NHS
Harrogate and Rural District
Clinical Commissioning Group

MEDICINES MANAGEMENT AND PRESCRIBING STRATEGY OVERVIEW FROM 2014

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STRATEGY AMENDMENTS

Amendments to the Strategy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Intranet

1. Introduction

The provision of cost efficient and quality prescribing has greatly benefited from close attention through structured support and review. With the CCG's primary care prescribing costs exceeding £23M in 2013/14 plus additional spend in secondary care, it is essential we continue with detailed monitoring, reporting, supportive advice, review and planning. Clear policy statements developed through effective horizon scanning and improved engagement will further enhance prescribing. Comparative data from the Quality and Outcomes Framework and analysis of national prescribing data demonstrate the high quality of local prescribing. Data also demonstrates that weighted prescribing costs within the CCG improved on the position of its predecessor, North Yorkshire and York PCT, and is now amongst the lowest in Yorkshire.

2. Medicines management and prescribing support

The CCG will increasingly determine its own priorities and agenda. Management and redesign in prescribing will be no different with the CCG considering new initiatives and ideas to enhance the care provided to the population it serves. These are likely to emerge with increasing regularity in the form of improved procurement arrangements and service redesign. Leadership and vision within the CCG will be supported by the engagement of primary care providers, local acute and mental health trusts and North Yorkshire and Humber Commissioning Support Unit (CSU). The service level agreement with the CSU includes medicines management and allows the CCG to benefit by retaining access to many years of local experience and NHS knowledge. The CSU Medicines Management Team (MMT) will work closely with Prescribing Leads from the CCG (Dr Rob Penman) and individual practices to enhance working relationships with local healthcare providers. The CCG will also benefit from access to the wider CSU MMT, with pooled resources accessible from within the CSU area as well as from national and international sources.

3. Core competencies for effective medicines management

The National Prescribing Centre (incorporated into NICE) provided guidance on 6 core competencies that a CCG should achieve to help deliver an effective medicines management service. In summary these are :

- A strategic overview - CCG leadership will communicate a strategy for optimising the use and management of medicines in a health economy
- Establish effective partnerships - link with local, regional and national partner organisations to ensure a co-ordinated approach to medicines usage across health and social care.
- Commission services that optimise the use of medicines, including redesign, recognising the potential that optimising medicines usage has to improve patient outcomes and increase productivity.
- Provides medicines oversight, governance and assurance of safe, effective and affordable medicines usage in provider services.

- Has medicines expertise that provides the full range of skills, expertise and knowledge necessary to deliver safe, legal and effective use of medicines across the healthcare economy to improve patients' outcomes.
- Supports and develops people working in medicines management roles in practice and those working for the CCG.

4. Engagement

4.1 Improvements in comparative prescribing data demonstrate that CCG practices have engaged in the local prescribing agenda. While this may not have been uniform, there is general acceptance of advice and support from the CCG and the MMT. Greater encouragement comes from practices pro-actively seeking advice and support, sharing ideas and concerns as well as responding to requests. The MMT Practice Support Team is regularly engaged with the 19 local NHS GP practices and would support further input being requested by practices.

4.2 Practices' implementation of the Quality, Innovation, Productivity and Prevention (QIPP) prescribing agenda is not solely through changing from drug A to B. Early adoption of guidance, national or from local agreement with local trusts, is important in delivering high quality and affordable prescribing to the public. It is critical that practices and other healthcare providers feel and are actively part of the prescribing agenda. Communicating timely and succinct messages to partners is essential but there will be occasions when only a minority require targeting. Further monitoring with supportive and positive feedback will improve relationships longer-term.

4.3 In addition to regular communication mechanisms the prescribing team will make use of the forthcoming website to improve access to information. However, the team recognises the value of annual prescribing meetings and offers all practices the option of a group or individual meeting. Their delivery from 2013/14 will support wider discussion of local issues and well as practice specific feedback. They continue to be a critical component to gathering feedback, shaping ongoing agenda and prescribing plans and integrating with the broader local NHS agenda.

