



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
6 DECEMBER 2016

REPORT ON: MEDICINES MANAGEMENT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB56-2016

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to inform the Dundee Integration Joint Board on medicines management activities currently being delivered within Dundee; the plan over the remaining period of financial year 2016/17 and the evolving plans for 2017/18. The report will consider outliers, unexplained prescribing variation, current activities and areas of good performance.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Approves the development of the Tayside Prescribing Management Group as a strategic means to support clinically led quality oriented cost effective prescribing change.

2.2 Approves the four key priorities of

- Quality practice visits
- Specific drug projects
- Review of the Tayside formulary
- Prescribing improvement work with individual GP practices and clusters.

3.0 FINANCIAL IMPLICATIONS

3.1 The actions described in this report will assist in addressing the financial shortfall between the current level of prescribing expenditure and available budgeted resources across the Tayside area. It is essential that all stakeholders adopt the four key priorities to enable any significant progress to be made. These priority programme areas are anticipated to deliver financial savings of approximately £5m across Tayside in a full financial year with around £1.6m of savings to be delivered through accelerated initiatives by March 2017.

4.0 MAIN TEXT

4.1 Background

4.1.1 The financial environment within both Dundee and Tayside's prescribing budgets remains a challenging one. Tayside remains in the top quartile of prescribing within Scotland, and although prescribing costs in Dundee are lower than the Tayside average, they are still in excess of the Scottish average.

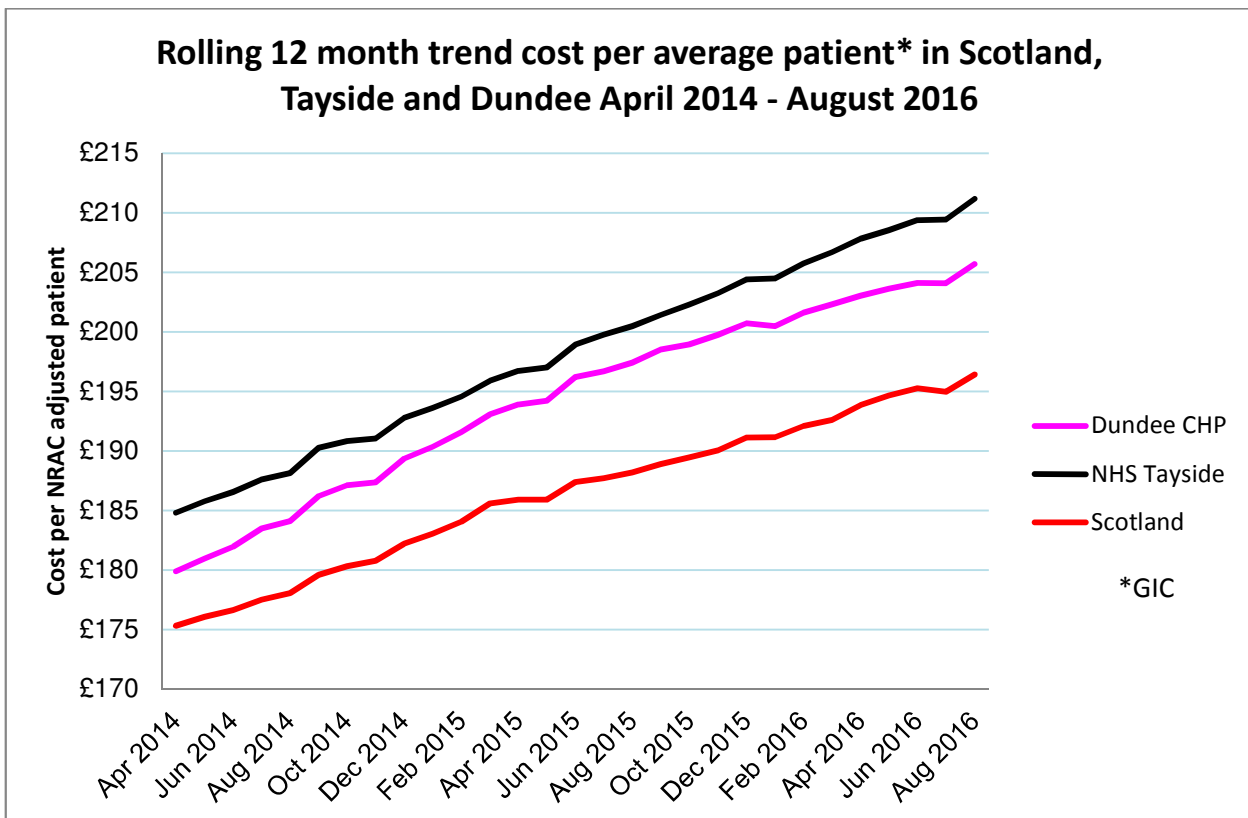
4.1.2 NHS Tayside has embarked on a clinically based, clinically focussed programme based on examining variation; polypharmacy; waste; safety and harm; and formulary compliance, all of which Dundee Health and Social Care Partnership has taken a full part in. This has been supported by central clinical guidance, a practice visiting programme and local Medicines Management Group (MMG) led initiatives

within practices supported by local, Tayside and national prescribing information. Despite a degree of success in these programmes the prescribing budget remains significantly overspent.

