

# NHS Rotherham Clinical Commissioning Group

Operational Executive –

Strategic Clinical Executive –

GP Members Committee (GPMC) – To be forwarded

Clinical Commissioning Group Governing Body - 7 July 2021

## ***NHS Rotherham CCG Medicines Management Annual 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 annual report.

### **Background:**

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

	<b>Annual cost 2020/21</b>
GP practice prescribing	£45,409,242
Non-PBR drugs (ophthalmology drugs not included)	£5,300,000
Wound care direct purchase contract	£995,376
Lymphodema	£143,914
Nutrition expenditure contract	£1,363,726
Oxygen	£449,703
<b>Total</b>	<b>£53,661,961</b>

In addition the MMT monitors, a CCG investment =£650,000\* approximately in staffing to provide the community dietetic, continence, stoma services and supply of wound care products. This investment is funded from savings that the service redesign schemes released against the prescribing budget. National benchmarking exercises show that Rotherham has a very cost effective base for continence, stoma appliances and nutritional products.

\*Exact figures not available as there are no current staff cross charging due to total block financial arrangements

The MMT in conjunction with primary care team monitors performance across three GP local enhance services.

- Anticoagulant monitoring
- Palliative Care End of Life care drugs
- Transgender prescribing
- A range of shared care drugs (Testosterone denosumab)

#### **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 patients 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 has to engage with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.

#### **Human Resource Implications:**

The CCG invested £528,989 into the MMT in 2020/21

- Not including the Head of Medicine Management position

Sheffield and Barnsley CCGs invest more / capita than Rotherham CCG, Doncaster CCG invests roughly the same and Bassetlaw CCG less.

