Lead Executive: Robin Carlisle/Ian Atkinson
Lead Officer: Stuart Lakin
Lead GP: Avanthi Gunasekera

**Purpose:**
To inform the Governing Body of the activity of the NHS Rotherham Medicines Management Team 2014/15.

**Background:**
The NHS Rotherham CCG Medicines Management Team, working closely with GP practices, acute and mental health trusts advise and manage the quality and financial impact of all aspects of prescribing.

**Analysis of key issues and of risks**
The report outlines the main areas of MMT activity for 2014-15 including the QIPP achievements.

**Patient, Public and Stakeholder Involvement:**
The MMT are conscious that all prescribing interventions have a patient impact. An extensive patient engagement exercise was undertaken in 2014-15 to inform the planned medicines waste campaign. The MMT plan to continue with this level of patient engagement in 2015-16.

**Equality Impact:**
No issue

**Financial Implications:**
Total prescribing expenditure (GP practice, drugs outside of tariff & devolved prescribing projects) Is approximately £50, million/annum

**Human Resource Implications:**
None

**Procurement:**
None

**Approval history:**
MMC + OE.

**Recommendations:**
The report is for information.
NHS Rotherham 2014/15 Medicines Management Annual Report

Finance outturn

Cost Growth

<table>
<thead>
<tr>
<th>CCG</th>
<th>2014/15 Cost Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doncaster</td>
<td>5.27%</td>
</tr>
<tr>
<td>Bassetlaw</td>
<td>5.09%</td>
</tr>
<tr>
<td><strong>Rotherham</strong></td>
<td>4.47%</td>
</tr>
<tr>
<td>Sheffield</td>
<td>4.02%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>3.61%</td>
</tr>
<tr>
<td>Barnsley</td>
<td>3.37%</td>
</tr>
<tr>
<td>England</td>
<td>2.94%</td>
</tr>
</tbody>
</table>

Rotherham’s cost growth is artificial high in 2014/15 on account that 2013/14’s year end total was lower than the actual total. This is because the PPD was unable to align Nurse Prescribing costs to cost centres for the first quarter of 2013/14. As a result NHS Rotherham incurred no continence or stoma costs for the first part of 2013/14. Actual cost growth for 2014/15 is around 3%.
NHS Rotherham’s prescribing cost per capita are competitive compared to NHS Barnsley and Doncaster and Wakefield.

### QIPP gains 2015/16

- **Lactulose reduction**: £9,400
- **Macrogol savings minus bisacodyl addition**: £40,000
- **Glucosamine to Valupak® (or even stopped)**: £11,750
- **Dual respiratory anticholinergics review**: £5,208
- **Lost generic opportunities**: £88,217
- **Nutrition service redesign**: £81,095
- **Continence service redesign**: £350,378
- **Oxygen pathway**: £210,405
- **Contract efficiency & rebates**: £104,400
- **Pharmaceutical specials management**: £81,996

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**Yorkshire & The Humber CCGs: Weighted per capita prescribing costs - April 2014 to March 2015**

<table>
<thead>
<tr>
<th>CCG</th>
<th>Cost per ASTRO-PU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradford City</td>
<td>£56.30</td>
</tr>
<tr>
<td>Doncaster</td>
<td>£50.78</td>
</tr>
<tr>
<td>Barnsley</td>
<td>£49.03</td>
</tr>
<tr>
<td>North Kirklees Health Alliance</td>
<td>£48.60</td>
</tr>
<tr>
<td>Leeds South &amp; East</td>
<td>£47.86</td>
</tr>
<tr>
<td>Hull</td>
<td>£47.80</td>
</tr>
<tr>
<td>Bradford Districts</td>
<td>£47.58</td>
</tr>
<tr>
<td>Wakefield</td>
<td>£46.32</td>
</tr>
<tr>
<td>Rotherham</td>
<td>£46.03</td>
</tr>
<tr>
<td>North Lincolnshire</td>
<td>£44.87</td>
</tr>
<tr>
<td>Calderdale</td>
<td>£44.44</td>
</tr>
<tr>
<td>Yorkshire &amp; The Humber</td>
<td>£44.41</td>
</tr>
<tr>
<td>Sheffield</td>
<td>£44.25</td>
</tr>
<tr>
<td>Bassetlaw</td>
<td>£43.46</td>
</tr>
<tr>
<td>Airedale, Wharfedale and Craven</td>
<td>£43.10</td>
</tr>
<tr>
<td>East Riding of Yorkshire</td>
<td>£42.00</td>
</tr>
<tr>
<td>Leeds West</td>
<td>£41.56</td>
</tr>
<tr>
<td>Scarborough and Ryedale</td>
<td>£41.48</td>
</tr>
<tr>
<td>North East Lincolnshire</td>
<td>£41.39</td>
</tr>
<tr>
<td>Hambleton Richmondshire and Whitby</td>
<td>£41.19</td>
</tr>
<tr>
<td>England</td>
<td>£40.89</td>
</tr>
<tr>
<td>Greater Huddersfield</td>
<td>£40.75</td>
</tr>
<tr>
<td>Leeds North</td>
<td>£40.39</td>
</tr>
<tr>
<td>Harrogate and Rural District</td>
<td>£39.62</td>
</tr>
<tr>
<td>Vale of York</td>
<td>£37.63</td>
</tr>
</tbody>
</table>