- 4.1.3 Four key priorities have been identified to further address the efficiency opportunities within the Family Health Services (FHS) prescribing budget. These are: quality prescribing visits initially targeting practices at greatest variance to prescribing spend; projects aimed at specific drugs (rosuvastatin, lidocaine plasters, pregabalin); reviewing the formulary; and working with GP prescribers both through GP cluster discussion and through pharmacy team reviews of prescribing.
- 4.1.4 To deliver on this agenda weekly meetings, chaired by Dr Michelle Watts and Dr Gavin Main will be held at Tayside level to monitor progress and risk. However without a joint approach from all members of the multidisciplinary team, where all members contribute to the same aim of delivering the best possible healthcare, at the lowest possible cost, delivering the best experience for our patients we will fail to maximise opportunities. Teams must be aware of the need to comply with the first class clinical pathways that have been developed within Tayside.
- 4.1.5 In addition we recognise the importance to inform our local communities regarding their role and responsibility in the prevention of medicines waste and how we can manage Christmas ordering expectations. The NHS Communications Team have influenced the messaging of the national campaign delivered through NHS 24 which will be launched from early December via "Know who to turn to" messaging and social media.
- 4.1.6 It is critical to accept that our costs are higher compared to other Boards because we treat more patients, our clinical workforce are proactive and strive to deliver the best possible care for our communities. This is supported by National Services Scotland (NSS) data that describes our cost per treated patient.

4.2 Current Position

- 4.2.1 Current prescribing in Tayside remains in excess of that in Scotland, with prescribing within Dundee lying between the Scottish and Tayside averages.

