NHS Havering CCG Medicines Management Work Plan 2014-16

**Work Stream Name:** Medicines Management  
**Work stream lead:** Dr Belinda Krishek

**Case for change/Link to QIPP**
- Promotion of evidence based, cost-effective prescribing by optimising the use of medicines in primary care and across the interface with secondary care
- Ensuring the safe and cost-effective use of medicines
- Improve the health outcomes for Havering Clinical Commissioning Group (CCG) patients through medicines optimisation
- The aim is to save £645K in 14/15 and £336k in 15/16 across Havering CCG by optimising the medicines management opportunities across the primary and secondary care interface

**Overall description of project**
The purpose of the medicines management work plan is to:

- Provide strategic overview – developing a strategy for optimising the use and management of medicines in the local health economy
- Optimise the use of medicines - improving patient outcomes and increasing productivity through governance and assurance of safe, evidence based, cost-effective medicines usage in primary, secondary care and across the interface
- Establish effective partnerships – linking in with local, regional and national partner organisations to ensure a coordinated approach to medicines usage across health and social care

**Key projects and Implementation**
The medicines management workstreams is split into two parts

1. **Primary Care Prescribing Workstreams**
2. **Interface Prescribing Workstreams**
1. Primary Care Prescribing Workstreams
Joint working across the sector to maximise specific opportunities within the following areas

1.1 Antibacterial Prescribing [updated Nov 2014]
1.2 Cardiovascular System Drugs [updated Nov 2014]
1.3 Care Home Medicine Reviews
1.4 Community Based Services [updated Nov 2014]
1.5 Dermatology
1.6 Diabetes Drugs and Devices [updated Nov 2014]
1.7 Easy Drug Changes [updated Nov 2014]
1.8 Mental Health Prescribing [updated Nov 2014]
1.9 Nutrition Management
1.10 Osteoporosis
1.11 Pain Management
1.12 Patient specific areas [updated Nov 2014]
1.13 Prescribing Systems and Medicines Waste
1.14 Rebate Schemes
1.15 Respiratory Prescribing
1.16 Specialised Commissioning Prescribing
1.17 ScriptSwitch
1.18 Unlicensed Medicines (Specials) Prescribing
1.19 Urology

NB Appendix 1 shows the primary care prescribing and interface workstreams prior to being updated in Nov 2014

1.1 Antibacterial Prescribing [updated Nov 2014]
   - Antibiotic resistance poses a significant risk to public health. Reduce the inappropriate prescribing of all antibacterials
   - Implement appropriate antibacterial prescribing in line with national and local guidelines
   - Reduce the overall inappropriate prescribing of oral cephalosporins, clindamycin, quinolones and minocycline

1.2 Cardiovascular System Drugs [updated Nov 2014]
   - Reduce the inappropriate prescribing of rosvastatin
   - Reduce the inappropriate prescribing of ezetimibe and its combinations
1.3 Care Home Medicine Reviews

- Review medicines and prescribing to patients in care homes to optimise therapies and effectiveness of treatments

1.4 Community Based Services [updated Nov 2014]

- Monitor prescribing of all community based services and support them to implement cost effective prescribing
- Work with third party organisations to develop and implement prescribing policies for all walk-in centres and out of hours services to support the cost-effective use of medicines

1.5 Dermatology

- Develop and implement primary care guidance around the use of emollients
- Promote cost-effective brands of emollients

1.6 Diabetes Drugs and Devices [updated Nov 2014]

- Implement local guidance to support the reduction of inappropriate blood glucose testing strip prescribing in non-insulin dependent diabetics
- Implement local guidance to support the use of recommended cost-effective blood glucose testing strips for non-insulin dependent diabetics
- Implement local guidance to support the increase use of normal phasic insulins
- Facilitate training/education to support the management of patients requiring insulin
- Develop and implement guidance to support the use of cost-effective pen needles for insulin devices
- Develop and implement a review of 3rd line diabetes drug prescribing

