

**Think
Medicines!**

Medicine Optimisation Team

Sanjiv Bali (Sunny)

Pharmacist

Hunts and Fenland Area



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Aims:

1. What is the CCG and its functions?
2. The main roles and functions of Medicines Optimisation Team (MedOpT)
3. Familiarise and access MedOpT information online and understand how the information can be utilised
4. Know who your MedOpT contacts are.
5. Optimise Rx awareness.
6. Clinical Pharmacist in Primary Care
7. Current topics

NEW CONTENT LINKS

- PrescQIPP hosts a series of webinars on CD management, at <https://www.prescqipp.info/> . These are broadcast live then made available as recordings.
- **Opioid management of pain in secondary care - Cambridge University Hospitals NHS Foundation Trust 06.12.2016**
- <http://vimeo.com/194511137/769d3d2c89>

Clinical Commissioning Groups (CCG)

A CCG is a statutory body

- A membership body, with local GP practices as the members;
- Led by an elected Governing Body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;
- Responsible for approximately 2/3 of the total NHS England budget; or £71.9 billion in 2016/17;

- Independent, and accountable to the Secretary of State for Health through NHS England;
- Responsible for the health of populations ranging from under 100,000 to 900,000, although the average population covered by a CCG is about a quarter of a million people.
- Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts.

Our Clinical Commissioning Group (CCG)



- 108 GP practices as members across Cambridgeshire, Peterborough and parts of Hertfordshire and Northamptonshire.
- one of the largest CCGs in England (by patient population)
- patient population of approximately 940,000
 - diverse, ageing and has significant inequalities.
- manages a budget of ~£1 billion to spend on healthcare for the whole population of this area, which is just over £1,000 per person.

- 3 Local health systems (Area executive partnerships)

Huntingdonshire and Fenland Area Executive Partnership

Greater Peterborough

Cambridge and Ely

Named Prescribing Lead for each GP practice

What does a CCG do?

CCGs are responsible for commissioning i.e. deciding what services are needed, and ensuring they are provided (planning, buying and monitoring):

- the care and treatment in hospitals and community health services, including district nurses, physiotherapy and other therapies
- urgent and emergency care (including out-of-hours)
- prescribed medicines
- mental health services
- support and services for people living with learning disabilities.

Commissioning

CCGs can commission any service provider that meets NHS standards and costs.

- NHS hospitals, social enterprises, charities or private sector providers.

CCGs must be assured of the quality of services they commission

taking into account both National Institute for Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers.

CCG not responsible for primary care (GP practice, dentists and opticians) – these commissioned by [NHS England](#).

NHS England

NHS England leads the NHS in England.

An independent body, at arm's length to the government

- set the priorities and direction of the NHS.
- encourage and inform the national debate to improve health and care.
- shares out > £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the tax payer.
- commission the contracts for GPs, pharmacists, and dentists and support local health services that are led by CCGs.

CCGs work with NHS England, which has three roles in relation to CCGs.

1. **Assurance:** NHS England has a responsibility to assure themselves that CCGs are fit for purpose, and are improving health outcomes.
2. NHS England must help **support** the development of CCGs.
3. NHS England are also **direct commissioners**, responsible for highly specialised services and in some cases primary care
A number of CCGs have taken on either full or joint responsibility alongside NHS England (regional teams) for this >> co-commissioners to ensure joined-up care.

- CCGs work closely with local authorities (responsible for public health), through [health and wellbeing boards](#) to achieve the best possible outcome for the local community, by developing a joint needs assessment and strategy for improving public health.
- Commissioning support units (CSUs) help provide support and services for CCGs such as finance, HR, data management, or contracting. CCGs can choose to buy services from CSUs or to do them in-house

CCG performance

NHS England has a set of performance indicators to measure how well an individual CCG is tackling health issues.

Such as:

- preventing people from dying prematurely
- enhancing the quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury

C&PCCG Medicines Optimisation Team (MedOpT)

The role of Medicines Optimisation team is twofold

1. Clinical and cost effective use of medicines and
2. Safe and secure handling of medicines.

Divided into two operational divisions which are:

- Clinical delivery services
- Specialist services (policy).

The two teams provide dedicated clinical support to optimise the use of medicines by promoting cost effective and evidence based clinical practice and effective risk management.