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**Cost per ASTRO-PU**

- 0.0
- 10.0
- 20.0
- 30.0
- 40.0
- 50.0
- 60.0

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Oxycodone branding £2,500
Matrifén® rebranding £41,710
Flutiform® inhalers £5,000
Cocib reviews £9,460
Oral contraceptive branding 15,000
TOTAL efficiencies = £1,786,519

Income from rebate schemes & continence contract = £78,400

Therapeutic areas

Chapter 1: Gastro-Intestinal

- QIPP projects on osmotic laxatives following release of laxative guidelines in Nov 13. Two CCGs have requested use of our laxative guidelines and leaflets. (Solihull & Devon)

Chapter 2 Cardiovascular

- Prevention of AF in stroke guidelines produced December 2014

Chapter 4: Central Nervous System

- Shared Care Protocol for the Methylphenidate and the Management of Attention Deficit Hyperactivity Disorder (ADHD) for children from 4 years up to 17 years and 364 days – Ratified March 2015,
- Shared Care Protocol for the prescribing and monitoring of Lithium – Ratified January 2015,
- Shared Care Protocol for the Prescribing of Acetylcholinesterase inhibitors for dementia - update
- Rotherham Dementia LES: Guidelines for the prescribing of Donepezil

Chapter 5: Infections

- Antimicrobial protocol for the Management of Infection in primary care 2013-2015; ratified April 2013 – currently in the process of review
- Antibiotic guardian for CCG
- MM are a member of the RFT Antimicrobial policy group and IV therapy group
- MM lead for the CCG on Post Infection Review process for c.diff and MRSA

Chapter 6: Endocrine System

- Diabetes guidelines updated re NICE guidance SGLT2 inhibitors December 2014
• Treatment of Menopause Guidelines-Ratified July 2015

Chapter 7: Obstetrics, Gynaecology & Urinary Tract Disorders

• Treatment of Urinary Incontinence guidelines updated May 15. Now includes men and links to the “Urology top tips for men”

Chapter 9: Nutrition and Blood

• Treatment Vit D Deficiency in Adults and Children-Ratified August 2015-

Chapter 10: Musculoskeletal and joint disease

• NSAID: a risk reduction strategy updated September 2014.
• Glucosamine QIPP month

Chapter 11: Eye

• Ocular lubricants guidelines; ratified April 2013 – currently in the process of review. These guidelines adopted by the following organisations; Doncaster CCG, Dorset CCG, Bassetlaw hospital, Berkshire West CCGs (Newbury and District CCG, North & West Reading CCG, South Reading CCG, Wokingham CCG) and PresQIPP
• QIPP – adherence to formulary ocular lubricants increased from 39.1% as formulary in Q4 13/14 (5662/14486 items) to 49.9% as formulary in Q4 14/15 (7665/15365 items)

Chapter 13: Skin

• Emollient prescribing guidelines; updated April 2015, review due November 2016. These guidelines adopted by the following organisations; Berkshire West CCGs (Newbury and District CCG, North & West Reading CCG, South Reading CCG, Wokingham CCG) and PresQIPP
• QIPP - Aqueous cream reduction 41% reduction in Aqueous cream use from Q4 13/14 (635 items) to Q4 14/15 (317 items)
• QIPP – adherence to formulary emollients increased from 34.4% as formulary in Q4 13/14 (8043/23390 items) to 42.2% as formulary in Q4 14/15 (9601/22766 items)
Chapter 14: Immunological products and vaccines

- Member of the PGD Steering Group for SYBSIT for immunisation and vaccination
  PGD production-

Clinical Pathways

The MMT actively support the development and implementation of the following pathways.