**Procurement Advice:**

Not applicable

**Data Protection Impact Assessment**

Not applicable

**Approval history:**

Not applicable

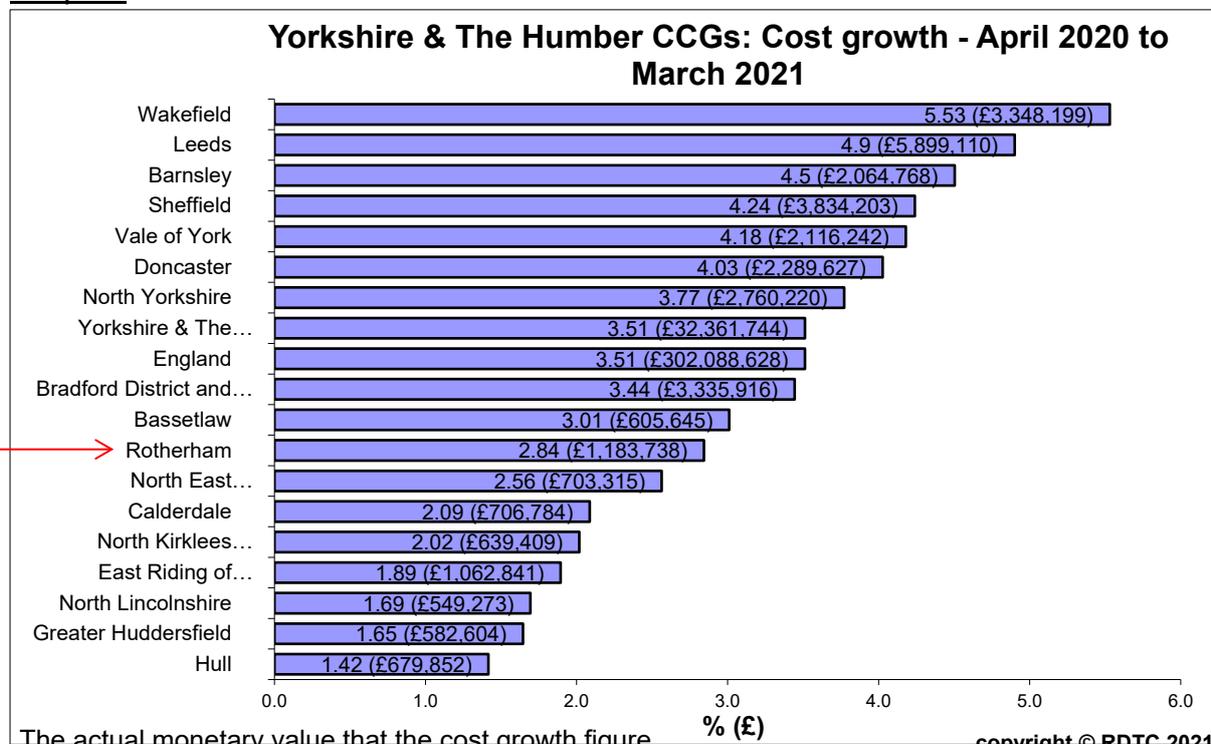
**Recommendations:**

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

# NHS Rotherham CCG Medicines Management.

## 2020-21 Annual report. (April 2020-March 2021).

Graph 1



NHS Rotherham CCG's cost growth = 2.84%, this was the lowest in the South Yorkshire & Bassetlaw ICS and below the cost growth for England and Yorks & Humber (Y&H). Rotherham's prescribing cost growth mirrors the national trend although it is significantly below national levels (Graph 2)

Prescribing costs increased by £1,183,738, of which £799,126 (67.5%) is due to No Cheaper Stock Obtainable (NCSO) Issues (Drugs not available at drug tariff prices) (Graph 3). The antidepressant sertraline contributed £680,225 (85.1%) of the year's annual NCSO total and 57.5% of the years cost growth.

Strong cost growth was also observed for;

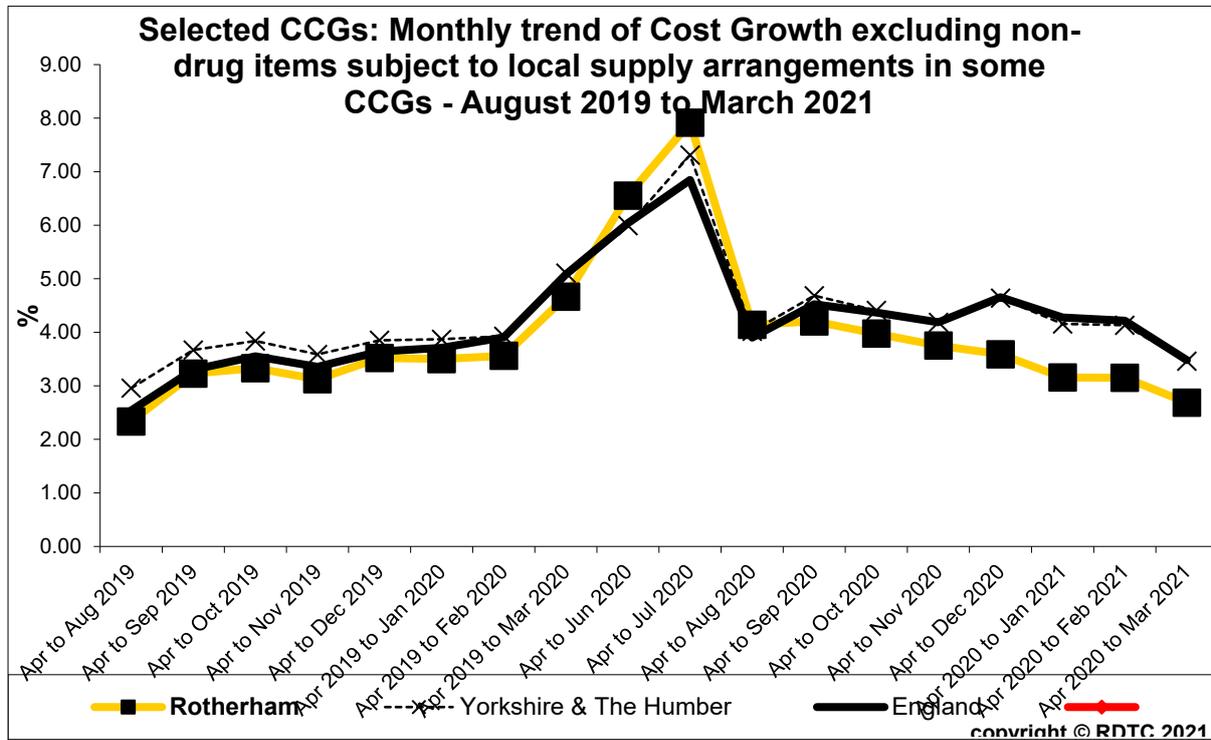
**Anticoagulants** +£437,592 (13.15%) this is due to the switching of patients to Direct Acting Oral Anticoagulants (DOACs) from warfarin. This was encouraged by NHSE in the first period of COVID lockdown to reduce the necessity of GP appointments for warfarin monitoring. Rotherham's cost growth mirrors national cost growth and the latest publication from Public Health England CVD Prevention Pack (April 2021) demonstrates that Rotherham has closed its treatment gap for atrial fibrillation.