Also ensure the organisation meets its statutory and regulatory responsibilities on medicines.

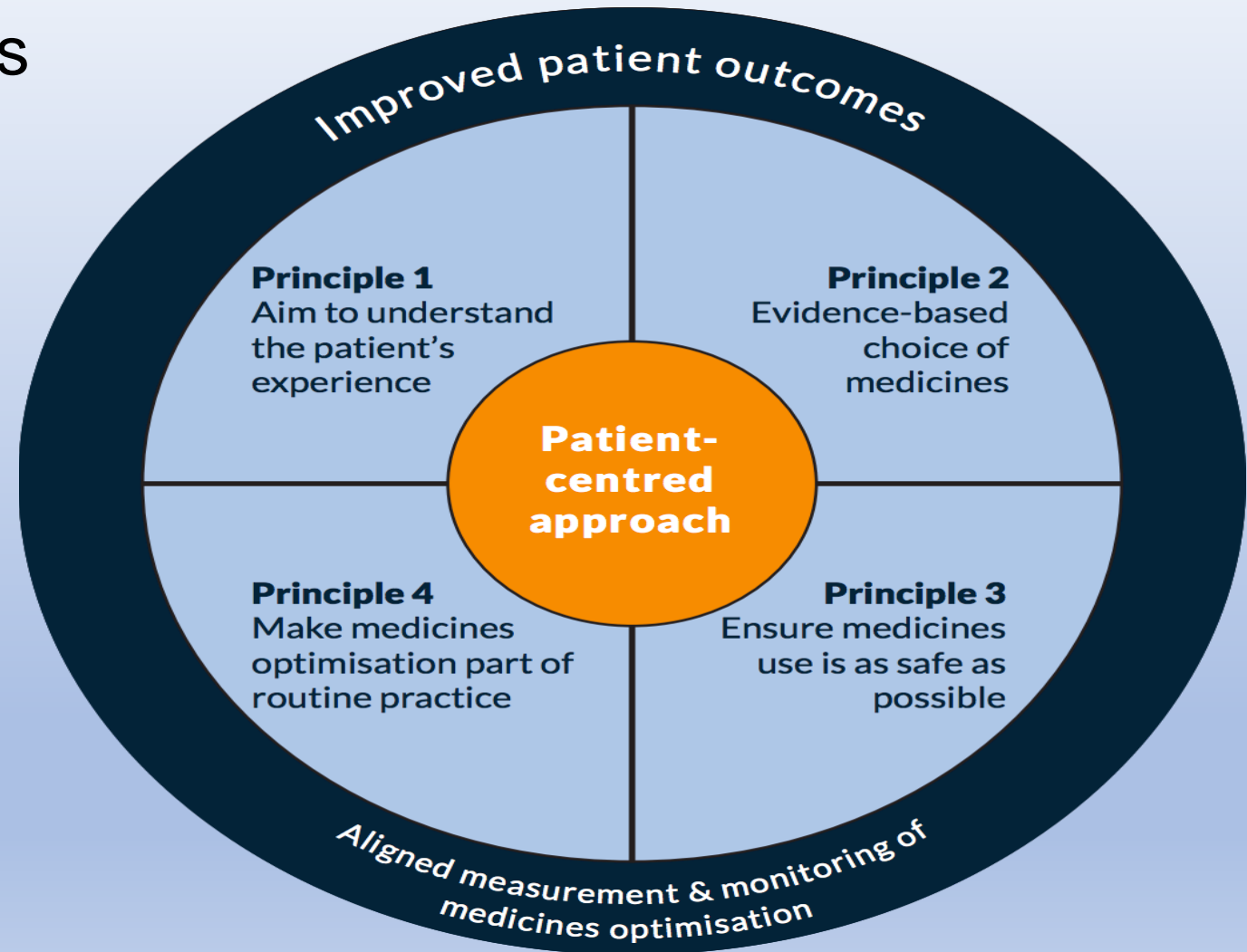
**Think
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Medicines

- The most frequent healthcare intervention in the NHS. Treatments involving medicines are continually increasing in both complexity and cost.
- Substantial health benefits from appropriate use, but also potential risk to patients and high costs to the organisation from inappropriate use.
 - Second to staff costs, medicines are the biggest single budget expenditure in the NHS.
 - Adverse drug reactions place a significant burden on the health service accounting for around 6%-20% of hospital admissions that could potentially be preventable

Medicines optimisation?

