

Rotherham Place Board – 16 November 2022

Medicines Management Annual Report – 2021-22

Lead Executive	Wendy Allott, Chief Finance Officer – Rotherham, NHS SY ICB
Lead Officer	Stuart Lakin, Head of Medicines Management

Purpose

To present the Medicines Management Teams annual report for 2021-22 showing performance under the former NHS Rotherham Clinical Commissioning Group.

Background

The Medicines Management Team monitored and advised on all aspects of prescribing that is attributed to NHS Rotherham CCG. This continues for NHS South Yorkshire Integrated Care Board since 1 July 2022 after the dissolution of the CCG.

	Annual cost 2019/20
GP practice prescribing	£44,119,833
Non-PBR drugs (ophthalmology drugs not included)	£2,917,008
Wound care direct purchase contract	£1,045,736
Lymphodema	£188,681
Nutrition expenditure contract	£1,174,038
Total	£49,445,296

In addition the MMT monitors, a CCG investment = £645,108 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.

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

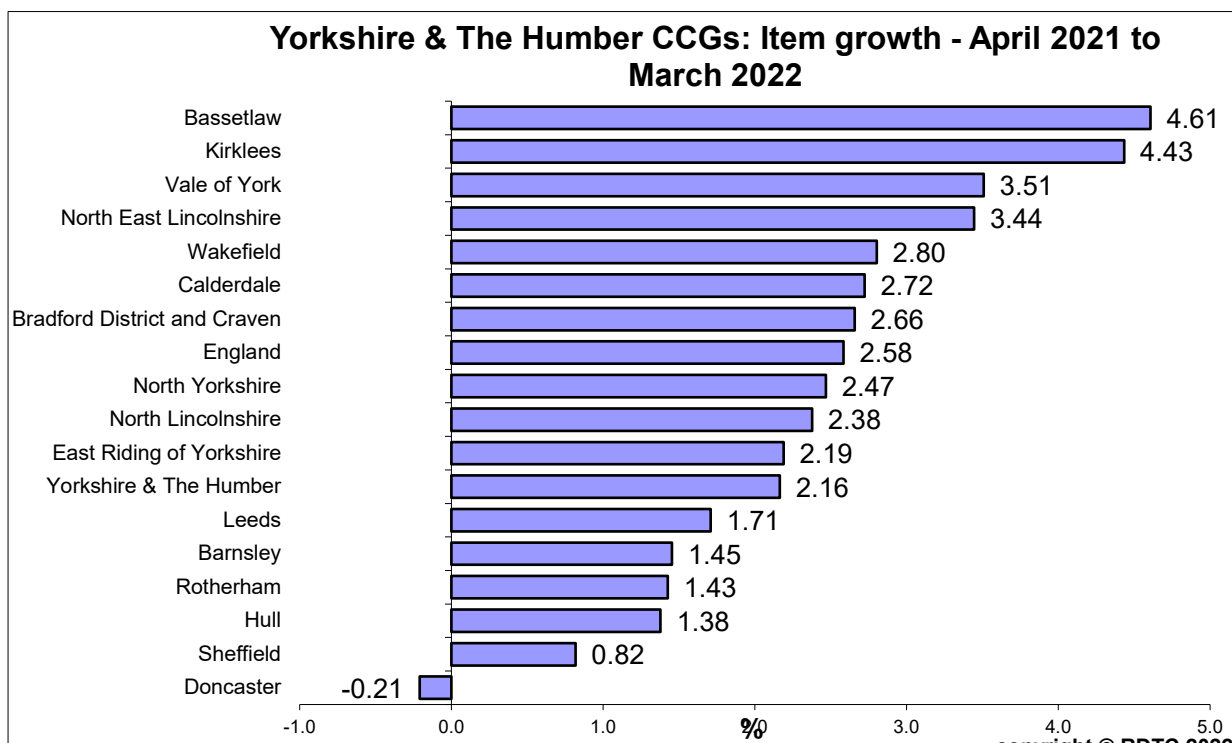
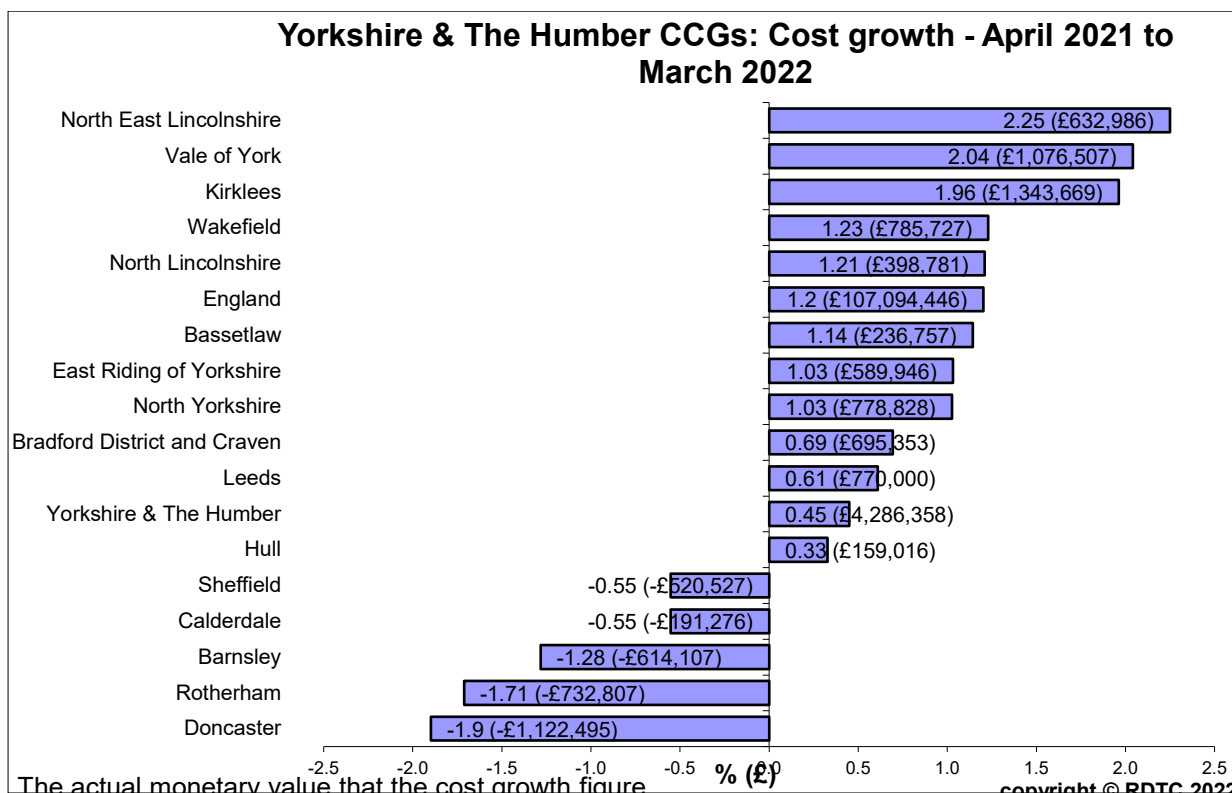
- Anticoagulant monitoring
- Palliative Care End of Life care drugs
- Transgender prescribing

