



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 15 December 2016

Agenda No: 3.4

Attachment: 05

Title of Document: SWL Medicines Optimisation STP Work Stream	Purpose of Report: For approval
Report Author: Sedina Agama, Chief Pharmacist and AD Medicines Optimisation	Lead Director: Liam Williams
Contact details: Sedina.Agama@mertonccg.nhs.uk	
Executive Summary: The report sets out the case for Merton CCG to review and manage resources within the medicine optimisation portfolio specifically related to prescriptions for gluten free products and prescriptions for medicines available 'over the counter'. The proposal sets out a process across the STP footprint in South West London to achieve system wide change to optimise the use of medicines, support the transformation of primary care and improve patient outcomes.	
Key sections for particular note (paragraph/page), areas of concern etc: Nil	
Recommendation(s): The governing body agree in principle to the additional work around gluten free and over the counter medicines being progressed to enable a SWL approach to be developed. This will require acknowledgement of <ul style="list-style-type: none"> • Shared principles agreed by SWL CCG Chief Pharmacists • Proposed steam lined governance for decision making for medicine optimisation • Interpretation of the terms of service requirements to meet patients clinical need • Focus on the SWL medicines optimisation STP programme 	

<p>Committees which have previously discussed/agreed the report: This proposal has been discussed at</p> <ul style="list-style-type: none"> • SWL Clinical Board • SWL CCG Chief Finance Officers and Directors of Commissioning • SWL Medicines Optimisation Group • SWL Communication and Engagement meeting • CCG Executive Committee • CCG Clinical Reference Group
<p>Financial Implications: Depending on the option finally adopted, more restrictive criteria for access to these treatments would be expected to release resources for re-investment in 2017-18, with full effect in 2018-19.</p>
<p>How has the Patient voice been considered in development of this paper: Not considered at this stage in the process. This paper recommends that this is the key next step to commence if the governing body agrees to put this service in to review</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) Not considered – at this stage. These will be completed before a detailed proposal is presented to the governing body</p>
<p>Equality Assessment: Not considered – at this stage. These will be completed before a detailed proposal is presented to the governing body.</p>
<p>Information Privacy Issues: N/A No patient identifiable information has been used in developing the proposals and plans are subject to FOI</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) A SWL communication and engagement plan is in the process of being developed by SWL Commissioning Collaborative to include these work streams and will need to be approved implemented locally</p>



right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

1. Context and introduction

Medicines are the most commonly used intervention and represent the second highest area of NHS spend after staffing costs. If medicines are prescribed appropriately and taken as prescribed they are known to improve patient outcomes. However, there is substantial evidence that this is not always the case e.g. 16% of patients take a new medicine as prescribed and a third of patients are non-adherent after 10 days, 30% - 50% of medicines are taken as prescribed in people with long term conditions, up to 20% of hospital admissions have been attributed to medicines and it is estimated that 5-8% of unplanned admissions are due to medication issues.

South West London (SWL) CCG's have a track record of proactively managing this agenda with outcomes delivered including:

- **Prescribing spend.** All SWL CCGs are in the top quintile; and 4 of the CCGs are in the top decile.
- **Year on Year Delivery** of challenging QIPP targets

This strong historical performance means that further efficiencies, in prescribing spend, can only be delivered through a challenging and ambitious programme of transformational change across the STP footprint. Whilst all of the initiatives focus on tackling waste, improving outcomes and/or reducing harm, some of the changes are highly political and may be challenged internally and externally.

There is a need to invest in medicines to prevent long term conditions and/or to optimise outcomes for people with long term conditions. Whilst this will drive prescribing spend up there will be a greater net financial benefit achieved through reducing the need for wider health and social care services. Similarly, the wider STP priorities to introduce new models of care and reduce dependence upon secondary care will inevitably drive prescribing spend.

2. The case for change

Across the STP footprint, there is agreement that stopping or switching medicines or products which are considered to be a low priority, poor value for money or where safer alternatives exist should enable patients to better manage their own care and allow efficiency savings to be made within the primary care prescribing budget which could be used to support other patients. These prescriptions for over the counter medicine and gluten free products amount to £3.17m.

By reviewing the existing process and policy, Merton CCG can also participate in the wider review across SW London seeking to ensure consistency across the SWL population.