Medicines optimisation differs from “**medicines management**” in a number of ways most importantly it focuses on outcomes and patients rather than process and systems.



Medicines optimisation is a patient-focused approach to getting the best from investment in and use of medicines that requires a holistic approach, an enhanced level of patient centred professionalism, and partnership between clinical professionals and a patient.

This approach requires multidisciplinary team working to an extent that has not been seen previously.

Healthcare professionals will need to work together to individualise care, monitor outcomes more carefully, review medicines more frequently and support patients when needed.

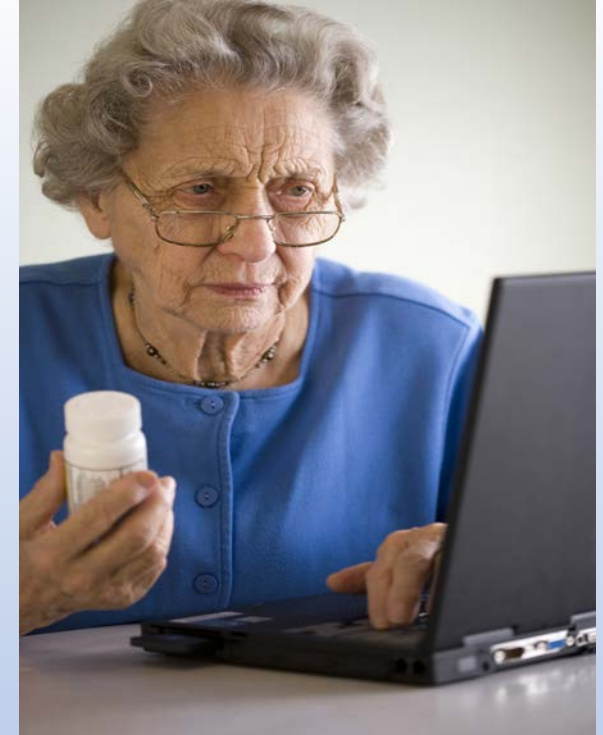
Medicines optimisation is about ensuring the right patients get the right choice of medicine, at the right time.

By focusing on patients and their experiences, the goal is to help patients to:

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



Improved outcomes for patients to ensure that patients and the NHS get better value from the investment in medicines.



Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.