1.7 Easy Drug Changes [updated Nov 2014]

- Review and change prescribing of specific branded drugs to their generic equivalent
- Review and change prescribing of specific contraceptives to more cost-effective brands
- Review and change prescribing of senna tablets to bisacodyl tablets as the preferred stimulant laxative choice
- Review and change to prescribing to the most cost effective brands of macrogol

1.8 Mental Health Prescribing [updated Nov 2014]

- Implement circadin MR 2mg as the melatonin product of choice, including its unlicensed or off label use. Review and change appropriate patients from unlicensed melatonin to melatonin (circadin) MR
- Review and change appropriate patients on orodispersible formulations of olanzapine and risperidone to standard formulations
- Work in collaboration with North East London Foundation Trust (NELFT) to review and reduce the prescribing of quetiapine XL products
- Support the appropriate management of dementia

1.9 Nutrition Management
- Review and reduce all prescribing of inappropriate 1Kcal/ml nutritional supplements, switch to 1.5Kal/ml products or stop prescribing where appropriate
- Dietitian led care home review of patients being prescribed oral nutrition supplements (ONS) that either haven’t had a review in the last 6 months or are unknown to the community dietetic service
- Dietitian led patient reviews to support the better management of oral nutrition for patients in the community
- Update the local primary care and care home ONS guidelines, including formulary choices
- Implement recommended powdered ONS as 1st line products
- Implement cost effective choices of 2nd line 1.5kcal/ml ONS products
- Implement appropriate training for the management of malnutrition for GPs, practice nurses, district nurses and care home staff
- Review and change prescribing of ready to drink pre-term milk formula to its powdered equivalent where appropriate
- Develop and implement a more robust hospital discharge mechanism for patients needing ONS

1.10 Osteoporosis
- Review and change prescribing to the most cost effective brands of calcium and vitamin D

1.11 Pain Management
- Implement oral morphine as 1st line opiate in pain management for appropriate patients (step 3 of WHO pain ladder)
- Review non-steroidal anti-inflammatory drug (NSAID) prescribing to promote ibuprofen and naproxen as the NSAIDs of choice and to decrease the prescribing of diclofenac and cox-2-inhibitors

1.12 Patient specific areas
- Work with the CCG patient engagement forums to implement a patient focused medication passport scheme to support patient self-care
- Review of polypharmacy in patients with 8 or more prescribed medicines and at risk of an unplanned admission

1.13 Prescribing Systems and Medicines Waste
- Implement a primary care campaign to reduce the inappropriate over-ordering of prescribed medicines
- Implement a medicines waste campaign to support a reduction in medicines wastage

1.14 Rebate Schemes
- To implement appropriate prescribing rebate schemes for primary care

1.15 Respiratory
- To optimise prescribing and outcomes for asthma and chronic obstructive pulmonary disease (COPD) patients through patient reviews
- In collaboration with the local Acute Trusts and Foundation Trusts develop and implement local prescribing protocols and formularies for asthma and COPD
- Implement the use of cost-effective inhaled corticosteroid (ICS) combination inhalers for asthma and COPD patients
- Implement the use of cost-effective long-acting muscarinic antagonists (LAMA) in COPD
- Implement training for COPD for appropriate healthcare professionals
- Implement inhaler technique training for all device types for appropriate healthcare professionals

1.16 Specialist Commissioning
- Review and implement the repatriation of primary care prescribing of specialist commissioning drugs including those for hepatitis B and cystic fibrosis back to secondary or tertiary care where appropriate

1.17 ScriptSwitch
- Utilise, update and maintain ScriptSwitch software to ensure safe and cost effective prescribing messages for prescribers
- Improve practice utilisation of ScriptSwitch

1.18 Unlicensed Medicines (Specials) Prescribing
- Reduce the inappropriate prescribing of unlicensed medicines, implement a switch to licensed alternatives where appropriate
- Utilise and update local guidelines to promote appropriate licensed alternatives including off label indication, for unlicensed prescribing
- Implement the use of cost-effective vitamin D products used for treatment of vitamin D deficiency
- Implement local guidance to promote the cost-effective and appropriate length of treatment for using of vitamin D products used in maintenance therapy
1.19 Urology
- Update and implement local guidance to promote cost-effective prescribing for the treatment of erectile dysfunction
- Implement local guidance for the prescribing of luteinising hormone-releasing hormone (LHRH) agonist
- Implement the recurrent urinary tract infection (UTI) pathway
- Develop and implement cost effective recommendations for the treatment of overactive bladder (OAB)

