

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF NHS HARTLEPOOL & STOCKTON-ON-TEES CCG

MEDICINES OPTIMISATION IN NHS HARTLEPOOL & STOCKTON-ON-TEES CCG

**SUMMARY**

This report aims to provide the Health & Wellbeing Board with an overview of medicines optimisation services currently provided to GP practices and care homes in Hartlepool & Stockton-on-Tees CCG, and provide an outline of plans for 2017/18, including the NHS England GP Forward View Clinical Pharmacists in General Practice scheme.

**RECOMMENDATIONS**

It is recommended that the Board note the contents of the report.

**DETAIL**

**Background**

1. Medicines play a crucial role in maintaining health, preventing illness, managing chronic long-term conditions and curing disease and the decision to prescribe is the most common intervention in the NHS. From April 2016 to March 2017, 6.5million prescription items were prescribed in primary care in Hartlepool & Stockton-on-Tees, at a cost of £47.8 million<sup>1</sup>.
2. There are a number of concerns around use of medicines in England<sup>2</sup>:
  - Up to 50% of medicines are not taken as intended by the prescriber
  - Between 5 to 8% of all unplanned hospital admissions are due to medication issues (this figure rises to 17% in the over 65s)
  - Medicines waste is a significant issue (reported as £300 million nationally in primary care alone, about half of which is avoidable)
  - Medication safety data indicates that we could do much better at reporting and preventing avoidable harm from medicine
  - Resistance to antibiotics presents a very real and significant threat to healthcare
  - Multi-morbidity and polypharmacy have the potential to increase risk of avoidable harm and hospital admissions as well as increase the overall health costs
3. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help

---

<sup>1</sup> NHS Business Services Authority [ePACT.net](http://ePACT.net) prescribing data accessed 18/05/17.

<sup>2</sup> NHS England Medicines Optimisation background <https://www.england.nhs.uk/ourwork/pe/mo-dash/background/> accessed 18/05/17.

patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety.

4. Hartlepool & Stockton-on-Tees CCG aim to work collaboratively with other health professionals and social care providers to optimise the use of medicines across the Hartlepool & Stockton-on-Tees healthcare economy, delivering evidence-based cost effective use of medication and maximising patient outcomes.

#### **Medicines Optimisation Practice Support Activity 2016/17**

5. All CCG member practices receive practice-based prescribing support provided by the NHS North of England Commissioning Support (NECS) Medicines Optimisation (MO) Team consisting of clinical pharmacists and pharmacy technicians working directly into practices supported by a wider team of specialist data analysts and commissioning support pharmacists and technicians.
6. The team work closely with their aligned practices to a workplan agreed by the CCG designed to promote high quality, cost-effective use of medicines, reduce waste and promote patient safety. Within practices this includes audit work to support implementation of NICE guidance and medication related issues in general practice, support to encourage prescribing decisions in line with the Tees formulary, and monitoring and analysis of prescribing patterns.
7. Medication review is a key element of the practice-based workplan, where pharmacists and technicians work with practices and care homes to ensure the safe and effective use of medicines and to reduce the likelihood of medication-related hospital admissions. Over 3200 individual patient medication reviews were carried out by the team in 2016/17, generating over £165,000 of annual medication savings.
8. Optimise RX, a prescribing support software tool integrated into practice clinical systems was procured by the CCG in June 2016. Optimise Rx is active and in use in all practices across Hartlepool & Stockton-on-Tees and provides pop-up information messages to support decision making at the point of prescribing, based on local and national best practice guidance, clinical effectiveness and cost-effectiveness, and tailored to the patient based on their medication history and clinical record. Optimise RX prompted over 20,000 prescribing interventions from June 2016 to March 2017 reporting £360,000 of annual savings.
9. The CCG medicines optimisation workstream leads on local implementation of medicines related issues and provides guidance to local prescribers. This past year has been challenging in managing prescribing costs within primary care. The CCG has a Quality, Innovation, Productivity and Prevention (QIPP) implementation plan for medicines optimisation as well as horizon scanning for future budgetary pressures. This plan includes reviewing prescribing opportunities highlighted by NHS RightCare. The medicines optimisation QIPP plan for 2016/17 achieved over £1.4million of annual savings.