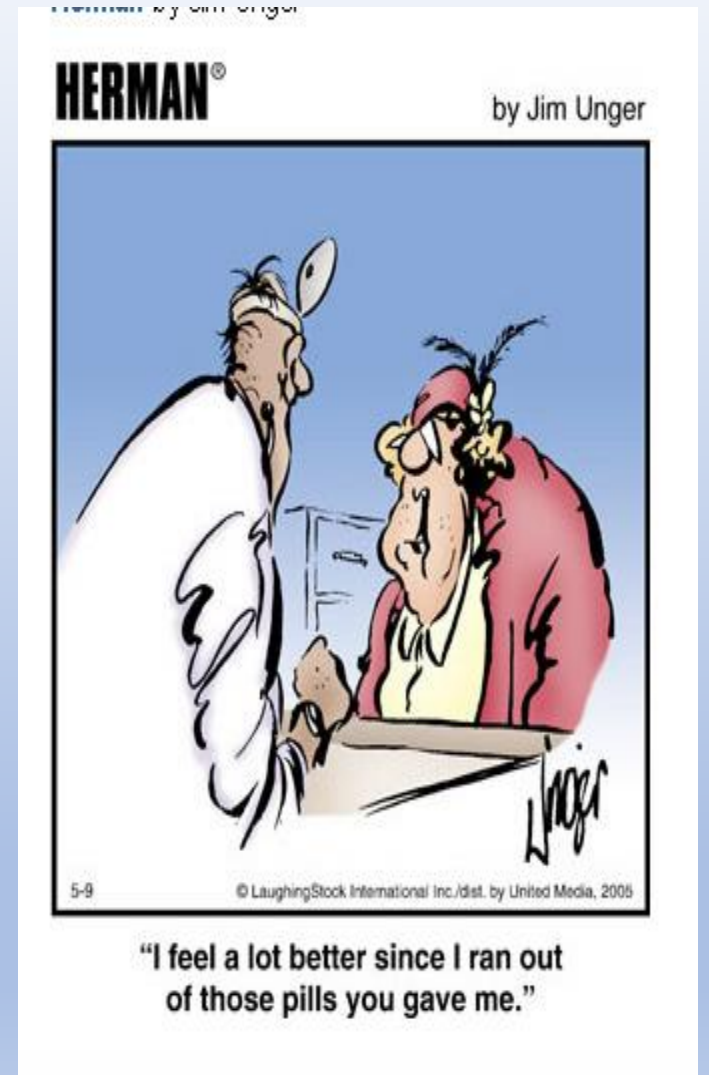
De-prescribing

Medicines optimisation may include stopping a treatment.

- discontinuing medications to reduce polypharmacy, adverse drug effects and inappropriate or ineffective medication use'

It is estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended

([World Health Organization](#) 2003).



Medicines Optimisation team

Clinically led by:

Sati Ubhi

- Associate Director of Medicines Optimisation

Dr Catherine Bennett

- CCG GP Clinical Lead & Chair of Cambridgeshire and Peterborough Joint Prescribing Group
- Hunts and Fenland Lead Pharmacist: **Zahra Abbas** zahraabbas@nhs.net

Med Op team A mix of clinical/non-clinical, working collectively across key areas including primary and secondary care.

Kelly Broad, Specialist Pharmacist

- Leads the formulary and high cost drugs team (Policy arm).
- Kelly's team is responsible for the substance of what MedOpT delivers, by working with clinicians to provide a list of locally recommended medicines (formulary) and guidance for all prescribers in our CCG.
- The **Joint Prescribing Group (JPG)**, made up of clinical representatives from local provider trusts and LCGs, considers the vast majority of this work and makes recommendations as a result.
- The team also maintains OptimiseRx and work innovatively with provider trusts on high cost drugs.

Principal Pharmacist for Primary Care

- Leads practice based teams and Care Home Review team.
- Leads three health systems each supported by 1 x Area Lead Pharmacist and team of pharmacists and technicians.

Work in partnership with member practices to optimise medicines for safety, improved patient outcomes and cost effectiveness.

Rob Newman, Head of MMT Information and Support

- Leads information team on providing medicines data intelligence to inform discussion within practices; QIPP and Finance.
- The support team provide a responsive service for data enquiries from GP colleagues and provide project support.

Functions of Medicines Optimisation Team

Not just monitoring what prescriptions a GP writes.

The team works in partnership with colleagues regionally and locally in the provider trusts, CCG and GP practices to 'Think Medicines!' in all areas of our commissioning and provider work.

Work innovatively with hospital consultants to develop treatment pathways.

Evaluate the place in therapy and financial impact of new medicines.

Functions of Medicines Optimisation Team...

- Improve mutual understanding of the pressures and influences on prescribing in Primary and Secondary Care and resolve interface issues.
- Guidelines and policies to support General Practitioners and other primary care prescribers
- Work with specialists in primary and secondary care in formulating advice on locally agreed approaches to drug treatment (e.g. shared care guidelines).
- Identify prescribing issues, and develop policies, procedures and guidelines to promote safe, appropriate prescribing

Functions of Medicines Optimisation Team...

Respond to 'Prescribing Partnership' queries from GPs

- E.g. advice on hospital drugs that are not usually recommended in primary care?

Care Home Review team

- work in partnership with GPs, geriatricians and care homes.
- The medication reviews involved almost 2,000 safety and quality interventions to improve patient outcomes. (£0.25m savings)

The Hunts practice based team released £1.2m of savings 2015 to 2016. (also including quality and safety interventions)

Cambridgeshire and Peterborough Joint Prescribing Group (C&PJPG)

- The Cambridgeshire and Peterborough Joint Prescribing Group is a strategic medicines management advisory committee consisting of representatives from across the Cambridgeshire and Peterborough health economy.
- Its primary aim is to develop an overview of prescribing policies across Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS Trusts, to recommend overall policies and practices to participating organisations.