2. Interface Prescribing Workstreams [updated Nov 2014]
Joint working across the sector to maximise specific opportunities within the following areas

2.1 Acute Trust Contracts
2.2 Eye Treatment
2.3 Homecare Services
2.4 Home Oxygen Service (HOS)
2.5 Individual Funding Requests (IFR)
2.6 Managed Entry of New Drugs
2.7 Manage PbR Excluded Drugs
2.8 Wound, Stoma and Incontinence Care Products

NB Appendix 1 shows the primary care prescribing and interface workstreams prior to being updated in Nov 2014

Implementation of interface workstreams will be facilitated by the CCG medicines management team

2.1 Acute Trust Contracts
- Medicines management commissioning principles, interface policy and list of PbR excluded drugs that are applicable to the CCG to be included in the BHRuT contract
- Introduce medicines management Key Performance Indicators (KPIs) and audit around QIPP
- Develop and implement a commissioning for quality and innovation (CQUIN) for BHRuT and NELFT where appropriate around the use of blood glucose testing strips and insulin use in Type 2 diabetes to support the increase in NPH use and the reduction of clinically inappropriate multiple injection insulin regimens

2.2 Eye Treatment
- Implement the use of treat and extend ranibizumab (lucentis) in wet age-related macular degeneration (ARMD) and diabetic macular oedema (DMO)
2.3 Homecare Services
- Maximise the use of homecare services in line with local and national policy
- Work with BHRuT to have an audit in place to support a review of drug usage with a view to reducing potential drug wastage

2.4 Home Oxygen Service (HOS)
- Support monitoring of the new HOS contract
- Monitor NELCS delivery of the HOS Assessment and Review Service utilising agreed KPIs

2.5 Individual Funding Requests (IFR)
- Ensure only applicable drug related IFRs and prior approvals are triaged and worked up by the CCG
- Develop a process to enable pre payment verification of IFR approved drugs that are applicable to the CCG
- Development of Business cases and tick boxes to ease the IFR process

2.6 Managed entry of new drugs
- Horizon scanning to assess the impact of new drugs/therapies using tools such as prescribing outlook and NICE.
  Manage the entry of new drugs therapies where these relate to primary care prescribing and/or PbR excluded drugs funded by the CCG through:
  - BHR Area Prescribing sub-Committees (APC)
  - NEL Medicines Management Network (NELMMN)
  - NHS England London Region
  - Other relevant stakeholders

2.7 Manage PbR Excluded Drugs
- Ensure the correct route of funding is utilised for PbR excluded drugs to NHS England and the CCG
- For PbR excluded drugs funded through the CCG, ensure processes are set up to identify eligible patients
- Post payment verification of PbR excluded drugs that are applicable to the CCG

2.9 Wound, Stoma and Incontinence Care Products
- Develop and implement formularies around woundcare in conjunction with NELFT community services
- Develop and implement formularies around stoma products in conjunction with NELFT community services (cost and quality)
- Develop and implement formularies around incontinence products in conjunction with NELFT community services (cost
and quality)
- Ensure the regular update of joint wound, stoma and incontinence care formularies to support evidence based cost-effective prescribing in primary care
- Ensure nursing home compliance with their limited wound care formulary
- Monitor formulary compliance and work with non-formulary/expensive product prescribers