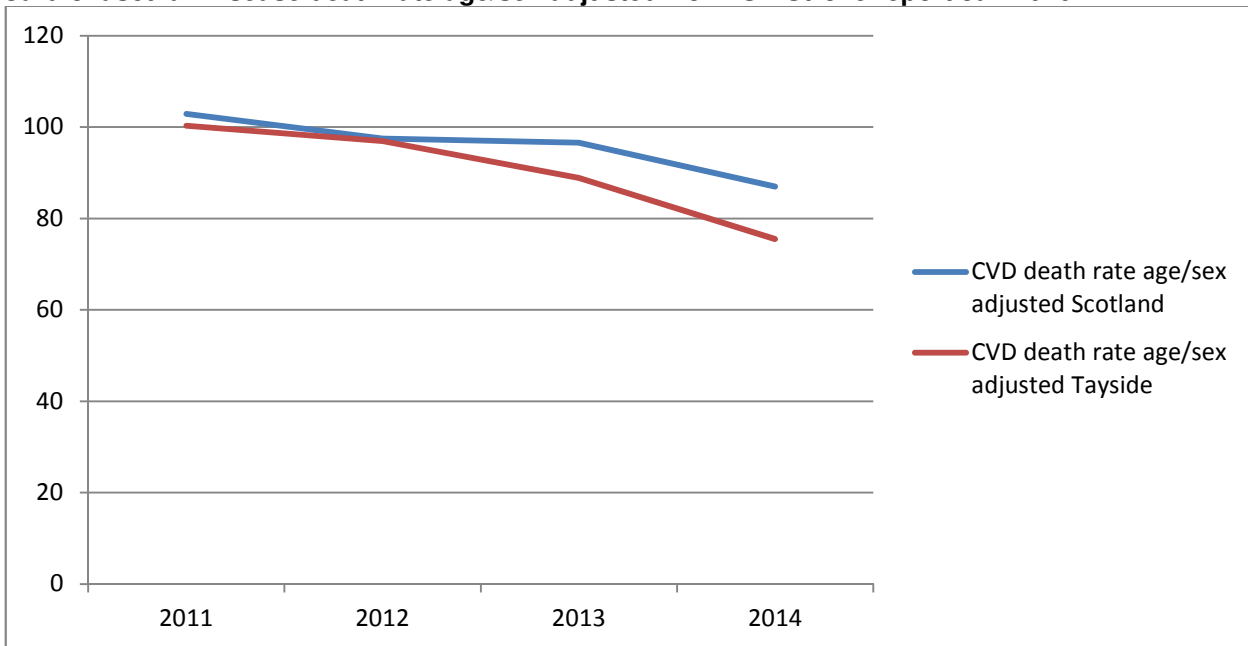


- 4.2.2 This is in part due to higher than average prevalence of a variety of chronic illnesses, and in part because Tayside has established a series of clinical pathways that aim to provide our patients with the best possible care.
- 4.2.3 These treatment pathways have been developed to make best use of our available resources, consider the whole treatment pathway and provide the best possible experience of care. They do not focus only on medicine costs, but consider whole system costs. Our clinicians have embraced national contractual arrangements, such as the Quality and Outcomes Framework in General Practice, and ensured our populations are screened for a range of clinical conditions. We have been successful at identifying patients at risk, and we have been successful in treating these identified patients.
- 4.2.4 The identification of a greater proportion of our population as having significant treatable chronic illnesses that benefit from treatment; and the subsequent treatment of these illnesses to a greater degree with medications shown to have a positive effect on prolonging life and reducing harmful outcomes may be regarded as positive variation in prescribing.

4.3 Examples of Positive Variation

- 4.3.1 NHS Tayside has a higher prevalence rate of atrial fibrillation when compared with other Scottish Boards. This is thought to be a result of more effective identification of this condition. In order to help manage these patients investment could have been made in to additional staffing to deliver ‘warfarin clinics’ where patients must attend to ensure their level of anticoagulation is within safe limits, or investment could be directed to new agents where the monitoring is not required. The clinical consequence of identifying and treating these patients can be correlated with a larger reduction in mortality compared to Scotland as a whole. The reduced mortality rate seen in Tayside as a result of its proactive approach to identification and treatment is a good example of positive variation.

Cardiovascular Disease death rate age/sex adjusted from ISD Stroke report Jan 2016



- 4.3.2 Tayside delivers a world class service for the identification and treatment of patients with Hepatitis C. Our clinical leaders were early adopters of new antiretrovirals in treating this communicable condition which can result in liver failure, liver cancer and death. Within primary care in Dundee the Health and Social Care Partnership has funded a nationally recognised General Practice programme for identifying and managing patients with this condition.
- 4.3.3 These antiretroviral agents have revolutionised the treatment of Hepatitis C from one of disease management to one of cure. This treatment pathway invested in medicines, working towards removing the burden of Hepatitis C from our local populations. As a consequence our Board has one of the

lowest liver transplant rates for Hep C patients in Scotland. This releases inpatient capacity and the utilisation of healthcare resources from managing a chronic condition.

4.4 Greater Prevalence – Better Outcomes

4.4.1 Out of the 16 important chronic diseases reported on through the Quality and Outcomes Framework, Tayside has higher prevalence in 12, and at 99.5% reports higher levels of achievement than the 98.2% achieved in NHS Scotland.

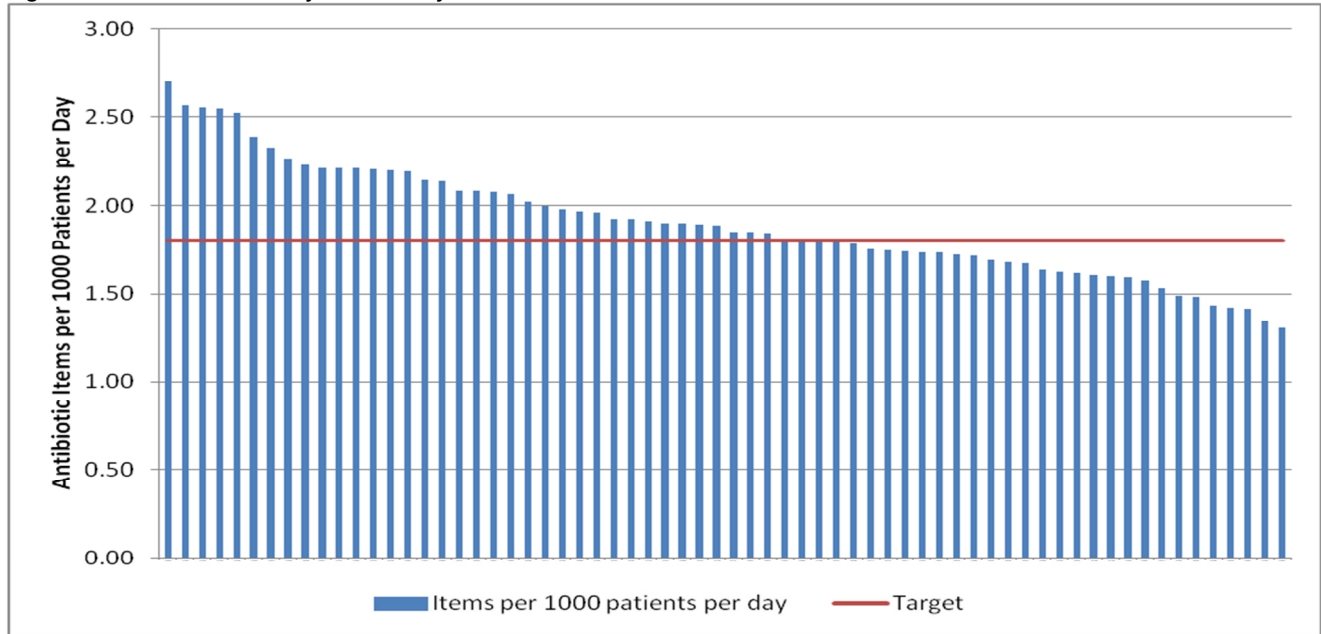
Disease area	NHS Scotland	NHS Tayside	Percentage difference	Disease area	NHS Scotland	NHS Tayside	Percentage difference
Dementia	0.8	0.98	22.5%	Hypertension	13.93	14.94	7.3%
Peripheral arterial disease	0.87	1.03	17.5%	Diabetes	4.97	5.29	6.4%
Osteoporosis	0.15	0.18	16.9%	Rheumatoid arthritis	0.60	0.64	5.5%
Atrial Fibrillation	1.71	1.96	14.7%	Coronary Heart Disease	4.10	4.17	1.8%
Mental Health	0.90	1.02	13.7%	Cancer	2.44	2.44	-0.1%
Heart Failure	0.85	0.96	12.9%	Chronic Kidney Disease	3.19	3.06	-4.0%
Stroke	2.20	2.47	12.0%	Asthma	6.39	6.12	-4.1%
Chronic Obstructive Pulmonary Disease	2.29	2.49	8.8%	Depression	6.80	5.24	-23.1%