NHSE predicts that cost growth for this group of drugs will continue at this level over the next financial year.

**Drugs to treat diabetes** +189,498 (3.05%), this is the therapeutic area associated with highest prescribing costs £6,412,689 (14.1% of all prescribing costs).

Rotherham has the highest prescribing costs / diabetic patient in Y & H and work is on-going to redesign diabetes treatment pathways with the aims to, improve patient outcomes, reduce prescribing costs and improve GP capacity.

Graph 2



Graph 3

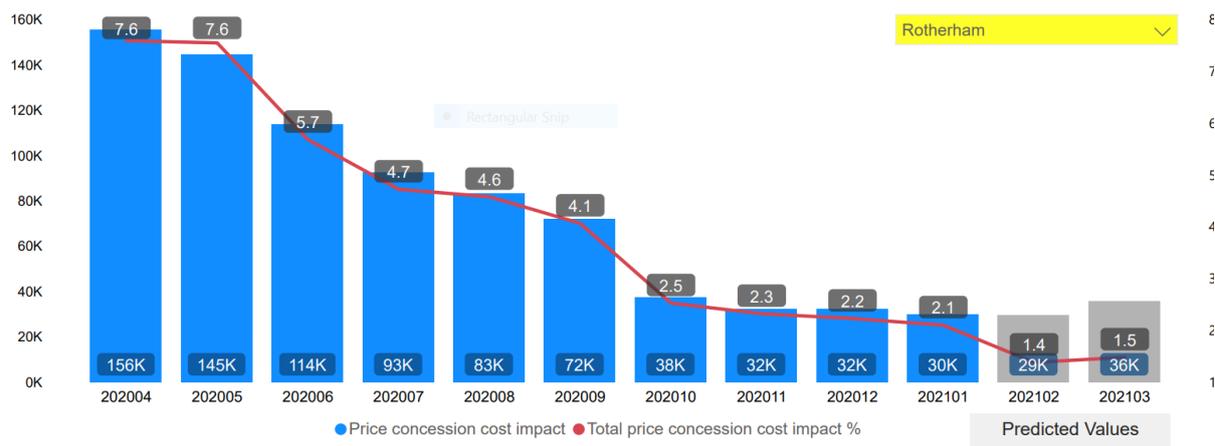
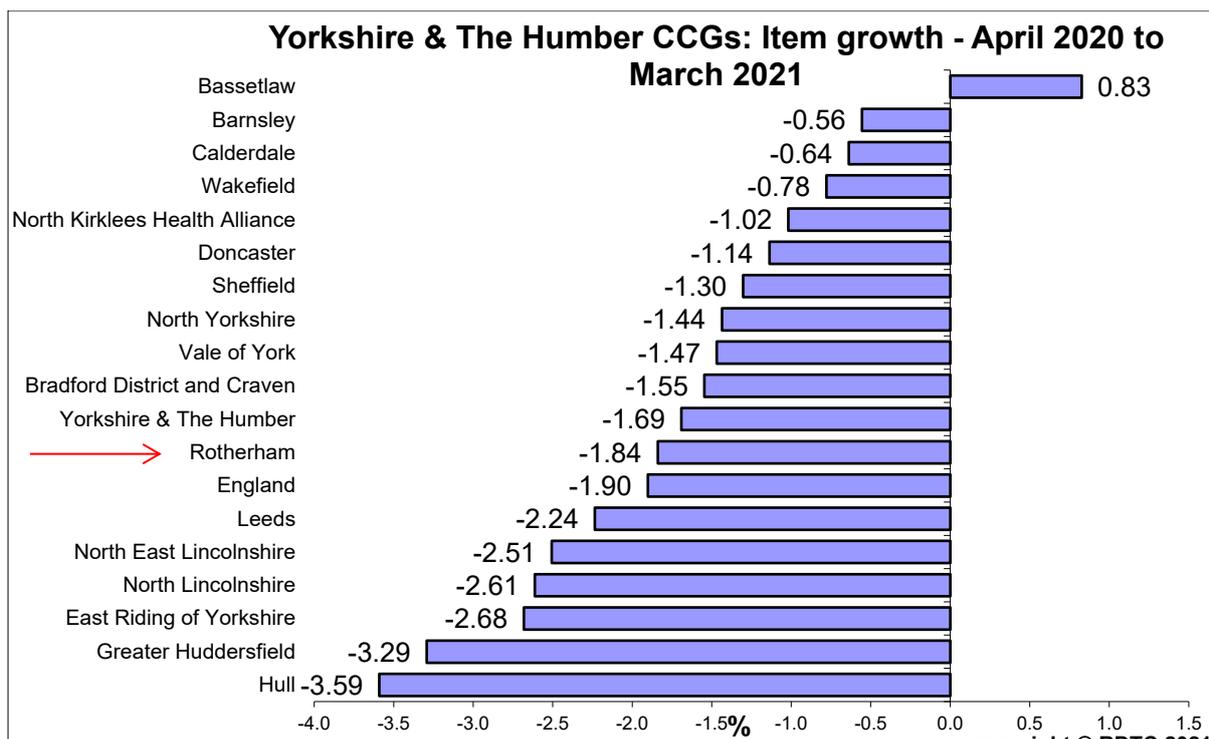