- GP monitoring of warfarin therapy
- The Care UK DVT treatment pathway
- Re-focusing heart failure specialist nurses to provide patient education and actively manage patients identified at risk of a hospital admission.

CD Monitoring

Responsibilities of Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) are defined in the legislation as responsible bodies. There is no requirement for a CCG to appoint a CDAO. The CCG has a duty to co-operate with the relevant NHS England CDAO for example in investigating concerns or analysing data. The CCG must also ensure compliance with all medicines legislation by providers of commissioned services.

Monitoring of Controlled Drugs – Data collected every Quarter.

Two areas of CD prescribing are investigated

1) High individual quantities (prescribing catalogue)
2) Practices with high volumes (mainly a practice items profile or variance report then quantity x items graphs)

Occurrences - High Quantities

Occurrences are devised from the routine monitoring of controlled drugs prescribed using epact data from NHSBSA Prescription services. A concern is raised when analysis of such prescribing appears to indicate that it is outside the range of what would normally be expected. This is not in itself evidence of inappropriate prescribing; however it is the starting point for investigating the matter. The nature of such investigations may include follow up in practice, pharmacy and/or requesting a search for the prescription from NHS Prescription Services, which have to be obtained by NHS England resolution of concerns can be a lengthy process.
### Trend Graphs - High Volumes

Running Practice items/cost profiles on Epact identifies practices significantly above the CCG average, these practices will be subject to further investigation.

#### Figures from the Annual Report of the Accountable Officer for Controlled Drugs

<table>
<thead>
<tr>
<th>2014/2015</th>
<th>NHS Rotherham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Prescription Dispensed</td>
<td>5,969,179</td>
</tr>
<tr>
<td>Schedule 2 Prescriptions</td>
<td>50,281</td>
</tr>
<tr>
<td>Schedules 3 Prescriptions</td>
<td>78,179</td>
</tr>
<tr>
<td>Total CD Prescriptions subject to routine monitoring</td>
<td>128,460</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occurrences Apr 2014 - Mar 2015</th>
<th>NHS Rotherham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>917</td>
</tr>
<tr>
<td>Ongoing</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>931</td>
</tr>
</tbody>
</table>

### Rotherham wide projects

#### QIPP plan 2014-15

<table>
<thead>
<tr>
<th>2014/15</th>
<th>Work Stream</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>Osmotic Laxatives</td>
</tr>
<tr>
<td>May</td>
<td>Osmotic Laxatives AGAIN</td>
</tr>
<tr>
<td>June</td>
<td>Dual respiratory anticholinergics review</td>
</tr>
<tr>
<td>July</td>
<td>Vitamin b compound review</td>
</tr>
</tbody>
</table>
Aqueous cream review

August
- Catch-up month.

September
- Cod liver Oil vitamin E, Vitamin B

October
- Generic mop up.
  - Top 10 missed generic opportunities/CCG
  - Top 5 missed generic opportunities/practice

August (mop-up)
- Monthly Lost Generic Tasks

November
- Opioid analgesics-Increase generic prescribing (Oxycodone et al)
- Glucosamine to Valupak AGAIN

December
- Melatonin Audit Review

January
- All galantamine 8/16/24mg prescribing to be as branded GATALIN® caps

February
- Pregabalin dose optimisation

March
- olanzapine lyophilisate (zyprexa® velotabs) to orodispersable tabs

**Health Inequalities**

16 prescribing interventions that are supported by an evidence base that they improve mortality or reduce hospital admissions are monitored and reported over the financial year.