4.5 Quality and Safety in Prescribing – Antimicrobial Stewardship

4.5.1 The National Quality Indicator (NQI) for reduction of total antibiotic prescribing is a key Healthcare Associated Infection (HAI) indicator. Antibiotic use, expressed in items/1000 patients/day, in at least 50% of practices in each NHS Board will be at or below the 25th percentile of Scottish practices; or will have made an acceptable move towards that level. Antibiotic prescribing for each practice is measured in January – March and compared to the baseline prescribing measured in January – March 2013. This is to be updated for 2016-17 with a new baseline of January – March 2016.

Figure 1 shows the data used to measure the antibiotic NQI in January – March 2016.

Figure 1: Practices in NHS Tayside January – March 2016.



4.5.2 NHS Tayside comfortably exceeded the antibiotic NQI in 2015-16; with 41% of practices meeting the required target and 30% of practices making an acceptable move towards it. This total of 71% compliance compared to the required 50% shows the commitment from all members of the primary care team and Antimicrobial Management Group to meet a particularly challenging target.

4.6 Tayside Prescribing Management Group

4.6.1 At Tayside level, the Prescribing Management Group (PMG) has been established to develop an evolving five year whole systems strategic medicine management plan, developed in collaboration with clinical teams across Tayside supported by horizon scanning data and local system intelligence. This group includes primary and secondary care clinicians; pharmacy support and senior managerial support.

4.6.2 A facilitated development session took place in mid October to start data generation to develop the five year plan. Data from the session is currently being synthesised with data from over 100 responses from a questionnaire to clinicians across Tayside. The medicine management plan will contain an annual focussed set of medicine management actions to promote clinically effective, cost effective and consistent management of prescribing.

4.6.3 The Prescribing Management Group (PMG) functions as a collaborative with delegated executive authority to allocate, monitor and agree actions to make optimal use of the prescribing budget. They will hold to account the IJB and NHS Tayside prescribing forums for delivery of the identified medicine management plan. PMG will deliver a whole system approach to developing prescribing action plans, implementation of prescribing projects and monitoring, identification and management of financial risks within prescribing.

4.6.4 The IJB and NHS Tayside prescribing forums have a responsibility to ensure actions are delivered to make certain their local prescribing performance is safe, clinically effective and cost effective and the identified opportunities set by PMG are delivered.

4.6.5 Within the Health and Social Care Partnerships are local Medicines Management Groups (MMGs) supported by locality pharmacists and the Prescribing Support Unit (PSU). These MMGs generate and interrogate information regarding prescribing priority areas, financial targets, explore variation between practices, and examine prescribing processes between primary and secondary care; in patients

requiring augmented social support such as those resident in nursing homes or who are otherwise less able to manage their medications; as well as reviewing areas of waste, safety, polypharmacy and potential harm.

4.6.6 These groups are in the process of providing additional assistance to clusters of GP practices in developing a peer approach to support improvement in the prescribing metrics referred to above.

4.6.7 Critical to the successful delivery of these initiatives is the clinical leadership and clinical engagement required to deliver on the medicines management opportunities.