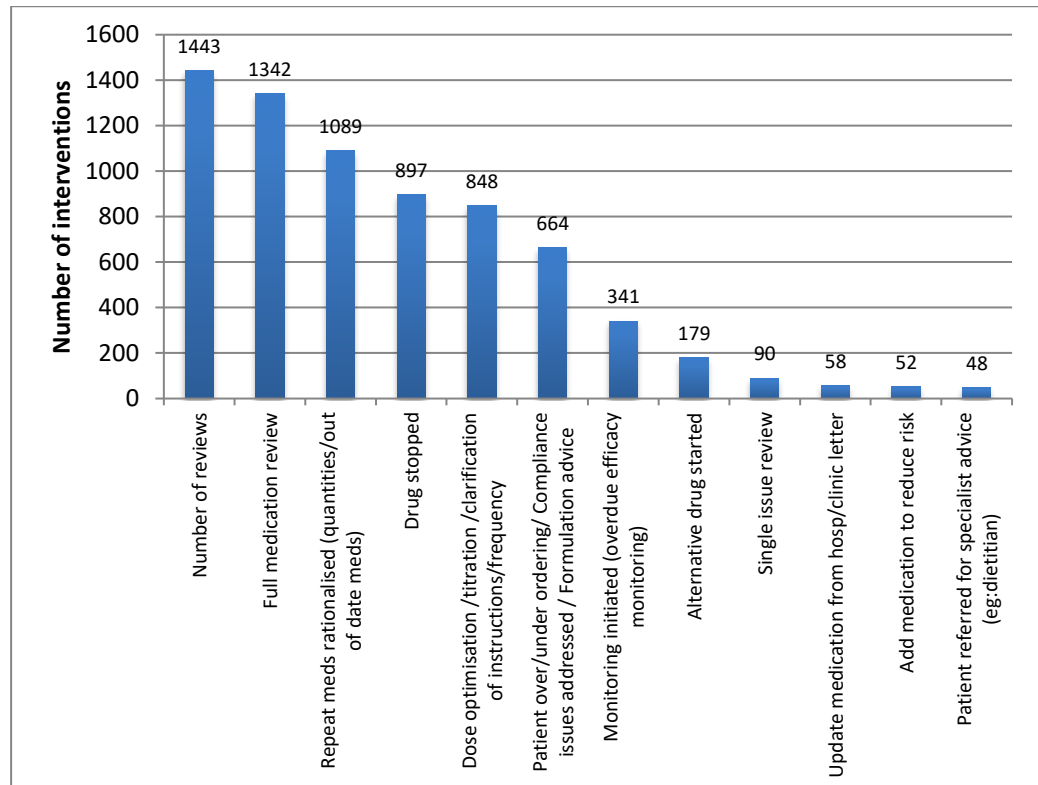
10. All practices receive monthly prescribing reports, detailing performance against budget and prescribing cost growth. The CCG medicines optimisation workstream review practice level performance on a monthly basis and where this is at variance with other CCG member practices, a detailed analysis of prescribing is carried out following which action plans are developed to support practices to improve prescribing practices and processes.
11. Practices receive quarterly antimicrobial prescribing reports, in line with the Department of Health's UK Antimicrobial Resistance Strategy and NICE recommendations. Practices are supported to reduce inappropriate antibiotic prescriptions through a regional primary care guideline, supported by a smartphone app, antibiotic formularies on clinical systems and pop up information messages on Optimise RX.
12. Assurance around the safe management of controlled drugs is provided to the CCG via quarterly prescribing reports presented to the CCG medicines optimisation workstream, ensuring robust procedures are in place within primary care. Hartlepool & Stockton-on-Tees CCG is also a member of the NHS England Local Intelligence Network for Controlled Drugs.
13. In 2016/17 the CCG invested in a series of practice medicines co-ordinator training sessions, designed to upskill practice receptionists around prescribing and medicines optimisation issues to enable them to better support practices with non-clinical medication queries and act as a key point of contact in the practice for local community pharmacies. 112 members of reception staff, from 32 practices across Hartlepool & Stockton attended the four half day training sessions and 76% of participants expressed a wish to continue the training.
14. In addition to the CCG commissioned practice support service, the CCG invested in additional clinical pharmacist resource, through Hartlepool & Stockton Health GP Federation, from September 2016 to March 2017 to help alleviate workload pressures on general practice.