**Wound Care**

**The Service model.**

Working with the Tissue Viability Service a Total Purchase of Dressings was pilotted with Central Rotherham District Nursing Teams. This meant that all prescriptions were taken off FP10 and each team had a stock of dressings in their base for use on their patients. Monthly audits of each DN caseload were undertaken using the Electronic Audit Tool provided by Convatec®. This gave us essential information around nursing practices and training needs and also provided us with an accurate stock level requirement. Robust clinical protocols were developed with the Tissue Viability Service and a commitment to training the nursing staff. The audits were able to demonstrate improvements in clinical practice and in saving nursing time through fewer patient visits (Increase in dressings being changed every 3 days instead of daily). To provide equity of care for patients we also provided a stock for the ‘walking wounded’ via the Practice Nurses and in Nursing Homes and robust protocols were put in place and essential training provided by TVNs and Companies. Admin Support provide stock control in all bases, co-ordinate training and support all nursing teams. The Service was commissioned in January 2015 and a roll-out of the service model is taking place and will be completed in November.
MM Support to wound care project

Intensive support for this process has been provided by the MMT Technician; the development of the service model, working with the Tissue Viability Service on clinical protocols and the training needs of the nursing teams, supporting the Admin team in developing working processes, the tendering process, the roll-out plan and implementation, on-going improvement and development of the service.

The issue and awarding of a tender specification for wound care products has been a major achievement in 2014-15. The NHS Rotherham wound care tender specification has been by requested by Surrey CCG.

NHS Rotherham CCG is the only CCG in South Yorkshire operating a direct purchase scheme for wound care products by including practice nurse and care homes the Rotherham scheme is more extensive than similar schemes elsewhere in the country. NHS Rotherham is investing £75,000/annum in in staff costs to support the model.

Medicines Waste

Members of the Medicines Management Team attended ten Patient Engagement groups, the Patient Participation Group ‘Network Engagement Event’ and the Voluntary Action Rotherham Meeting, to discuss a waste campaign and how it should be delivered. Patient’s comments were then incorporated into the design of the campaign materials and how it should be managed. Patients were also of the opinion that it should be publicised in a cost effective manner that didn’t involve a costly advertising campaign.

Carers and voluntary organisations were keen to be involved in working with MM in identifying medication stockpiling and/or waste. It was also felt that the campaign shouldn’t be too corporate or dull and not put emphasis on the patient being to blame or having to sort out the problem as other campaigns have done.

Three posters have been drafted in a cartoon design and each design depicts the waste problem; A cupboard opening and medicines spilling out, a person ‘drowning’ or ‘sinking’ in a pile of medicines and medicines/money going down a drain. Key messages on the poster tell the patient to ‘tell us and we will sort it for you’ and it displays a contact number/email address/website that this can be done via. In Practices a feedback form will be available for anyone to fill in and the Medicines Management Team will then follow these up.

Work was undertaken with a large practice converting from 56 day repeat prescriptions to 28 day repeat prescriptions. This is best practice and reduces the amount of medication waste when a patient’s medication is changed. This also enabled us to work with the practice in reducing quantities of ‘when required’ medications and reviewing how many packs of eye drops, inhalers, creams etc. are prescribed on repeat prescription at the same time with the aim of reducing medication waste further.
We also continued reviewing Practices who were experiencing problems with community pharmacies ordering prescriptions on behalf of patients. This was following on from our work in the previous financial year 13/14. A medicines management team member went into each practice and rang each patient who had ‘PRN’ medication on their repeat prescription and used a Community Pharmacy to order their prescription. Data was gathered from the several practices and as a result four practices have stopped all repeat prescription ordering via community pharmacy as there was evidence that this was causing waste.

A paper will shortly be taken to OE requesting funding of the medicines waste campaign.

**Service redesign projects**

**Nutrition**

The service continues to deliver impressive savings the difference between the actual expenditure on products against the predicted expenditure if Rotherham’s expenditure had increased in line with national cost growth amounted to £881,095 in 14/15 (cost growth since the project began Rotherham -25.29%, England 103.34%). Product in 2014/15 costs are below that observed in 20013/4 this despite the number of tube-feed patients increasing from an average of 95/month to 160/month. The nutrition contract also provides nursing support allowing EG-tubes to be re-sited in the patient’s home preventing A/E attendances.