The MMT also designs and monitor two prescribing incentive schemes, practices are rewarded for their performance against these two schemes.

Analysis of key issues and of risks
See attached report
Patient, Public and Stakeholder Involvement
Not applicable
Financial Implications
<p>Prescribing is the second largest area of expenditure for the integrated care board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • 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) <p>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 prescribing costs.</p> <p>The MMT engages 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.</p> <p>Rotherham CCG invested £539,473* in the MMT in 2019/20 the budget was underspent by -£47.015 due to staff vacancies.</p> <ul style="list-style-type: none"> • Not including the Head of Medicine Management position <p>Sheffield and Barnsley CCGs invested more per capita than Rotherham CCG. Doncaster CCG invested roughly the same and Bassetlaw CCG less.</p>
Approval history
Not applicable.
Recommendations
Place Board is asked to note the contents of the Medicines Management Report for 2021-2022 under the former Rotherham Clinical Commissioning Group for information.

2021-22 Rotherham Primary Care Medicine Management Annual Report

Finance



2021-22 vs 2020-21

A total of 8972 different products were prescribed in 2021-22 totalling £44,837,507.

Rotherham finished 2021/22 with a cost growth of -1.71% the second lowest in Yorkshire & Humber (Y&H) and below the regional average (2.16%) and England (1.2%). Item growth =1.43% the third lowest in the region again below the average for the region (2.16%) England (2.58%)

Top 10 cost increases	Amount	% increase
Fluad Tetra vaccine inj 0.5ml pre-filled syringes (1404000H0CCAAAN)	£282,902	255782.60%
Apixaban 5mg tablets (0208020Z0AAABAB)	£261,024	14.17%
FreeStyle Libre 2 Sensor (21480000101)	£227,609	2558.81%
Trulicity 1.5mg/0.5ml solution for injection pre-filled pens (0601023AQBBABAB)	£124,941	50.58%
Empagliflozin 25mg tablets (0601023ANAAABAB)	£109,283	45.44%
Apixaban 2.5mg tablets (0208020Z0AAAAAA)	£108,040	14.49%
Zapain 30mg/500mg tablets (0407010F0BSAAAH)	£104,304	96.98%
Linagliptin 5mg tablets (0601023AEAAAAAA)	£103,400.	9.55%
Flucelvax Tetra vacc inj 0.5ml pre-filled syringes (1404000H0BZAAAF)	£99,475	182.60%
Fostair 100micrograms/dose / 6micrograms/dose inhaler (0302000C0BQAABX)	£91,409	13.42%

There are no surprises in the drugs showing the biggest cost increase. The two vaccines are flu vaccines and as the brand of vaccine changes each flu season then they appear as a high cost increase. Apixaban is a Direct Acting Anticoagulant DOAC the evidence base supports the use of these agents over warfarin which as seen a decrease of -12% items, -£9,665 drug costs - £64K monitoring costs over the same period. Clinicians were encouraged to switch patients to DOACs during the pandemic due to a reduction in the need for patients to have blood monitoring. Rotherham's DOAC prescribing matches the national trend and has flattened over recent months. There is a national procurement scheme to switch to an alternative DOAC namely edoxaban, which has been heavily discounted, this scheme has received little enthusiasm from Rotherham Primary and Secondary care clinicians. Apixaban is available as a generic but the price has not reduced, the price of apixaban will drop in 2024.

Zapain is a cheaper branded version of co-codamol this the increase in cost of £108,040 is offset by -£158,363 in co-codamol see table below. Fostair is the most cost-effective combination inhaler and the increase in use should be viewed positively. The increase in use of these two products is a consequence of MM initiatives.

The remaining products are connected to the management of diabetes. FreeStyle Libre has been subject to a recent NICE review and is now recommended for a wider range of insulin dependent diabetes patients cost growth is in line with national trend, however some of this cost growth (£86,700) is due to a change in branding see table below FreeStyle Libre Sensor (21480000100).

Linagliptin and empagliflozin are used in the treatment of diabetes and are the drugs of choice in Rotherham as is Trulicity, which is showing cost growth due largely to a change in formulation (Dulaglutide 1.5mg/0.5ml inj pre-filled disposable devices decreased cost -£51,600)

Top 10 cost decreases	Amount	% Decrease
Sertraline 100mg tablets (0403030Q0AAABAB)	£353,285.	-67.80%
Adjuvanted trivalent flu vacc (SA, inact) inj 0.5ml pfs (1404000H0AAAMAM)	£277,625	-93.59%
Sertraline 50mg tablets (0403030Q0AAAAAA)	£226,363	-59.80%
Co-codamol 30mg/500mg tablets (0407010F0AAHAH)	-£158,363	-92.90%
Metformin 500mg tablets (0601022B0AAABAB)	-£125,479	-35.24%
Nefopam 30mg tablets (0407010P0AAABAB)	-£92,090	-36.56%
Quadrivalent Flu/Vac/Split inj 0.5ml pfs (1404000H0BWAAAK)	-£88,430	-67.94%
FreeStyle Libre Sensor (21480000100)	-£86,700	-37.18%
Pantoprazole 40mg gastro-resistant tablets (0103050R0AAAAAA)	-£58,708	-40.30%
Braltus 10microgram inhalation pdr caps with Zonda inhaler (0301020Q0BCAAAD)	-£53,067	-14.25%