Chart 3. The effect of price concession changes over time (previous 12 months) based on predicted net ingredient cost (NIC).



Item growth (Number of prescriptions) decreased by -1.84%, this is the lowest item growth in SYB and below Y & H average, but just above that of England.

Antidepressant prescriptions increased by 4.69% compared to 4.0% nationally, whilst antibacterial prescribing decreased by -21.24% compared to -17% nationally, this could be an area that experiences strong item and cost growth over the next 12 months as lockdown restrictions are relaxed. Continuous blood glucose monitoring devices increased by 66% (£96,675) compared to an item growth of 85% nationally. There is an increase in the range of these devices on offer to the public and they are being directly advertised to the public as a needle free way of managing your diabetes. The MMT are working with the Diabetes Specialist Nurse to review the Rotherham pathway to ensure the appropriate prescribing and review of these products.

### **Practice cost growth**

There is a wide variation in cost growth between practice 9.52% to -1.63% this is mirrored by item growth and reflects changes in list size.

### **NHS Rotherham MM QIPP Performance report 2020/21**

During 2020/21 the MMT delivered a QIPP programme that produced a cost efficiency of £615,754. This has been less than in previous years as access to practices was not possible and some programmes could not be delivered. The care home team were also restricted in the interventions that they could deliver again due to the lack of access.

The opportunities for further cost efficiencies from product switching are very limited and this has been recognised at the SYB ICS Medicines Optimisation Steering Board.

In Rotherham there is the potential to improve patient outcomes and deliver prescribing cost efficiencies by redesigning patient treatment pathways in some therapeutic areas notably diabetes and chronic pain management

The existing services redesign pathways (Nutrition, continence, stoma & wound care) continue to deliver significant cost efficiencies when benchmarked against similar CCGS.

The tables below summaries the MM QIPP outcomes for 2019/20

#### Product Switches

	Scheme	Target	Savings for 20/21	operator	Comments
1	Metformin SR 750mg tabs switch to Sukkarto		£4,162	GB	Complete
2	BGM Aviva to Performa nano test strips for type 2 Switch to formulary strips		N/A	LF	Unable to complete – required practice attendance by both MMT and patients
3	De-prescribing of topical antibiotics for Acne		N/A	TR	Unable to complete – required practice attendance by MMT
4	Inhaler combination to triple therapy switch		N/A	TR	Unable to complete – required practice attendance by MMT
5	Cyanocobalamin reviews – deprescribe or switch to Vit B12 IM Injection		N/A	LB	Unable to complete – required practice attendance by MMT
6	Co-codamol - Zapain		£145,666	LM	

#### Rebates

		Target	Savings for 20/21	Operator	Comments
	Rebates		£86,741	GB	In progress Utilising PRESCCQIPP data to identify rebates schemes and access rebates for drugs that are already incorporated into Rotherham prescribing guidelines.

	Scheme	Target	Savings for 20/21	operator	Comments
1	Respiratory specialist Pharmacist		N/A	GB	To commence Post aligned to community respiratory transformation plan which was postponed
2	Diabetes reviews		N/A	LB / SW	In progress Work Delayed
3	Chronic pain management		N/A	GB	To commence Work to manage and reduce need for long term pain management in line with NICE guidance

### Applying Guidance and Prescribing Incentive Scheme

Savings generated by the prescribing incentive scheme (PIS) are based on guidelines and training provided by MMT

	Scheme	Target	Savings for 20/21	operator	Comments
1	PIS - Vaginal oestrogen cream/gel switch to OVESTIN cream		£9,761	LB	Complete
2	Gaviscon Advanced switch to Acidex Advanced		£7,961	ES	Complete
3	PIS - Pen Needle switch to GlucoRx Carepoint		£7,695	LF	Complete
4	PIS - Premium generics mop up		£48,000	RS	Complete
5	PIS - Ocular Lubricants switch		£45,513	ES	Complete
6	PIS - De-prescribing of topical Antifungals for Fungal nail infection		£2,425	TR	In progress