4.7 Quality Practice Visits

4.7.1 The PMG has embarked on a process of prescribing visits whereby a lead GP supported by a lead pharmacist attend with a practice that has been identified as being at a greater degree of financial variance than other practices within Tayside. This small team is supported with a variety of prescribing variation and safety reports. The ethos behind the visiting programme is that of discussing with the practice team the variation shown by the reports to see how much can be explained. Where unexplained variation exists, or where patient safety or cost-effective issues might be usefully addressed, the visiting team agrees specific funded projects with the practice team whereby this can occur. The team also has access to pharmacy technician and practice pharmacist resource to work on specific projects within identified practices.

4.7.2 The programme is voluntary as there is no contractual mechanism to force practices to accept an unwanted visit. Most but not all of the identified practices have agreed to take part in this project. Where practices have declined a visit additional contacts via local GP leads have been made to try to encourage co-operation, and where this has been unsuccessful, some additional pharmacist resource has been invested into working within those practices in areas of unexplained variation. Within Dundee, this has been particularly successful, with a project within the Mill practice resulting in £40,000 savings.

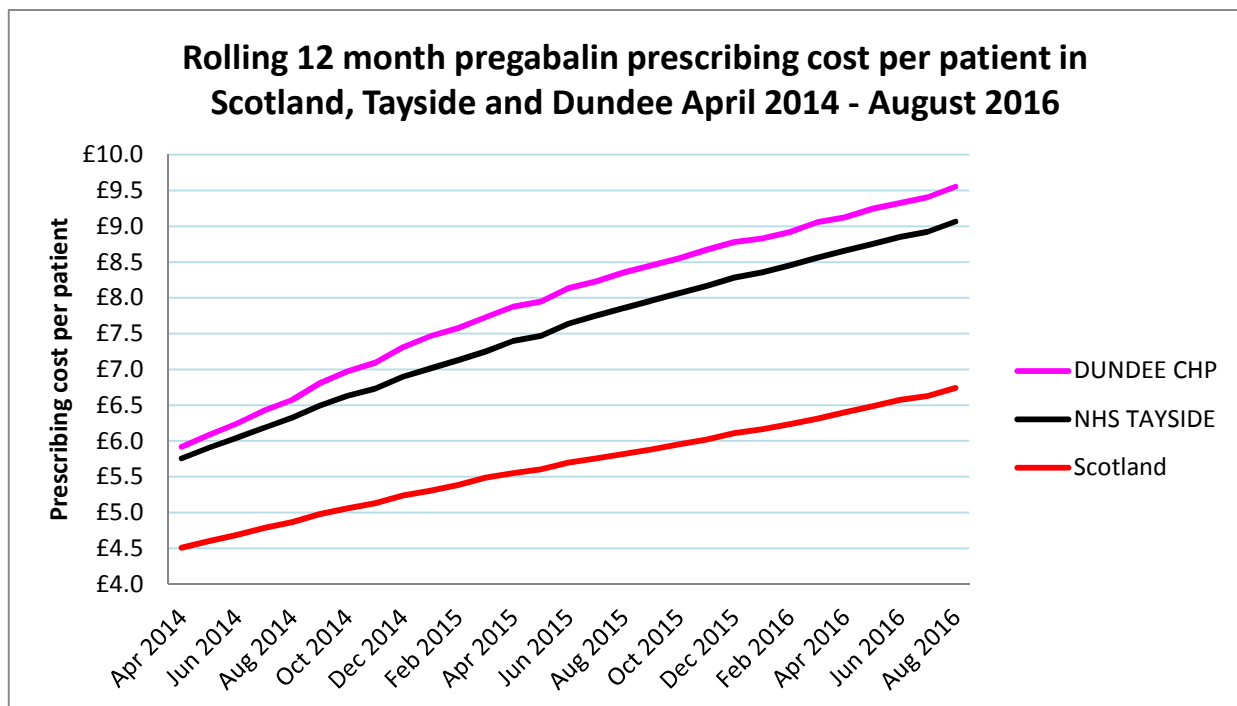
GP Practice	Quality Visit Status as of 11 th November 2016
Angus	
Practice A	In discussion with practice around dates for January
Practice B	Visit undertaken September 2016 - Action plan with practice for implementation
Practice C	Visit undertaken September 2016 - Action plan with practice for implementation
Practice D	Visit undertaken November 2016 - Action plan with practice for implementation
Practice E	Visit booked for December 2016
Practice F	Visit booked for November 2016
Practice G	Visit booked for November 2016
Dundee	
Practice H	Visit refused - some enhanced work taking place by PSU pharmacy technician
Practice I	Excluded at present
Practice J	Visit refused - extensive pharmacy support in place working through a plan of cost-effective prescribing projects
Practice K	Visit completed August 2016 - Action plan with practice for implementation
Practice L	Visit completed October 2016 - Action plan with practice for implementation
Perth	
Practice M	Excluded at present
Practice N	In discussion with practice around dates for January
Practice O	Visit booked for December 2016