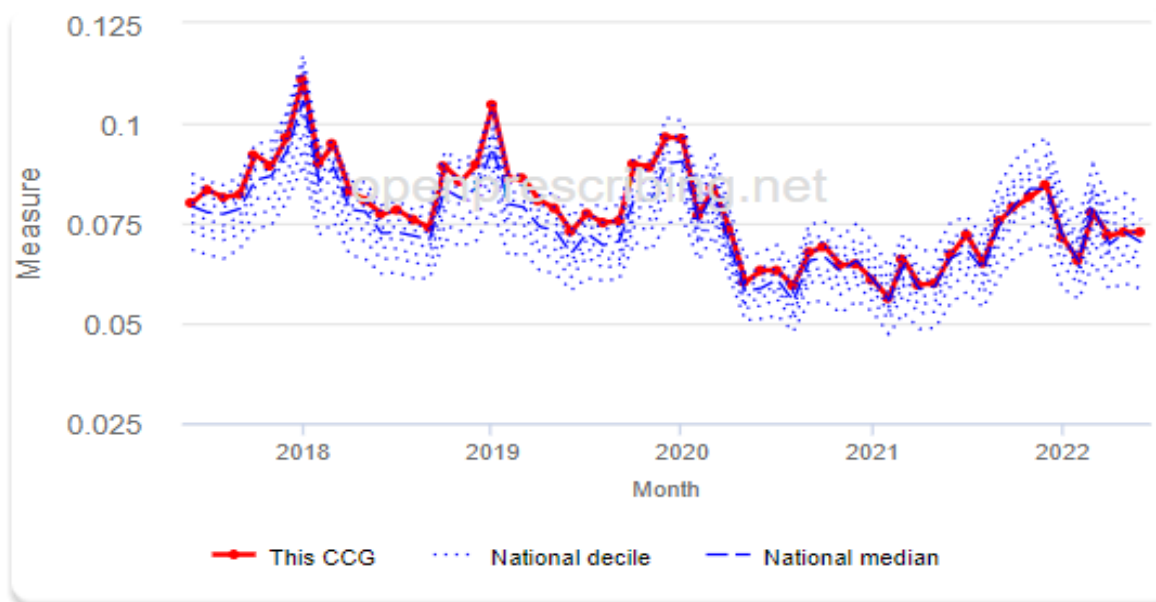
Sertraline, metformin, nefopam and pantoprazole cost decreases are due to these items returning to drug tariff prices following NCSO issues (No cheaper stock obtainable, drugs not available at drug tariff prices). The flu vaccines decrease is due to a different brand being used in 2021-22, a product name change is behind the decrease in FreeStyle Libre Sensor, the product is actually showing strong overall cost growth due to recent NICE guidance. The decrease in costs for co-codamol and Braltus are due to product switches to more cost-effective products.

Top 10 item increases	Amount	% increase
Calci-D 1000mg/1,000unit chewable tablets (0906040G0DMAAEB)	30,257	174.11%
Zapain 30mg/500mg tablets (0407010F0BSAAAH)	29,087	97.54%
Fluad Tetra vaccine inj 0.5ml pre-filled syringes (1404000H0CCAAAN)	25,540	255400.00%
Atorvastatin 20mg tablets (0212000B0AAABAB)	13,105	7.93%
Flucelvac Tetra vacc inj 0.5ml pre-filled syringes (1404000H0BZAAAF)	10,707	181.51%
Lansoprazole 15mg gastro-resistant capsules (0103050L0AAABAB)	8,140	7.61%
Amoxicillin 500mg capsules (0501013B0AAABAB)	6,507	41.93%
Atorvastatin 80mg tablets (0212000B0AADAD)	5,862	15.17%
Zapain 30mg/500mg capsules (0407010F0BSABAD)	5,534	72.10%
Sertraline 50mg tablets (0403030Q0AAAAAA)	5,297	8.19%

The increase in the prescribing of Calci-D3 and Zapain is due to MM activity in switching patients to more cost-effective alternatives. The flu vaccine is not true growth but reflects brand choice in 2021-22. The growth in atorvastatin reflects the current NICE guidance on both primary and secondary prevention of CVS events. Lansoprazole 15mg was recommended as the cost-effective alternative to ranitidine which was unavailable globally due to manufacturing issues. Amoxicillin is a widely used first line antibiotic, concerns were raised that during the pandemic antibiotic use

would increase due to less direct patient contact, in fact the opposite happened and antibiotic use decreased by 20%, unfortunately antibiotic prescribing has returned to pre-pandemic levels. Rotherham antibiotic prescribing is in line with national guidelines regarding drug choice. Historically Rotherham has had a higher than expected rate of antibiotic prescribing, even though antibiotic prescribing has increased post COVID, the amount of prescribing now matches the national average.

Number of prescription items for all antibacterial drugs (BNF 5.1) per oral antibacterials (BNF 5.1 sub-set) item-based STAR-PU.



Sertraline is the first line antidepressant as recommended by NICE, antidepressant prescribing has shown a 6% increase compared to 2020-21. An extensive patient engagement exercise was undertaken pre-pandemic regarding antidepressants and as a result of this the Rotherhive platform was launched where patients can obtain practical help and advice and a review programme aimed at patients that have been taking antidepressants for over two years in recognition of NICE guidance that highlighted that antidepressants were more difficult to stop than was previously thought.