### Interface working

		Target	Savings for 20/21	Operator	Comments
	Biosimilars		N/A	ES	Move to block contract prevented monitoring of savings achieved, however Rotherham CCG still has the highest percentage of items

					recharged via Bluetec in the north of England.
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### Care Homes

		Target	Savings for 20/21	Operator	Comments
	Care home medication ordering		£35,387	GY/EH/LT/CM	Ongoing

### Scriptswitch / OptimiseRx

		Target	Savings for 20/21	Operator	Comments
	Scriptswitch Savings for 20/21 Year		£222,443	LF/GB	Ongoing

<b>Total Saving 20/21</b>	<b>£615,754</b>
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### Oxygen contract

The costs of oxygen prescribing decreased by -£158,580 (-26%) in 2020/21, the MMT have revisit this area of prescribing, which is managed as part of a regional contract. contract

### Care Homes & MMT

In 2020/21 the care home team ordered medication for an average of 556 Residents per month, and made a total of 3327 clinical Interventions

Total Cost Savings for 20/21 £35,387, which is significantly lower than anticipated due to the inability to visit care homes. (2021/22 savings = £12,000 after two months)

### Sample MMT Care Home Visit interventions

#### Covert Medication

Provided support to a care home team around covert medication. Resident had been bed blocked since Nov 20 as there was no process around covert medication in place. With the support of the team the resident was able to be discharged home with the appropriate support in place in February 21.

#### Reduce insulin waste.

Identified 30 insulin pens in stock, care home continued to order each month. We supported the care home team to work out how pens were needed to the resident's

dose. Prescription quantity amended and order process support given. Prescription was for 15 pens resident needed 6, quantity amended.

Over ordering of injectables.

£625 saved from identifying over ordering from care home order. This a new care home where MMT support is currently being provided. A further £498 of avoidable waste was identified, we are working with care home to reduce waste and aim to reaudit in 3 months.

Waste Audit. – the team audit 2 months of waste returns for avoidable and unavoidable waste, when supporting care homes with their medication order. This audit is the repeated in 3 to 4 months to monitor impact of improved process and waste reduction.

Care home 1 - £761 avoidable waste in 2 months with £499 unavoidable. This was over 200 items of total waste.

Care Home 2 - £498 avoidable waste in 2 months with £79 unavoidable This was 46 items of total waste.

MDT working – we work with, liaise and support wider teams in Rotherham – TRFT Care home Liaison Team, TVN, Continence and Dietetics. We also work closely with GP practice teams, PCN teams. We are building links with RMBC contracting team.

#### Proxy Ordering (Electronic ordering)

Proxy ordering for 18 Residential and Nursing care homes in Rotherham, with a further 19 in process for set up.

This currently accounts for 45.12 % of the care homes in Rotherham. The NHSE target = 25%

#### **Prescribing Incentive Scheme**

The prescribing incentive scheme (PIS) had to be completely redesigned for 2020/21 and was not dependent on performance against practice prescribing budgets as these were not being set this year, this will also be the case for 2021/22.

Despite having to launch a revised scheme 6 months into the year, into the year practice performance has been strong. Practices achieved 349 (92.6%) of the criteria from a total of 377.

#### **Projects commenced in 2021/2**

1. Prescription intervention software provider changed from Scriptswitch to Optimise Rx.
2. Funding for additional community based dietitians to work with practices to improve diabetes management. Therapeutic pathways are being revised.

3. A multi-disciplinary project group has been established to improve hydration in care homes this could prevent 260 hospital admissions a year and 2000 bed days,
4. Agreement of a local pathway for the management of Age-related macular (AMD)
5. Facilitating the CCG wide campaign to reduce opioid prescribing (CROP) audits.
6. Launch of a programme to review patients on antidepressants.

### **Objectives 2021/22**

- Contain prescribing cost growth to below 3%
- Deliver the 2021/22 QIPP programme
- Revisit the stalled QIPP projects identified 2019/20
- Revise and implement revised diabetes management pathways
- Pilot chronic pain management clinics
- Develop the joint working with TRFT & across SYB ICS to manage non-PBR drugs
- Develop the MM Care Home service
- Develop the antidepressant patient review clinics.

**Stuart Lakin**  
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**NHS Rotherham CCG**  
**June 2021**