4.8 Specific Drug Projects

4.8.1 Pregabalin

4.8.1.1 NHS Tayside is an outlier against all other Boards in the use of pregabalin. Pregabalin is licensed for use as an anti epileptic (not on Tayside Area Formulary (TAF) as neurologists prefer other agents), for Generalised Anxiety Disorder (not recommended by Scottish Medicines Consortium (SMC), also not on TAF) and neuropathic pain (on TAF). NHS Tayside treats more patients with pregabalin than other Boards areas, and NTIs show greater doses are used in Tayside then elsewhere. Pregabalin is anticipated to become freely available for all indications as a generic in mid 2017, with a corresponding reduction in costs, Tayside will still be an outlier clinically. The growth in pregabalin prescribing was initially following guidance from the Tayside pain clinic, but latterly the majority of growth has been seen in primary care. As with much chronic pain prescribing, there is a correlation between higher prescribing and higher deprivation rates. Pregabalin is also often sought by patients with opiate and other addiction problems as a means of managing their symptoms and affecting their drug experience.

4.8.1.2 The PMG in conjunction with the pain clinic, the Tayside Substance Misuse Service and local GP clusters is working with practices on developing effective means of addressing variation in prescribing and encouraging appropriate pregabalin reviews in patients.

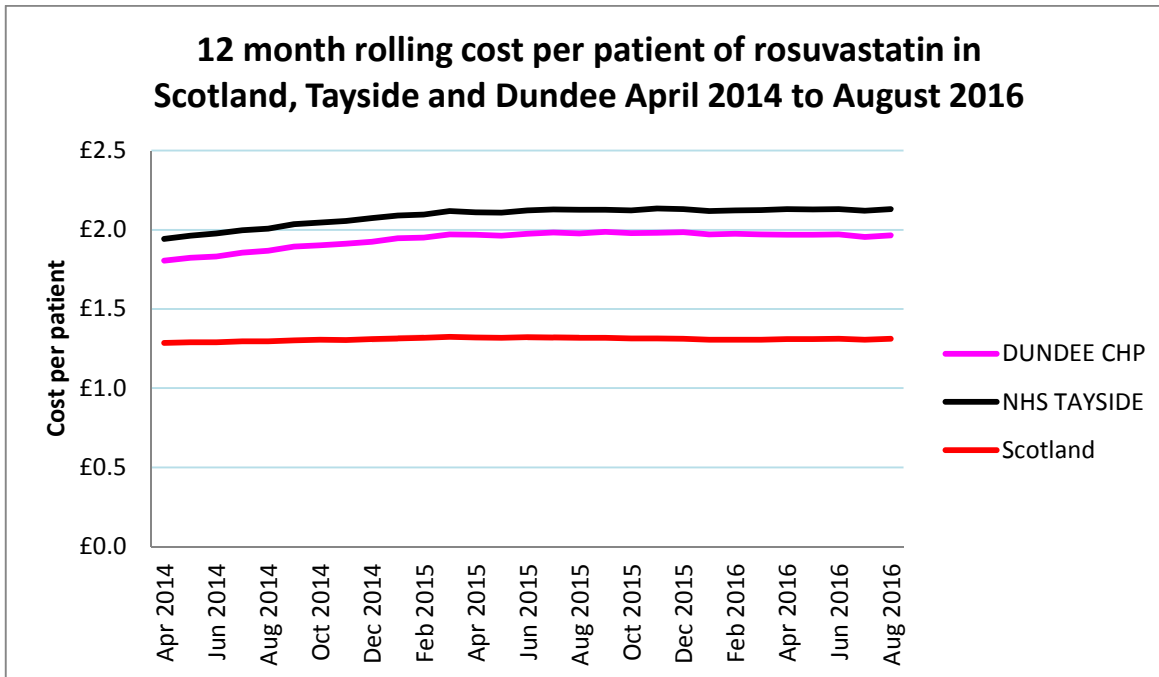


4.8.2 Rosuvastatin

4.8.2.1 Work has already begun to address formulary compliance in this area. Stricter adherence to formulary first line choice has been proposed, with potential switching of patients not currently prescribed atorvastatin, the first line choice in Tayside Area Formulary. Approximately 1200 patients in Tayside are prescribed rosuvastatin (a member of the drug class of statins to treat high cholesterol and related conditions), which is restricted in the formulary to particular patient groups.

4.8.2.2 Reviews are being undertaken to ensure all remaining patients meet the restrictions, however several months preparatory work and clinical engagement have been required before progressing with this. Considerable pharmacy staff time is being expended in reviewing the records of all patients on rosuvastatin and switching those not meeting the required criteria.

4.8.2.3 Early indications from the first two weeks of reviews are that the majority of patients reviewed so far actually **do meet the required criteria** for rosuvastatin prescribing and switching to atorvastatin to release resource will not happen on a large scale. If the principle of this approach is accepted, i.e. switching to first line formulary choice across a range of medicine groups/diseases there would need to be a major investment in capacity to deliver this, both in pharmacy and clinical time as not all medicines lend themselves to review and switch by pharmacists and would need GP and or consultant involvement. Consideration would need to be given to the principles underlining the Tayside Area Formulary, clinician engagement and public and political acceptance of large scale migration of patients to first line formulary choices.