Top 10 item decreases	Amount	% decrease
Adjuvanted trivalent flu vacc (SA, inact) inj 0.5ml pfs (1404000H0AAAMAM)	-30533	-93.61%
Co-codamol 30mg/500mg tablets (0407010F0AAAHAH)	-27153	-92.76%
Adcal-D3 chewable tablets tutti frutti (0906040G0BNAABY)	-14843	-72.08%
Quadrivalent Flu/Vac/Split inj 0.5ml pfs (1404000H0BWAAAK)	-11907	-68.04%
Simvastatin 40mg tablets (0212000Y0AAADAD)	-8482	-9.61%
Co-codamol 30mg/500mg capsules (0407010F0AAADAD)	-6308	-90.49%
Colecalciferol 400unit / Calcium carbonate 1.5g chewable tab (0906040G0AABYBY)	-5670	-72.84%
Bendroflumethiazide 2.5mg tablets (0202010B0AAABAB)	-4969	-8.83%
GlucorX FinePoint hypod insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (21010900803)	-4404	-93.05%
Aspirin 75mg dispersible tablets (0209000A0AAABAB)	-3526	-3.98%

The decrease in flu vaccine is due to different brands being used in 2020-21. The decrease in Co-codamol, Adcal-D3 and Colecalciferol is due to MM activity switching patients to more cost-effective alternatives. Simvastatin use is declining due to increase use in atorvastatin and aspirin as alternative anti-platelets are favoured.

Prescribing incentive scheme (PIS)

In the financial year 2020/21 because of the extraordinary circumstances that arose due to the COVID pandemic and the affect this had on practices, the prescribing incentive scheme was remodelled; this remodelled format has been carried over into 2021/22.

The scheme consisted of 13 criteria designed to improve prescribing quality or cost effectiveness 74.6% of the criteria were achieved by practices which is in line with previous performances.

2021-22 MM QIPP

Delivery of the planned QIPP programme remained challenging due to the lack of access to practices and having realised a majority of the product switch savings in previous years. The traditional QIPP programmes are offering fewer opportunities for efficiencies and going forward future work programmes will focus on the complete therapeutic pathway delivering improved patient care and outcomes, releasing efficiencies through the better use of medicines and potentially reduced admissions. Despite these challenges real cost savings totalling £424,984 have been delivered in 2021/22.

Product switches	£168,000
Care home waste reduction	£52,203
Rebates	£20,876
Optimise Rx	£183,905
Total	£424,984

Therapeutic areas

The opportunity to improve the cost effectiveness of prescribing through product and brand switches are diminishing. The MM strategy is to focus on the therapeutic pathway, thereby improving both the quality of prescribing thereby improving outcomes and also cost-effectiveness.

The main areas of focus are detailed below.

Diabetes

Diabetes remains a challenging, there are in excess of 16,000 patients in Rotherham and 3,500 patients using insulin. Diabetic drugs and testing equipment are showing strong year on year cost growth, as Rotherham clinicians embrace newer agents that are supported with greater outcome evidence. This increase in drug expenditure has not been matched by an improvement in diabetes outcomes, Rotherham has some of the highest prescribing costs\diabetes patient and very high costs for insulin\ diabetes patients in Yorkshire & Humber. There is also a wide variation between practices in the quality of diabetes management.

The 6 PCNs have dietetic diabetes clinics established and appointments can be booked directly into each hub clinic.

Newly diagnosed criteria:

- Type 2 diabetes (HbA1c 48mmol/mol or above), diagnosed within the last 3 months.
- If HbA1c is below 60-65mmol/mol (as agreed with PCN dietitian) to consider holding off prescribing of medication (depending on co-morbidities/clinician discretion)

Following the successful bid for NHSE funding these clinics are trialling point-of-care HbA1c testing negating the need for the patient to attend the practice for a blood test

Patients can also be referred from these clinics into the seemingly ever-increasing range of weight loss services on offer to diabetic patients and this referral will attract the appropriate practice payment.

Practices are also being offered to engage with the PARM tool, this tool risk stratifies the practices diabetic patients and highlights patients that are in most need of a review. 26 practices have taken up the offer.

Results (to be updated)

Infant Feeding Programme

Launched April 2021

Data for the first 6 months.