### **Medicines Optimisation Care Home Support Activity 2016/17**

15. Medicines Optimisation practice team care home service
  - a. The CCG commission care home medication reviews as part of the practice support activity across Hartlepool and Stockton as an extension of the workplan. As part of the reviews pharmacists visit care homes to carry out in depth medication reviews from the GP patient medication records. Recommendations for any changes are sent to the patient's GP and pharmacist aligned to the practice to action.
  - b. Pharmacy technicians also visit care homes to minimise waste medication through assessing adherence, synchronising medicines and removing medicines no longer required from repeat prescription requests.
  - c. A total of 1443 residents, across 55 Care Homes were in receipt of services offered by the NECS MO team during April 2016 - March 2017. These reviews were

completed by the Care Home Pharmacists, Care Home Technicians and Pharmacist / Technician Practice Team. These residents were registered with 38 different GP practices. Figure 1 shows interventions made by the team.

Figure 1: HaST CCG Care Home Medication Reviews during April 2016 – March 2017. Number of Prescribing Interventions.



#### 16. Medicines Optimisation Better Care Fund support to care homes/ social care in Hartlepool

- a. In November 2015, the NECS MO team was commissioned by Hartlepool Borough Council and the CCG through the Better Care Fund to provide support to care homes and social care in Hartlepool.
- b. The team comprises of a senior pharmacist and pharmacy technician who provide expert knowledge in the delivery of safe and effective medicines management to service users in receipt of social care/ NHS funded care, develop audits and assessment tools to help identify where improvements to current practice can be made, and support the investigation and learning from critical incidents around medication.
- c. Where appropriate, patients can be referred into the practice team care homes service for a full medication review.
- d. As part of the service each care home in Hartlepool receives two medication assurance visits each year, focusing on competency of care home staff in administering and managing medicines. Where improvements are identified, the team work with care homes providing specialist training and mentoring to change practice.

- e. The team work as a conduit across the health and social care interface, liaising with mental health providers, CQC, community pharmacy and general practice to improve quality of care and patient outcomes.
- f. In 2016/17 the team made a total of 395 visits across 24 care homes, supporting 17 safeguarding visits. The service has had a positive impact on care home systems and processes and as a result of the success a similar model has been adopted across South Tees.

### **Medicines Optimisation Plans for 2017/18**

- 17. Pressure on prescribing budgets and primary care prescribing workload will continue into 2017/18 and is likely to increase. The CCG medicines optimisation plans for 2017/18 build on the work delivered in 2016/17 in both practices and care homes, and include at-scale working across the North East and Cumbria to maximise efficiencies and reduce variation.
- 18. The North East and Cumbria CCG Prescribing Forum leads on collaborative working across the region, identifying medicines optimisation initiatives that can be taken forward at scale to ensure value for money, add value to the system and improve patient outcomes for example around appropriate antibiotic use. Plans for 2017/17 include addressing medicines waste through repeat prescribing processes.
- 19. Medication reviews will continue in 2017/18 in both practices and care homes, to continue to support prescribing quality, safety and cost-effectiveness. Pharmacists will continue to support the patient safety agenda in practices, for example by carrying out searches to identify at risk patients being prescribed drugs commonly associated with medication errors, specifically antipsychotics in dementia, lithium and methotrexate.
- 20. To support delivery of financial balance on the prescribing budget, the work programme includes the promotion of preferred brand prescribing for opioid patches and combination inhalers which will maximise cost-effectiveness and also promote patient safety. Pharmacists and technicians will support the switching of patients and Optimise RX software will prompt prescribers to consider switching products and prescribing the most cost-effective preparation where appropriate.
- 21. Antimicrobial stewardship remains a key priority for the CCG, and is a complex global public health issue. Hartlepool & Stockton is one of the highest prescribers nationally of antibiotics. Focus on this throughout 2016/17 has resulted in a reduction in total prescribing, in line with Quality Premium targets, however further improvements can still be made to support more judicious use of antibiotics. In 2017/18 practices will be supported to reduce inappropriate antibiotic use through targeted audits focusing on specific therapeutic areas e.g. urinary tract infections, monthly reports highlighting performance at practice level and revised treatment guidelines for prescribers.

22. Individual practices have developed relationships with local community pharmacies in 2016/17 as part of the Repeat Prescribing Improvement Project, including regular meetings with pharmacies and in some cases staff exchanges where community pharmacy staff have shadowed GP reception staff and vice-versa. We plan to continue to develop these relationships in 2017/18, working with the Local Pharmaceutical Committee on areas of work including acute kidney injury and inhaler technique where community pharmacists can support patients in managing their medicines.