C&PJPG website divided into the following sections:

CCG website under “*Healthcare professionals*” section Click “*Clinical Policies and Thresholds*” >> Click “*Prescribing Info/C&PJPG*”

- [Evaluation Documents](#)
- [Nutrition](#)
- [Patient Resources](#)
- [Shared Care Guidance](#)
- [Drug Classification Table - Appendix to the Formulary](#)
- [Prior Approval Documents](#)
- [High Cost Drugs Commissioning list](#)
- [Prescribing Guidelines and Policies](#)
- [NICE Implementation/Prescribing Support](#)
- [Cambs and Pboro Formulary](#)
 - [Anticoagulation](#)
 - [Care home](#)
 - [Continence Formulary](#)
 - [Diabetes](#)
 - [Oxygen](#)
 - [Respiratory](#)
 - [Self care](#)
 - [Wound Care](#)

C&PCCG Formulary

- The Cambridgeshire and Peterborough CCG Formulary is a list of first and second line choices of clinically appropriate drug therapies that should cover 70% - 80% of routine prescribing within the organisation.
- Prescribers should select from the formulary, whenever possible for treatment initiation and where treatments are being reviewed.
- All enquiries, comments and suggestions relating to the formulary are welcomed and should be sent to Prescribing Partnership mailbox
- CAPCCG.prescribingpartnership@nhs.net

CCG Shared Care Guidelines

Shared Care Guidance is available for specific drugs where therapy is initiated, modified or terminated by specialists within secondary care but, at an agreed time, prescribing and drug monitoring is taken over by primary care

A Shared care arrangement can include a formal written document laying out the GP and hospital prescribers' responsibilities, prescribing guidance for the GP and hospital prescribers' or simply a verbal agreement between a GP and hospital prescriber.

Key elements of shared care

- There must be an adequate exchange of information between the GP and hospital prescriber so that prescribing can be carried out safely and effectively.
- The onus is on the hospital prescriber to liaise with the GP.
- Agreement between the hospital prescriber and GP must be reached before the patient is informed.
- Patient convenience may be a major factor for GPs wishing to take on prescribing responsibility.

Key elements of shared care

- Patient's condition must be stabilised (where possible) prior to transfer of prescribing.
- The GP must have a sound knowledge of the patient and his/her condition.
- GP may decline to prescribe if cannot realistically be expected to develop clinical knowledge, experience or facility to monitor & stop therapy.
- If hospital initiated prescribing is not adopted by the GP, prescribing responsibility will remain within the trust.
- A clear, direct, workable line of communication between the GP and hospital prescriber

GP responsibility SCG

- If a GP is uncertain about their competence to take responsibility for the patient's continuing care, they should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague.
- If the GP is still not satisfied, they should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.

Drug Classification Table

An appendix to the formulary - a continually evolving document and updated after each CPJPG meeting (every 2 months).

- RECOMMENDED: Reviewed by CPJPG and considered for suitable for prescribing in primary care.
- RECOMMENDED (WITH Shared Care): Reviewed by CPJPG and considered suitable for initial prescribing/administering by specialists in secondary and tertiary care with prescribing continued by GPs and primary care clinicians in conjunction with a Shared Care guideline.

Drug Classification Table....

- RECOMMENDED – Specialist advice: Reviewed by CPJPG and considered suitable for prescribing/administering by GPs and primary care clinicians on the advice of specialists in secondary and tertiary care.
- RECOMMENDED – Specialist initiation (WITHOUT Shared Care): Reviewed by CPJPG and considered suitable for initial prescribing/administering by specialists in secondary and tertiary care with prescribing continued by GPs and primary care clinicians (no formal Shared Care guideline).

Drug Classification Table....

- HOSPITAL ONLY: Not routinely funded for prescribing in primary care because of clinical issues and/or in line with Cambridgeshire and Peterborough CCG policy, not a priority for funding. Prescribing may be subject to challenge.
- NOT RECOMMENDED: CPJPG advises that the clinical case for use of drugs assigned this classification is not proven. Such drugs will not be funded for use in primary or secondary care.

Any new drug or new indication for a drug should be regarded as NOT RECOMMENDED or HOSPITAL ONLY until it has been considered by the CPJPG.

Drug Classification Table

- Q: the pain team have added Lidocaine patches to a patients discharge meds and asked GP to continue.
- Do you prescribe?