All infants with feeding problems and suspected cows milk protein allergy (CMPA) to be referred to the dietitians.

87 referrals = 13% of all Rotherham New-borns

91% referrals seen within 7 days

6% patients referred to a paediatrician

Jan 2021 – 216 patients with CMPA – October 2021 144 patients 33% reduction.

Audit of infant reflux TRFT discharges to be undertaken.

Depression Medication reviews

Rotherham has historically had a high rate of antidepressant prescribing and this increase by 6% over the last 12 months. Following an extensive patient engagement exercise where patients reported that they wanted more practical advice and support and that antidepressants were too readily prescribed a process for reviewing and stopping antidepressant prescriptions was established as a trial. This was also in response to updated NICE guidance which highlighted that antidepressants were more difficult to stop than was previously recognised.

Number of practices that have participated (as of August 2022) = 16

Number of texts sent = 4993

Number of leaflet clicks = 3522 (~70% of sms sent)

Number of patients that responded = 496 referrals (~14% of leaflet clicks)

Number of patients stopped medication = 103 (~21% of referrals)

Number of patients that have reduced the dose = 34 (~7% of referrals)

There are currently another +39 (~8% of referrals) patients currently enrolled in clinic but have not completed journey.

Care homes & Hydration project

A multi-disciplinary task and finish group of health care professionals has been convened, this group is linked into other groups convened by RMBC and TRFT.

Progress to date/The Plan

1. A training package is being prepared this will be virtual and will be offered to all care homes with follow up face to face training offered as required / requested
2. Using ambulance data, care homes have been compared calls/bed. The care homes with the highest calls/bed rates have been identified, these care homes will be offered an intensive training support from the MDT (Dietetics, Pharmacists, Continence, Infection Control, Falls Service, Wound Care)
3. Prescribing data re antibiotics, barrier products, UTI's, laxatives will be monitored for these 4 care homes
4. Outcomes – reduction in number of ambulance call outs improved prescribing data
5. Reduced contact with the 111 service for repeat prescriptions.

The plan at practice level

1. Undertake a structured medication review on all residents focusing on medication that is linked to falls, dehydration, and increased anti-cholinergic burden. A CCG MO pharmacist will support the PCN pharmacist.
2. Work with the home, practice, and community pharmacist to improve the ordering and management of medicines
3. Establish a system so that MAR charts are updated and in line with the repeat prescription.
4. Establish a process so that new residents on admission receive a pharmacist led SMR.

This project has been successful in securing national funding after a bid submission and is the only project in the North of England that was successful in securing funding.

Management of non-PBR drugs.

During 2021/2022 the high-cost drugs charged to the CCG have remained on total block since Covid. However, each month the invoice has been checked against the Blueteq system, with near perfect matching of monitored drugs, with only very few challenges needing sent back (i.e. out of area practice, tocilizumab for Covid).

Major savings were made with the transfer to biosimilars in previous years. Rotherham ensures that only these cost-effective biosimilars are used unless exceptional circumstance, and this has provided continued savings. Adalimumab 98% (vs 74% national), Etanercept 95% (vs 87% national)

In August 2022, a biosimilar for the Ophthalmology agent Ranibizumab (Lucentis) has become available. Previous work has ensured this agent is used first line, and currently accounts for 56% of use significantly above the national (34%)

average. Current annual spend on all these agents is £1,985,398 with an 8% yearly growth.

Although the biosimilar will provide a price drop of 49% (& potential £200k saving this year), the original brand is no longer providing a discount (14%) which will cause a significant cost-pressure if the biosimilar is not implemented. Newer agents are being released onto the market which claim to reduce clinic visits, and therefore engagement with the Ophthalmology for pathways is required.

2022-23 Work plan

- Strategies for Diabetes, Hypertension and antibiotic prescribing have been agreed (Enclosed)
- A new Prescribing Incentive scheme has been launched
- A new QIPP programme has been produced
- Work will continue of improving diabetes management, with particular focus on patients receiving high doses of insulin and poor HbA1c control.
- Care home hydration project to be relaunched capitalising on the national funding.
- Work is underway to build a system utilising AccWeb to maximise the potential of the community pharmacy BP monitoring service commissioned by NHSE
- The antidepressant review programme will be continued.
- It is hoped to establish a chronic pain management service pilot.
- Further efficiencies in non-PBR drugs will be realised
- Eclipse Live a risk stratification tool will be introduced.

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NHS South Yorkshire (Rotherham)

September 2022