<table>
<thead>
<tr>
<th>Enablers (including information requirement)</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG medicines management team</td>
<td>CCG Teams</td>
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<tr>
<td>Prescribing incentive scheme</td>
<td>All staff at GP Practices</td>
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<tr>
<td>Access to ePACT.net</td>
<td>Commissioning support unit (CSU) teams e.g., finance, contracting (inc non-acute)</td>
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<tr>
<td>CCG prescribing leads</td>
<td>Neighbouring CCGs</td>
</tr>
<tr>
<td>Strong and close working relationship with the CCGs, local Acute trusts, NELFT and out of hours providers</td>
<td>Patients</td>
</tr>
<tr>
<td>Medicines management dieticians</td>
<td>Local Medical Committee (LMC)</td>
</tr>
<tr>
<td>BHR Area Prescribing sub-Committees (APC)</td>
<td>London Procurement Partnership (LPP)</td>
</tr>
<tr>
<td>Monthly prescribing newsletters</td>
<td>Local Pharmaceutical Committee (LPC)</td>
</tr>
<tr>
<td>ScriptSwitch</td>
<td>NHS England</td>
</tr>
<tr>
<td>Clinical guidelines and prescribing policies</td>
<td>Local Acute trusts</td>
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<tr>
<td>Prescribing/educational forums</td>
<td>North East London Foundation Trust (NELFT)</td>
</tr>
<tr>
<td>Education and training sessions for clinicians</td>
<td>Local Authority including public health</td>
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<tr>
<td>Meeting with contract leads to ensure contracts reflect projects as appropriate</td>
<td>Pharmaceutical Industry</td>
</tr>
<tr>
<td>Include medicines management in the appropriate schedules of Acute contracts</td>
<td>Nursing teams</td>
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<tr>
<td>Drugs and therapeutics committees/groups</td>
<td>Care homes</td>
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<tr>
<td>Clinical networks; cancer, cardiac etc</td>
<td>Social services</td>
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<tr>
<td>NELMMN</td>
<td>Specialist services e.g. Tissue viability, diabetes, dietetic services, speech and language therapy (SALT)</td>
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<tr>
<td>Joint formulary development</td>
<td>Third sector</td>
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<tr>
<td>Access to LPP data/information</td>
<td>Community pharmacists</td>
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<tr>
<td>Monthly prescribing scorecards</td>
<td>NICE</td>
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<tr>
<td>Monthly QIPP monitoring</td>
<td>Out of hours providers</td>
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<tr>
<td>Rebate schemes</td>
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<tr>
<td>Independent reviews from joint working</td>
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</table>
- Patient awareness programme
- Working in a partnership capacity with the pharmaceutical industry

**Outcomes and measures**
- Implementation of evidence based practice to ensure cost-effective prescribing
- Implementation of medicines management changes at practice level
- Delivery of medicines management QIPP efficiency

**Metrics**
- Delivery of primary care prescribing spend within the set primary care prescribing budget for 14/15
- Delivery of prescribing savings against the 14/15 medicines management prescribing plan
- Prescribing indicators for 14/15

**Impact on providers (including activity changes)**
- More efficient use of medicines
- Reviewing patients including clinical records
- Change in prescribing practices to increase working consistency across organisations
- Contractual requirement to comply with formulary
- Potential to reduce A&E attendance and admissions due to poor medication compliance or adverse effects
- Positive education and working to create change in approach to prescribing and repeat prescribing.
- Medicines management priorities included in all provider contract schedules

**Cost/Resources**

<table>
<thead>
<tr>
<th>Pay Resource:</th>
<th>Project Governance arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 WTE Chief Pharmacist (Shared across BHR)</td>
<td>- Workstreams are planned with input from appropriate CCG leads including prescribing leads</td>
</tr>
<tr>
<td>1 WTE Deputy Chief Pharmacist (Shared across BHR)</td>
<td>- Decisions are agreed at CCG Board prior to implementation</td>
</tr>
<tr>
<td>2 WTE Medicines QIPP Pharmacists (Shared across BHR)</td>
<td>- Decisions are agreed at BHR APC prior to implementation</td>
</tr>
<tr>
<td>1 WTE Prescribing Data Analyst (Shared across BHR)</td>
<td>- Via Chief Pharmacist</td>
</tr>
<tr>
<td>2 WTE Project Support Officers (Shared across BHR)</td>
<td>- Via QIPP programme pharmacists</td>
</tr>
<tr>
<td>1.1 WTE Prescribing Advisors</td>
<td>- Agree projects with appropriate stakeholders</td>
</tr>
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**Non-Pay Resource/Cost**
- Oral Nutritional supplements project:
  - 0.5 WTE band 6 dieticians
- ScriptSwitch
- Computers including appropriate software
- Communication
- Stationary
- Fax
- Photocopier
- Postage and carriage
- Blackberries
- Travel
- Conference and Seminars