During 2014-15 information on Rotherham’s nutrition service was requested from North Manchester CCG, Bristol CCG, Sheffield CCG, Sothern Derbyshire CCG, Blackpool CCG, Oxfordshire CCG.

**Continence and stoma**

The continence prescribing service continues to deliver financial and patient benefits. It is estimated that if Rotherham’s continence appliance prescribing had increased in line with national cost growth Rotherham’s costs in 2014/15 would be £350,378 higher. Cost growth from the start of the project Rotherham 5.73%, England 63.04%. The funding of community continence services is also preventing at least 50 A\E attendances a year.

The following CCGs have requested information on Rotherham’s continence and stoma service. Shropshire CCG, West Kent, North Manchester CCG, Vale of York CCG, Halton CCG, Gloucestershire CCG, North Yorkshire & Humberside CSU, NHS Scotland visit to Glasgow, 

The service won commissioning category of the National Continence Awards May 2014.

The stoma prescription service has delivered a cost growth of 11.64% in Rotherham compared to a national cost growth 24.14%. (Estimated saving £120,000 in 14/15). This project has the potential to deliver further inefficiencies, but this may require an investment in staff.
An article on the NHS Rotherham CCG stoma Prescription Service was published in Pharmacy management in April 2014.

**Bluteq**

The Bluteq IT system has been in place for over a year, with a CCG funded Pharmacy technician inputting information at TRFT. This is to monitor all excluded drugs charged to the CCG.

Total Spend on Excluded Drugs - £3,655,552 (£3.7 Million)
Total Spend on Ophthalmology (Lucentis) £1,473,231 (£1.5 Million)

- Cost growth for 14-15 is 14.07% (4.5% FP10 cost growth)

All Rheumatology is on the system and accounts for 65% of the excluded drugs each month. The over 92% of the cost is within NICE guidance. Some patients are receiving a lower dose than recommended by NICE, these have been recorded on Bluteq and account for 2.6% of the cost. Some patients have conditions outside NICE (Previously Individual Funding Requests - IFR) and account for 4.5% of the cost. (Forms are currently being processed for these patients as they have been through the IFR process in the PCT.)

Other departments such as gastroenterology, haematology, dermatology, urology and Paediatrics, should be added during 15/16. (Cumulative 45% of cost).

Discussions have started to take place with ophthalmology around inputting patients onto the system. It is proving difficult to find a mechanism by which the consultants can confirm patients are within the NICE criteria and provide the evidence to complete a form for the Bluteq system.

No savings occurred in 2014/15 as the system was being established in 2015/16 to date £22K of invoices have been successfully challenged.

NHS Rotherham CCG is the only CCG in the Yorkshire & Humber region that is using Bluteq.

**Electronic Prescription Service EPS (update)**

The MMT have been actively supporting practices implement EPS

- 13 practices currently live with 2 practices planned to go live and a further 4 expressing interest
- EPS usage varies between the practices from 54% to 19%. Average 35%.
Repeat Dispensing: currently being trialled in 2 practices (1 x emisWeb & 1 x SystmOne) with a total of 119 patients currently enrolled on this service. Greenside Surgery and St Anne’s will be next practices to start.

2015/16 Risks

1) The nutrition and continence\stoma service continue to offer significant cost efficiencies whilst improving the patients experience. Both services have the potential to develop and provide alternate referral routes for GPs and to support the GP practice workload. However, these services need to be commissioned on a more secure basis than at present and this may result in the CCG exploring alternative providers.

2) Unforeseen cost growth

- Changes in Category M drug prices
- Problems in the pharmaceutical supply chain with products being unavailable.
- Medication being initiated by other health care sectors that impact on Rotherham CCG’s expenditure.

- An increase in patients being discharged on one of the New Oral Anticoagulants (NOACs) in preference to warfarin has been observed. Annual cost growth is at 280%, and a recent audit of TRFT discharges observed that in 61% of the patients discharged on a NOAC, no reason could be found why they couldn’t have been given warfarin. Whilst cost growth at this rate is unlikely to continue if not contained this could add a further £300,000 to £500,000 to Rotherham CCG’s annual prescribing costs.

Stuart Lakin
Head of Medicines Management
NHS Rotherham CCG
August 2015