

# NHS Rotherham Clinical Commissioning Group

Operational Executive – Date

Strategic Clinical Executive – Date

GP Members Committee (GPMC) – Date

Clinical Commissioning Group Governing Body - Date

NHS Rotherham CCG Medicines Management Q1 2020/21 report.

Lead Executive:	Wendy Allott
Lead Officer:	Stuart Lakin Head of Medicines Management
Lead GP:	Dr Sophie Holden

## Purpose:

To introduce the NHS Rotherham CCG Medicines Management Teams Q2 2021/22 report.

## Background:

The Medicines Management Team monitors and advises on all aspects of prescribing that is attributed to NHS Rotherham CCG.

Practice prescribing budgets have not been set for the second year running, despite this NHS Rotherham CCG has a negative cost growth and the lowest prescribing cost growth in Y&H.

There is currently no transfer of non-PBR drug costs to the CCG due to the total-block arrangements". However, the system for tracking and recording non-PBR drugs (Blueteq) is still operational in preparation for the ending of the total-block arrangements.

The planned QIPP programme for 2021/22 has had to be revised in year due to lack of practice access,

## Analysis of key issues and of risks

See attached report

## Patient, Public and Stakeholder Involvement:

Not applicable

## Equality Impact:

Not applicable

**Financial Implications:**

Prescribing is the second largest area of expenditure for a CCG. Whilst the financial risk of this area of expenditure resides with the CCG, the CCG has little influence over the “prescribers” whose actions impact on prescribing expenditure.

Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:

- National guidance (NICE etc)
- New clinical evidence
- Drug shortages – resulting in clinicians having to prescribing less cost-effective alternatives
- Drugs not available at drug tariff price (NHS contract price)

Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages / supply problems and the inability to obtain drugs at drug tariff price, will all impact on a CCGs prescribing costs.

The MMT must engage with prescribers for them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.

There are fewer opportunities to contain costs by product switches and efforts are increasingly being focused on redesigning therapeutic pathways with the aim of improving patient outcomes, increasing clinical capacity, and containing costs.

**Human Resource Implications:**

Not applicable

**Procurement Advice:**

Not applicable

**Data Protection Impact Assessment**

Not applicable

**Approval history:**

Not applicable

**Recommendations:**

**Paper is for ~~Approval~~ / ~~Noting~~ / ~~Discussion~~ / ~~Advice~~ / ~~Support~~**