### **NHS England GP Forward View Clinical Pharmacists in General Practice**

23. The General Practice Forward View recognises the need for a skill mixed workforce in primary care and includes a commitment to deliver 'a pharmacist per 30,000 of population'. It is anticipated that the addition of more pharmacists to the multidisciplinary team into more patient facing roles will free up GP time to deliver a transformed integrated community services model and help to reduce admissions as a result of a different approach to multidisciplinary working. This is being partially funded by NHS England through savings on the community pharmacy budget being reinvested into integrated pharmacist roles in primary care.

24. The key objectives of the scheme are to:

- Support general practitioners by providing additional clinical pharmacists based in general practice to work with patients and the wider primary care workforce.
- Utilise the knowledge and skills of pharmacists to deliver care to patients in general practice and support long term transformation of the primary and community workforce. It is expected to help address the pressing workforce challenges facing general practice.

25. In July 2015, NHS England launched a pilot scheme to kick start the expansion of clinical pharmacy in general practice. As a result, by December 2016, over 450 additional clinical pharmacists were working across 650 practices across the country. No practices in Hartlepool & Stockton or Darlington areas were awarded funding as part of this.

26. NHS England announced the second wave of funding in January 2017 for the deployment of an additional 1500 clinical pharmacists required to deliver the requirements of the GP Forward View by 2020/21. A joint bid between Hartlepool & Stockton Health (H&SH) GP Federation, NHS Hartlepool & Stockton-on-Tees CCG, and North of England Commissioning Support (NECS) was submitted in May 2017 for which we are currently awaiting the outcome.

27. The role of the clinical pharmacist will be clinical and patient facing, supporting people living in the community including those in care home settings. Figure 2 below summarises suggested roles and responsibilities for clinical pharmacists.

Figure 2: Summary of clinical pharmacist potential roles and responsibilities

Area of work	Specific examples
Clinical services	<ul style="list-style-type: none"> <li>• Managing caseload of patients</li> <li>• Holding patient clinics</li> <li>• Prescribe independently, where qualified, within areas of competence</li> <li>• Undertake medication reviews</li> <li>• Undertake medicines reconciliation post discharge</li> <li>• Actively participate in MDT meetings</li> <li>• Liaise with hospital colleagues</li> </ul>
Prescription management	<ul style="list-style-type: none"> <li>• Leading on local implementation of Electronic Prescribing Service (EPS) and Repeat Dispensing</li> <li>• Oversee the repeat prescribing process</li> <li>• Key liaison for community pharmacy queries</li> <li>• Manage clinical correspondence from hospital discharge and outpatient treatment requests</li> <li>• Clarify medication issues with providers, including red drug and non-formulary requests</li> <li>• Key liaison for discharge, co-ordinating discharge medicine requirements between provider, practice and community pharmacy, in addition to social care providers where support is needed for medicines administration</li> <li>• Post-discharge follow up with patients to ensure patient understanding of any medicine changes</li> </ul>
Audit/ education	<ul style="list-style-type: none"> <li>• Review and update practice repeat prescribing policies</li> <li>• Ensure all admin staff understand and are empowered to undertake their roles in relation to repeat prescribing</li> <li>• Respond to medicines related queries from staff and patients</li> <li>• Undertake audit to improve compliance with best practice e.g. NICE guidance, feeding back audit results to prescribers and implementing any changes</li> <li>• Provide education and training to practice teams on therapeutics and medicines optimisation</li> <li>• Contribute to practice newsletters/ bulletins on important prescribing messages</li> </ul>
Risk management	<ul style="list-style-type: none"> <li>• Work with practice managers to ensure compliance with medicines related CQC requirements</li> <li>• Implement changes to medicines resulting from MHRA alerts, product recalls and other local and national guidance</li> <li>• Ensure compliance with recommendations arising from patient safety alerts</li> </ul>

## Conclusion

28. The current financial climate is challenging for the NHS with significant financial pressures in prescribing through a combination of an increase in older people with long-term conditions, new technologies and medicines, and consumer expectations.
29. Medicines optimisation is central to the work of the CCG due to the key role medicines have in our health system. Optimising medicines use to support a sustainable system and provide the best value has never been more important.
30. Practices in Hartlepool & Stockton have engaged well with aligned practice pharmacists and technicians supporting the medicines management and medicines optimisation agenda over the past decade, and the CCG remain committed to this through supporting the development of clinical pharmacists in primary care in line with the GP Forward View.

**Name of Contact Officer:** Deborah Giles

**Organisation:** NHS North of England Commissioning Support (on behalf of NHS Hartlepool & Stockton-on-Tees CCG)

**Email address:** [deborah.giles@nhs.net](mailto:deborah.giles@nhs.net)