3. Outline of possible changes

These options will be set out once the additional work has been complete. The current risk analysis is given below:

High Level Risks	Mitigations
This work stream is highly political and may be challenged by internal and external sources	<ul style="list-style-type: none"> • <i>Ensure organisation support at the highest level</i> • <i>Robust communications strategy to manage internal and external communications</i>
A proportion of patients may not be suitable for alternative medicines	<ul style="list-style-type: none"> • <i>this has been assessed for each individual medicine / class of medicines and reflected in the assumptions underpinning the savings target</i> • <i>targets reflect this (Appendix 1)</i>
Clinicians may not support some or all of the recommendations which may lead to post code prescribing	<ul style="list-style-type: none"> • <i>use benchmarking & peer pressure to influence change</i> • <i>consider incentives and sanctions</i> • <i>SWL initiative to reduce variance</i>

4. Proposed process and next steps

The Governing Body are requested to support the continued the work around effective prescribing. The SWL Medicines Optimisation STP Work stream plan around this proposal is set out below

High Level Implementation Plan

- Secure organisational endorsement for all medicines and products included in the work stream
- Develop communication and stakeholder engagement plans
- Develop materials including patient information and posters
- Design rolling publicity campaign (linking with other work streams within the programme)
- Recruit additional practice based support (as required)
- Prioritise GP practices to work with

Purpose of engagement

In order to undertake effective engagement and consultation a range of robust engagement activities must be undertaken to:

- Identify patients and/or groups of patients who may be disproportionately affected by any prescribing changes
- Assess any potentially negative (or positive) impacts on populations sharing

protected characteristics (Equalities Impact Assessment - as noted this has been completed for gluten free and will be undertaken for over the counter medicines prior to consultation

This will help us to:

- Understand potential impacts and scenarios developed through co-design processes with clinicians, patients and the public
- Set patient and public priorities for future prescribing in Merton

How will we do this?

The stakeholder engagement plan is to be developed across SWL. However, the team wants to ensure that members of the public, patients, carers, providers and those who have an interest in the proposals being developed have the opportunity to inform them at an early stage. We will talk through these proposals with local people and discuss with them how we prioritise the CCG's spend on health services to inform our resilience plans.

As part of an equalities impact assessment we will be able to identify any potential impacts on specific communities and groups and will work with local voluntary and community organisations to test and discuss our proposals with these communities.

Appendix 1 – Over the Counter medicines, targets and rationale for inclusion

Drug(s) and target	Brief rationale for discussion
Self Care	Where items can be purchased over the counter in a community pharmacy
	Frees up GP appts and prescribing costs; can be cheaper for non-exempt patients
	Conflicts with some minor ailment schemes need addressing
1a analgesia excl. POM & cough/cold remedies – 80%	Includes non-opioid analgesics, NSAIDs and rubefaciants
	Short courses of analgesics for acute common ailments
1b Rubefaciants – 30%	Can provide safer and cost-effective alternative for some chronic pain
1c Antihistamines (OTC) – 40%	Also aim to reduce POM antihistamines by 40%
1d Cough and cold remedies – 95%	Includes cough mixtures, aromatic inhalations, decongestants, sore throat lozenges etc – all with limited clinical value for these treatments
	For some drugs (such as decongestants) there is a potential for interactions with other medicines.
	Ensure antibiotics not prescribed instead for these patients to close consultation
1e Complementary therapies -100%	Limited clinical evidence, some adverse effects / interactions, can delay accurate diagnosis of underlying pathology, none reviewed by NICE have a recommendation for use.
	Includes Removal of Ear Wax & other Substances, Oleax Olive Oil Ear Drops Ear Wax Softening, Acids, Homeopathic Preparations, Drugs Used In Nasal Allergy, Topical Nasal Decongestants, Health Supplements, Other Health Supplements, and Yohimbine
1f Antifungal nail paint - 80%	Systemic treatments are more effective, if antifungal treatment is indicated. Nail lacquers and solutions are expensive. Amorolfine nail lacquer (pack size 3mls) is available OTC for mild cases and for treatment of a maximum of two nails.
1g Nasal Sprays (OTC) – 40%	Nasal sprays for the symptomatic relief of hay fever and congestion can be purchased by the patient under self-care with community pharmacist support.
	Not all nasal sprays are available OTC.
1h Vitamins and minerals - 75%	Vitamins should be obtained through dietary means. Multivitamin supplements should be OTC
	ACBS criteria for vitamins and minerals is as follows: 'Only in the management of actual or potential vitamin or mineral deficiency; not to be prescribed as dietary supplements or "pick-me-ups"'. Sure Start vitamins are available to some groups of patients.
	Exclude drugs used in Megaloblastic Anaemias.
Doxazosin MR – 75%	No good evidence of additional benefit over immediate release doxazosin (4 th line and 15% of MR cost)