- Q: Respiratory consultant has added Acetylcysteine 600mg tablets to discharge for a patient with idiopathic pulmonary fibrosis “to continue”.
- Do you prescribe?

Prescribing Guidelines and Policies

To support GPs and other primary care prescribers in C&PCCG in their prescribing practice where no formal shared care arrangement exists.

Policies are to provide information and support to guide clinical practice e.g.

- VITAMIN D PATHWAY.
- Information and Guidance on Prescribing Vaccinations and Medicines for Travel Abroad in General Practice
- Unlicensed medicines policy
- Managing Behavioural Problems in Patients with Dementia

Prior Approval Documents

Either for medicines agreed by Cambridgeshire and Peterborough CCG as suitable for funding through a prior approval process (local policy)

- e.g. **Botulinum toxin for hyperhidrosis Local Agreement**

or

To support the use of medicines given a positive NICE Technology Appraisal.

- e.g. **TA 358 Tolvaptan for treating autosomal dominant polycystic kidney disease**

OptimiseRx

- OptimiseRx is externally hosted software which is integrated with GP clinical systems
- OptimiseRx pops up at the point of prescribing and makes recommendations that the prescriber may accept or decline
- Messages may be cost saving i.e. changing to a more cost-effective alternative, or a quality focussed information message e.g. Specialist only drug
- OptimiseRx cost saving messages should be accepted wherever appropriate

QIPP and prescribing indicators

QIPP (Quality, Innovation, Productivity and Prevention) is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector. It will improve the quality of care the NHS delivers while making billions of pounds of efficiency savings, which will be reinvested in front line care

e.g. Emollients

- Review of patients prescribed emollients, bath and shower preps (with or without anti-microbials) in line with local SOPs.
- Where appropriate switching to formulary equivalent
- Where indication is for non-clinical cosmetic purposes, encourage patients to purchase over the counter under self-care policy.

Prescribing indicators

The Medicines optimisation prescribing indicators have been developed to contribute to the required QIPP savings. They can be used to identify areas for cost and quality improvements in which the Medicines optimisation team can support practices in making changes in chosen areas

Examples of cost indicators include:

- Blood glucose test strips - ensure prescribing as per local test strip guidance

GP Resources

- GP extranet
 - MO newsletters (Prescribing, Safety, Optimisation & Care Home)
 - Controlled Drug Fact sheets
- Dashboard & Comparative data
- Eclipse
- OptimiseRx
- Prescribing Partnership email address
CAPCCG.prescribingpartnership@nhs.net

Current TOPICS: Pharmacist in Primary Care

The General Practice Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in General Practice by 2020/21.

This is in addition to over 490 clinical pharmacists already working in general practice as part of a pilot, launched in July 2015.

NHS England, Health Education England, the Royal College of General Practitioners and the British Medical Association's GP Committee are working with the Royal Pharmaceutical Society to support this.

What is a clinical pharmacist?

Clinical pharmacists work as part of the general practice team to deliver:

Clinical services

- working with GPs and patients to address medicine adherence,
- reviewing patients on complex medicine regimens,
- triaging and managing common ailments,
- responding to acute medicine requests and
- managing and prescribing for long-term conditions (often in conjunction with the practice nurse)

Clinical pharmacist

- Prescription management
- dealing with medication for patients recently discharged from hospital
- supporting the practice to deliver on the QIPP and QOF agenda and enhanced services,
- delivering repeat prescription reviews,
- being the point of contact for all medicine-related queries
- overseeing the practice's repeat prescription policy

Clinical pharmacist

- Audit and education
- Medicines management
- Prescription-related queries
- Clinical medicines reviews

Clinical pharmacist in GP practices means GPs can focus skills where most needed e.g. diagnosing and treating patients with **complex conditions**.

Current TOPICS: Antibiotics

- **“The world is entering an antibiotic crisis which could make routine operations impossible and a scratched knee potentially fatal”** [Head of the World Health Organisation](#)
- When a new antibiotic is available to prescribe there are already cases of resistance reported e.g. Ciprofloxacin approved in 1988 – resistance reported in 1987!

Why is resistance a GLOBAL concern?

It kills - prolonged illness and greater risk of death.

Infection control compromised - patients remain infectious for longer, thus potentially spreading resistant microorganisms to others.