<table>
<thead>
<tr>
<th>Patient Choice</th>
<th>Risks</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered on all initiatives</td>
<td>In-year increases in drug tariff prices</td>
<td>Monitor and impact assess price fluctuations</td>
</tr>
<tr>
<td>Engagement and consultation on workstreams through lay members and specific patient groups</td>
<td>Increase in morbidity driving greater volume of medicines use</td>
<td>Raising awareness at various patient groups. Producing patient educational supporting materials. Supporting GPs communicate messages around therapy changes better</td>
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<tr>
<td>Support GPs to better educate their patients</td>
<td>Patient refusal to be switched or changed from current therapies as a result of QIPP initiatives</td>
<td>Horizon scanning to assess the impact of new drugs/therapies using tools such as prescribing outlook and NICE. Manage the entry of new drugs therapies through appropriate committees/groups</td>
</tr>
<tr>
<td>Production of patient support material</td>
<td>Entry of high cost new therapies/ drugs into primary care</td>
<td>GP practice staff engagement in all workstreams</td>
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Appendix 1 - Versions of the primary care prescribing and interface workstreams prior to being updated in Nov 2014

1. Primary Care Prescribing Workstreams

1.1 Antibacterial Prescribing [updated Nov 2014]
1.2 Cardiovascular System Drugs [updated Nov 2014]
1.4 Community Based Services [updated Nov 2014]
1.6 Diabetes Drugs and Devices [updated Nov 2014]
1.7 Easy Drug Changes [updated Nov 2014]
1.8 Mental Health Prescribing [updated Nov 2014]
1.12 Patient specific areas [updated Nov 2014]

1.1 Antibacterial Prescribing

- Antibiotic resistance poses a significant risk to public health. Reduce inappropriate prescribing of antimicrobials.
- Implement the prescribing in line with local antibacterial guidelines
- Reduce the inappropriate prescribing of oral cephalosporins, clindamycin, quinolones and minocycline

Changed to

- Antibiotic resistance poses a significant risk to public health. Reduce the inappropriate prescribing of all antibacterials
- Implement appropriate antibacterial prescribing in line with national and local guidelines
- Reduce the overall inappropriate prescribing of oral cephalosporins, clindamycin, quinolones and minocycline

1.2 Cardiovascular System Drugs

- Review and change prescribing of all strengths of isosorbide mononitrate (ISMN) immediate release and modified release formulations, to the most cost-effective brand of ISMN MR 60mg**

**removed

1.4 Community Based Services

- Develop and implement prescribing policies for all walk-in centres and out of hours services to support the cost-effective use of medicines

Changed to

- Work with third party organisations to develop and implement prescribing policies for all walk-in centres and out of hours services to support the cost-effective use of medicines
1.6 Diabetes Drugs and Devices
   - Review and reduce the use of analogue insulins

Changed to
   - Facilitate training/education to support the management of patients requiring insulin

1.7 Easy Drug Changes
   - Review and change prescribing of specific branded drugs to their generic equivalent
   - Review and change prescribing of specific contraceptives to more cost-effective brands

Changed to
   - Review and change prescribing of specific branded drugs to their generic equivalent
   - Review and change prescribing of specific contraceptives to more cost-effective brands
   - Review and change prescribing of senna tablets to bisacodyl tablets as the preferred stimulant laxative choice
   - Review and change to prescribing to the most cost effective brands of macrogol

1.8 Mental Health Prescribing

Added
   - Support the appropriate management of dementia

2. Interface Prescribing Workstreams

NB this has been removed from the workplan

2.2 Cellulitis
   - Support the development of a pathway to reduce hospital admissions for patients who need to be treated with IV antibiotics in the community