Co-proxamol – 90%	Withdrawn 2005 (++toxicity) - expensive unlicensed special -refer to pain clinic if needed
Tadalafil (cialis once-a-day) – 50%	Not cost-effective in most patients, prn preferred option as generic sildenafil
Dental products on FP10 – 75%	E.g. fluoride tablets, toothpastes and mouthwashes – dental Rx / OTC
Fentanyl immediate release formulations – 20%	Fentanyl is significantly more expensive than morphine – low target for palliative care
Perindopril arginine - 90%	Coversyl® prescribed by brand name will be dispensed as Coversyl® arginine (++£) without clinical benefit over generic perindopril erbumine.
Probiotics – 90%	VSL#3 ACBS: For use under the supervision of a physician for the maintenance of ileoanal pouchitis only in adults as induced by antibiotics – ensure appropriate use
	Other probiotics are classed as food supplements - OTC
Oxycodone/naloxone (targinact) – 30%	Poor RCTs, naloxone element no effect on risk of overdose as not absorbed from GI tract. No data combination reduces laxative need in the long term. Rejected by SMC, poor cost-effectiveness.
Minocycline for acne – 90%	Minocycline is used primarily for oral treatment of acne, however, there are concerns about its safety and therefore its place in therapy.
Aliskiren (rasilez) – 75%	Not recommended for routine use by SMC as comparable efficacy to other antihypertensive agents in terms of blood pressure reduction and more costly.
	NICE state there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension.
Amiodarone – 30%	Amiodarone is no longer recommended by NICE for long-term rate control due to its potentially fatal, long-term side effects. Digoxin is equally as effective – review and monitor / discontinue
Tramacet (combination product paracetamol with tramadol) – 90%	No more effective than established analgesics in acute or chronic pain, contains a sub-therapeutic amount of paracetamol and is more expensive than alternatives.
	There are safety concerns with tramadol (harms and misuse) as well as an increased number of deaths.
Dosulepin – 70%	NICE CG90 for depression in adults states: 'Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose'. MHIPF guidelines recommend patients reviewed
Cannabis sativa – 90%	Neuropathic pain – specialist advice only; not cost-effective for MS – refer back to neurologist
Gluten free (% tbc)	Coeliac UK support prescribing of bread, flour, bread and flour mixes, pasta, crisp breads, crackers and pizza bases.
	To consider if no GF prescribed, or just bread (inc mixes) and flour
Infant feeds (% tbc)	Guidelines available on prescribing in cow's milk protein allergy (CMPA) – when to prescribe and a quick checklist to assess suitability of the prescriptions issued.
Sip feeds (% tbc)	Majority of prescription requests for ONS from secondary care do not contain all the best practice information as recommended by the LPP; MUST scores were absent in almost all cases.
	Screening tools do not seem to be used regularly and where they are used, results of screening tools do not appear to be shared before prescribing is requested.
	Incomplete communication could be contributing to ONS being prescribed for prolonged periods unnecessarily
Adult ADHD (0%)	Not possible to breakdown between children and adult prescribing of Atomoxetine, Dexamfetamine, Lisdexamfetamine, Methylphenidate
	Guidelines available from MHT and cost effective choice advice included – initiated by specialist before transfer to primary care
	Adult ADHD treatment includes children already diagnosed transitioning to adult services and new diagnosis in adults. These are both included in NICE guidelines so implications of going against NICE to be considered https://www.nice.org.uk/guidance/cg72
Other areas for consideration – Sunscreen, cold sores, conjunctivitis, eczema, emollients, headlice, heartburn, skinrash, sleep problems,	