4.4 Local interaction on commissioning and provision of secondary health care has been redesigned with the creation of a Harrogate Area Prescribing Committee. This allows recommendation and determination of agreed local formulary and joint ventures to improve patient flow and quality of care. While this is a new body, it is considered that the APC will support significant improvements in communication between primary and secondary care for the benefit of patients, clinicians and the health economy.

5.0 Components of the strategy

5.1 The CCG's prescribing strategy will not be fixed; however certain components have been identified to be effective or require early clarification. The CCG and MMT, as the prescribing team (PT) need to help avoid problems emerging in the medium to longer-term; a bad choice from a group of new drugs may not impact immediately but can cost hundreds of thousands of pounds a year in less than ten years.

5.2 Details of engagement are described in section 3.

5.3 Despite considerable effort and very positive results, varied rates of acceptance and implementation of change contributed to visible difference between practices. This is compounded by prescribers' independence on drug choice, but some decisions were predictably and unnecessarily expensive. A local 'preferred list' offers a means to avoid unnecessary variance and financial burden. The preferred list has progressed on to be a local joint formulary, developed and maintained in partnership through the APC. A practice based version of this formulary is expected to be released to practices using SystmOne in early 2014.

5.4 The timely consideration and determination on the position of new drugs will involve the PT and local NHS trusts concluding and communicate the many significant decisions for implementation and subsequent monitoring. Such decisions will be shaped by the MMT and the APC, and drugs suitable for prescribing and monitoring by GPs under shared care arrangements (with specialists) will be assessed for their workload and potential payment to GP practices for this workload.

5.5 National guidance such as NICE publications will be included within local formulary development to ensure local clinicians and the public can access and confirm the CCG position on treatments. The CCG will be supported by the CSU-MMT, local health networks and specialist commissioning teams, to determine the role of other specialist drugs. The CSU will support delivery of individual funding assessment.

5.6 The PT will review prescribing to assess the potential for QIPP opportunities and will seek the support of the CSU MMT. An increasing number of MMT support tools and their active engagement in practices will help progress this agenda and CCG endorsement will add impetus. The CCG generics position statement will help GPs to minimise any remaining potential savings. As agreed with practices for QOF 2012/13, quality and safety reviews, efficiency and safety gains from 'special formulation drugs' and a CCG co-ordinated programme of monthly 'hints and tips' will be delivered. For the latter, practices receive CCG position statements and prescribing data and will be encouraged to implement change. Subsequent feedback on their efforts supports positive news but and helps identify non-engagement.

5.7 The CCG will be proactive in tackling poor quality or excessive prescribing. The PT will actively review prescribing, identifying and assessing concerns for resolution and advise the CCG to address genuine problems.

5.8 Regular comparative prescribing data will remain accessible through the CSU and the CCG will assist the CSU in developing new and improved means of comparing and presenting prescribing. Data will remain an invaluable means of driving the quality, safety and value of prescribing.

5.9 The CCG will have input into governance approval of CSU 'drug review protocols' to be implemented in primary care practice, whether delivered by CSU personnel or by GP practice personnel.

6. Intended outcomes

6.1 Practice engagement in prescribing should be consistent with the broader ambitions of their CCG. As well as the prescribing strategy aiming to improve the quality and value of prescribing, full engagement should improve safety and prevent practices being exposed to unnecessary or avoidable risks.

6.2 An active prescribing strategy and detailed plan will assist the CCG in delivering its QIPP targets for 2014/15 and beyond. Analysis of data for 2013 indicates that prescribing costs continue to improve compared to national trends. At the time of writing it is uncertain if the ambitious target of saving almost £500K in 2013/14 will be achievable as the anticipated cost reductions in category M (from October 2013) have not yet been proven. It should be noted that the cost of most basic drugs remains outwith the control of prescribers or the CCG.

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