed that the classification of sip feeds to residents within catered care and nursing homes should be black for prescribing in primary care, with the exception of patients suffering from motor neurone disease or head/neck cancer and patients receiving sip feeds via a
PEG tube. Since this initiative began on 1st December 2015, there was a substantial decrease in prescribing of sip feeds.

Medicines Waste
In recent years, the Medicines Optimisation Team has done considerable work to reduce medicines waste locally through collaborative working with patients, GP practices, Community Pharmacies, and Care Homes. This has involved not only reducing the amount of medicines that are destroyed but also improving repeat prescribing and dispensing systems and encouraging rational, cost effective prescribing to minimise the reduced health outcomes that result from people not taking their medicines as intended. The Medicines Waste Programme continued in 2015-16 and included the following areas:

Costs of the medicines on bags
All pharmacies and dispensing practices were invited to be involved in this campaign which ran until the end of March 2016 and required them to use coloured stickers on medicines bags to raise awareness of their value to the NHS. When asked, many patients were unaware of how much medicines cost and that some of them would be more careful about only ordering items which they need.

Medicines Waste in Care Homes
This identified where savings could be made when, for example, a care home over-ordered medication or threw it away unnecessarily. A member of the team worked closely with some care homes offering support and advice on appropriate medication ordering and storage in order to reduce this waste and improve cost effectiveness in prescribing. Presentations were made to GPs as well as to the CCG Directorate to raise awareness of the work being done.

Review of repeat prescribing
We are aware that many prescriptions are generated for medicines that are not needed and the Team supported some practices in reviewing their repeat prescribing systems in order to reduce unnecessary prescriptions being generated and, therefore, reduce waste. This will be continued in 2016-17.
Acute Kidney Injury (AKI) – Sick day rules
Acute kidney injury (AKI) is a syndrome that is common, harmful and often avoidable. It encompasses a spectrum of injury from minor changes in kidney function to acute failure requiring renal replacement therapy. AKI, irrespective of severity, increases the risk of chronic kidney disease and further episodes of acute injury and it is associated with greater use of healthcare resources at an estimated annual cost of over £1 billion in England. In Oxfordshire there were 365 AKI admissions in 2014 at an approximate cost of £1.3 million.

Patients are often not aware of the effect that certain drugs may have on their kidneys when they are acutely unwell and therefore providing appropriate advice is important. One scheme developed by NHS Highland aimed to promote ‘sick day rules’ by providing credit card sized patient information cards to those who may be at risk. At the end of 2015-16, the CCG Medicines Optimisation Team launched its own similar scheme with input from local renal consultants, GPs and pharmacists.

Minor Ailment Scheme
A pilot Minor Ailment Scheme (MAS) was established within a small area in the City Locality. Two GP practices plus 8 local community pharmacies ran the pilot from September 2015 to February 2016. Patients who were exempt from prescription charges and were registered at one of the named practices were able to receive free supplies of specified Over the Counter (OTC) medications for minor ailments. The benefit of the scheme was a reduction in waiting times and GP workload; on auditing the pilot, it was estimated that 21 to 75 appointments were saved over 4.5 months which translates to a maximum of 12.5 hours of GP time across 2 practices equivalent to 3 sessions. As a result, the pilot has now been extended for 2016-17 with the addition of several more selected doctors’ practices and pharmacies.

Clinical Pharmacists in GP Practices
Nationally, an increasing number of general practices are recruiting pharmacists to their multi-disciplinary teams in order to address different aspects of workforce need. Employment models vary as do the roles and responsibilities of the pharmacists, but experience suggests that there have been significant benefits for both patients and practice teams including:

- Improving access to healthcare
- Improving outcomes of chronic conditions
- Performing medication reviews
- Reducing A&E attendances
- Liaising with all healthcare interfaces
- Chasing up discharge summaries
- Handling prescription queries for patients
- Directly reducing medicines wastage.

In July 2015, NHS England announced a £15 million scheme to fund, recruit and employ clinical pharmacists in GP practices as part of the New Deal for General Practice. This was later increased to £31 million being available to part-fund 403 new clinical pharmacist posts across 73 sites, covering 698 practices in England, supporting over 7 million patients.

The team worked with local stakeholders but, despite significant interest being generated across the CCG, only two bids were made locally, one of which was successful. In order to not lose the enthusiasm shown locally, the Team put forward a project proposal for a 6 month pilot for a service similar to the national pilot but directed and funded by the CCG. This was approved and started at the end of 2015-16.
Medicines Optimisation Team
During 2015-16, the team saw significant changes with several experienced staff gaining promotion outside the organisation. This led to a prolonged period of staff vacancies which resulted in the remaining team members fulfilling additional roles and responsibilities while maintaining their usual role. For the start of 2016-17, all vacancies were filled and the team discussed new ways of working for the coming year which should provide better assurance that important work is implemented across the whole CCG and that savings are maximised.

Summary
During 2015-16, the CCG Medicines Optimisation Team continued to work closely with all practices to promote clinically and cost effective prescribing. Despite the challenges and staff shortages, the team has continued to provide a well regarded service and it is proud of the good working relationships that continue with clinicians across both primary and secondary care and which aid the successes outlined above.

For 2016-17, the team continue to develop new ways to reduce prescribing costs e.g. pathway redesign, patient empowerment and medicines optimisation as well as reducing medicines waste. Further consideration is being given to having Clinical Pharmacists working in GP practices and how we can develop further in order to offer a more comprehensive service. This could include involving other healthcare professionals in the team to provide additional expertise eg. a dietitian.

Claire Critchley
Lead Pharmacist for Medicines Optimisation
December 2016