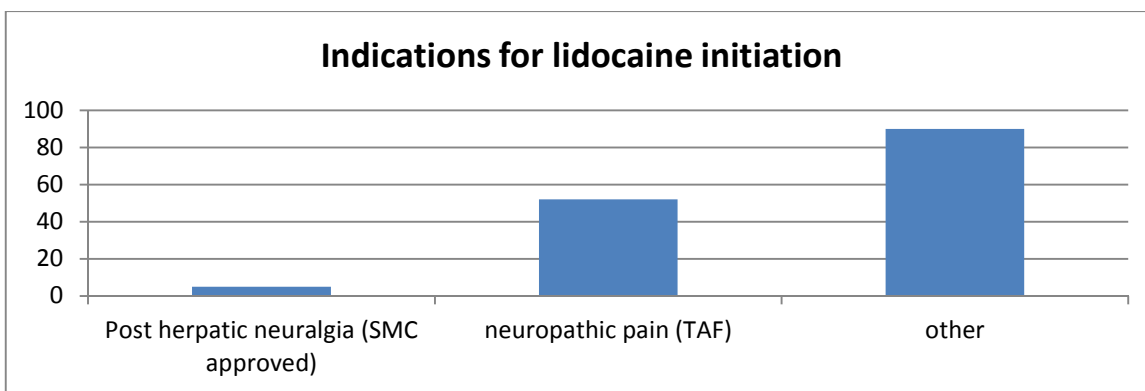
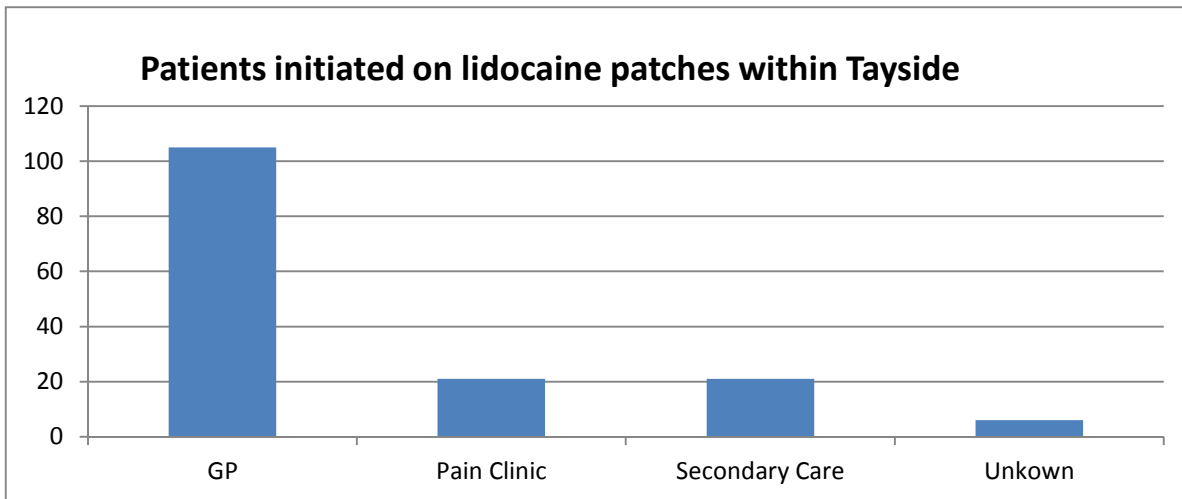