Return to pre-antibiotic era

Increases the costs - resistant to 1st line medicines, more expensive therapies. Longer duration of illness & treatment, often in hospitals, increases health-care costs and the financial burden to families and societies.

Jeopardizes health-care gains to society - success of treatments such as organ transplantation, cancer chemotherapy and major surgery would be compromised.

What drives antimicrobial resistance?

Inappropriate and irrational use of medicines e.g.

Patient takes an antibiotic where **no indication** and/or Patient does **not complete course**

And/or Incorrect use of **broad spectrum** antibiotics.



- Visit the C&PJPG website.
- Find the antibiotic formulary.
 - USE IT.
- Save link to favourites.

Current TOPICS: Special / unlicensed meds

- A licensed medicine is one that has received a Marketing Authorisation which permits the manufacturer to provide a product for a limited purpose – its ‘licensed indication’.
- There is a question over who has liability when a medicine is prescribed, dispensed or administered for a purpose for which it has not been licensed.
- The manufacturer would be liable for any defect in a licensed product or if it did not do what the manufacturer claimed. They would also be liable for harm caused to the patient due to adverse drug reactions and side effects.

Liability

In the case of an unlicensed medicine or unlicensed use of a licensed medicine the liability would lie with the prescriber unless the way in which the medicine was produced was defective in which case the manufacturer may be liable.

Review of specials /unlicensed medicines is a priority within the CCG due to:

- **PRESCRIBER LIABILITY** - greater liability and risk involved for the prescriber.
- **PATIENT SAFETY** - greater patient safety and risk involved with unlicensed medicines.
- **COST** – usually considerably more expensive than licensed preparations.

Current TOPICS

- SELF-CARE
- Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviors that help prevent ill health in the long-term.
- In many cases people can take care of their minor ailments, reducing the number of GP consultations and enabling GPs to focus on caring for higher risk patients, such as those with comorbidities, the very young and elderly, managing long-term conditions and providing new services.








The medications listed below are examples of medicines that should be purchased by the patient/parent/guardian e.g.

- Hay fever remedies e.g.. antihistamines, nasal sprays (patients over 18yrs)
- Anti-inflammatory gels eg. ibuprofen gel
- Paracetamol and ibuprofen for short term use
- Nasal douches eg Sterimar

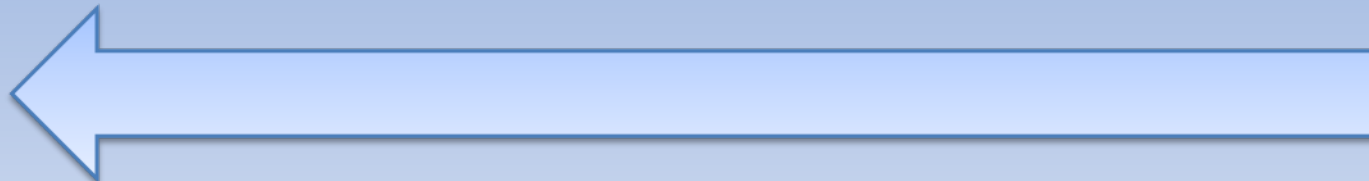
Resources on website for prescribers and for patients.

PRIORITISATION OF MEDICINES SPEND

£134.6 Million Spent on Prescribing in the CCG (2015/16)

LIFE SAVING Medicines	LONG TERM CONDITIONS, ACUTE & PREVENTION	SUPPORTIVE PRODUCTS (Non-life threatening)	LIFESTYLE Medicines	Medicines Prescribed Dispensed BUT available OVER THE COUNTER	Medicines Prescribed Dispensed and NOT NEEDED	Medicines Prescribed Dispensed and NEVER TAKEN
						
Cancer Genetic disorders	Diabetes Heart disease COPD Antibiotics Analgesics	Camouflage creams Hyperhidrosis Hirsutism Underwear (Crohns)	Erectile dysfunction Smoking Cessation Obesity	Paracetamol Head lice Emollients Gluten free Baby milks	Antibiotics Drugs of low clinical value (e.g. lutein, glucosamine, eflornithine)	
				Up to £4 Million		Around £3 - 5 Million

HIGHEST PRIORITY



LOWEST PRIORITY

ANY QUESTIONS?