4.8.3 Lidocaine Plasters

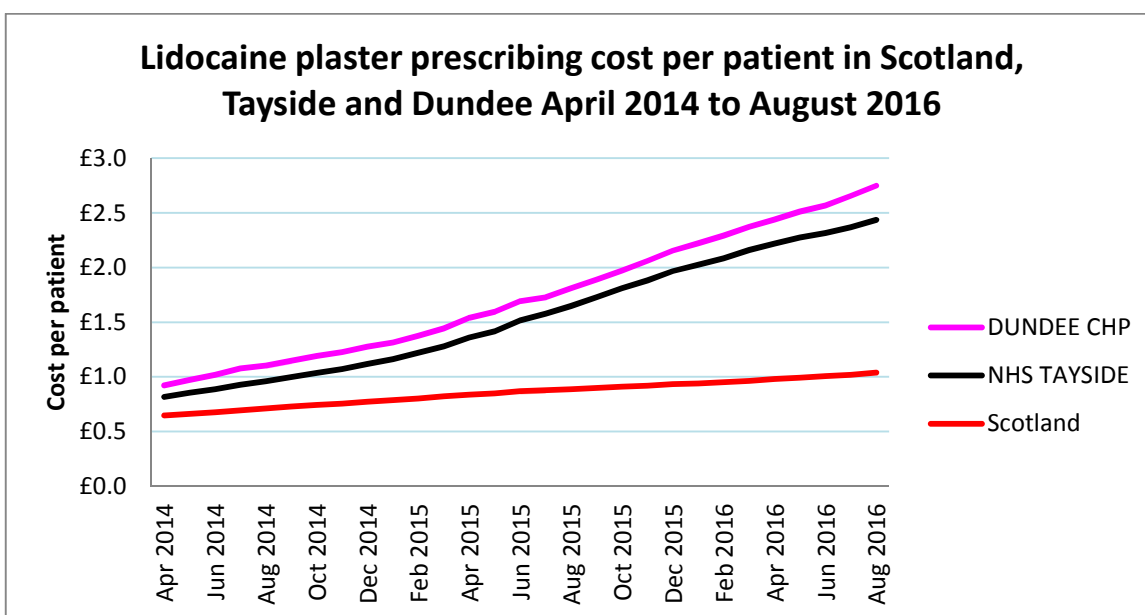
4.8.3.1 Lidocaine plasters have been identified as an areas of prescribing growth contributing to the increasing variation in cost per weighted patient between NHS Tayside and NHS Scotland. The Scottish Medicines Consortium (SMC) approved lidocaine plaster for use in NHS Scotland for “neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia)” In addition the Tayside Area Formulary includes:

- 4th line. For peripheral neuropathic pain either alone or in combination with other medicinal products for pain
- Restricted to patients who have not achieved adequate pain relief from, or have not tolerated, conventional first, second, and third line treatments

4.8.3.2 The growth in lidocaine prescribing was initially following guidance from the Tayside pain clinic, but as with pregabalin, latterly the majority of growth has been seen in primary care. As with much chronic pain prescribing, there is a correlation between higher prescribing and higher deprivation rates. A recent review of patients prescribed lidocaine showed that most are started in GP practice. In addition most were for non SMC or non formulary indications.



4.8.3.3 The Prescribing Management Group has discussed whether the current “green” formulary status that allows general prescribing should be changed to “amber” where a specialist recommendation is required before this medication is started in new patients. Clusters within Dundee have started to review lidocaine prescribing in concert with the practice pharmacy team to determine whether lidocaine is indicated in current patients.



4.9 Formulary Review

- 4.9.1 The aim of the formulary is to identify the most cost effective medicines to recommend to clinicians for use with patients. The existing Tayside Area Formulary has been developed through a rigorous cycle of repeated review with specialist services over several cycles. It is however a broad formulary that includes a wide range of medications, with some less cost effective than others. Tayside will work towards a concise evidenced based formulary which clearly shows first and second line choices that include those drugs of greatest benefit to patients.
- 4.9.2 Review of the Tayside formulary will start with work on chapters 1 (Gastrointestinal), 2 (cardiovascular), 3 (respiratory), 4 (Central Nervous System), 6 (endocrine) and chapter 10 (musculoskeletal) comparing Tayside against the Lothian formulary. This is a challenging exercise to validate clinically in a restricted time.
- 4.9.3 Two additional pieces of work reviewing the initiation of medications in or by secondary care have also been undertaken. The first is an audit of formulary compliance, delivered by the pharmacy team. This will require pharmacists to each audit 20 medicines commenced during an inpatient episode and assess for formulary compliance. The second is a review of outpatient communication forms sent via the clinical portal app, aimed at assessing formulary compliance in relation to GP requests to prescribe.

4.10 Prescribing Improvement Work with Individual GP Practices and Clusters

- 4.10.1 The quality visiting programme targets only a subset of Tayside practices. In order to make more significant changes in prescribing patterns it is essential to involve prescribers themselves in reviewing what, when and how they prescribe. The Tayside Prescribing Management Group has undertaken to develop a suite of cluster level prescribing reports to present to practices to show where variation is present in areas of quality, safety and harm. These are based on the existing prescribing indicators reported at health and social care partnership level, with additional indicators developed to support areas of prescribing growth and prescribing safety.
- 4.10.2 Approximately £1,000 per practice has been released from the Scottish Government's GP cluster programme to facilitate GP clusters to perform work on areas where they have identified the potential for improvement work through either these indicator reports or through local intelligence.
- 4.10.3 The practice pharmacy team has undertaken extensive practice level work on securing prescribing efficiencies through reviewing practice prescribing processes, recommending drug switches where indicated and reviewing polypharmacy patients both in care settings and in the community.
- 4.10.4 Cluster 1 within Dundee have also commenced work with Dundee University on DQIP2, a prescribing safety and polypharmacy improvement programme, with the aim of spreading and evaluating a polypharmacy based prescribing intervention in primary care.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 17 November 2016