MEETING DATE:	12 July 2012	NHS
AGENDA ITEM NUMBER:	Item 7.6	
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JOB TITLE:	Associate Director – Prescribing and Medicines Management	
DEPARTMENT:	Quality & Clinical Commissioning	REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE

# PRESCRIBING REPORT 2011/12

PURPOSE/ACTION	To Receive & Note
REQUIRED:	
CONSULTATION AND/OR INVOLVEMENT PROCESS:	GP Prescribing Lead and Practice Pharmacists
FREEDOM OF INFORMATION:	Releasable under FOI Public

1.	PURPOSE OF THE REPORT:									
	To inform members of the management of the prescribing budget for 2011/12 and progress made in positive									
cha	nge in prescribing patterns and the QIPP programme.									
2.	STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: (will be populate of Members)	d followi	ng agreen	nent with	Council					
-										
3.	IMPACT ON RISK ASSURANCE FRAMEWORK:									
		Yes		No	X					

4.	IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
		Yes	No	Х
5.	LEGAL IMPLICATIONS:			
		Yes	No	Х
6.	RESOURCE IMPLICATIONS:			
		Yes	No	Х
7.	EQUALITY IMPACT ASSESSMENT:			
		Yes	No	Х
8.	PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS			
		Yes	No	X
9.	RECOMMENDATIONS:			
The	CCG is asked to: -			
	Receive and note the contents of the report			

Author: Mike Rymer

Title: Associate Director – Prescribing and Medicines Management Date: 3 July 2012

#### PRESCRIBING REPORT

#### North Lincolnshire CCG/PCT 2011/12

#### 1. PERFORMANCE

- 1.1 The Prescription Pricing Division of the NHS Business Services Authority reported a £252k under spend for GP practices on a budget of nearly £28 million or -0.9%. When other prescribing budget provisions were taken in to account the total under spend improved to £290k.
- 1.2 The budget setting process for 2011/12 had already removed £800k from prescribing as a contribution to the QIPP programme and added to the under spend provided a total QIPP saving of £1.09 million.
- 1.3 The cost growth of drugs, dressings and appliances also fell year on year by about £65k or 0.23% and the PCT maintained its position as the fourth lowest cost area within the SHA.
- 1.4 Of note is that the cost of Category M generic drugs is driven by the national Community Pharmacy contract. Improved procurement by pharmacies drives the cost of the majority of these drugs down creating an inextricable link between community pharmacy, general practice and the future CCG.
  - The uptake of Category M drugs as a percentage of all generics in North Lincolnshire is the highest in the SHA area.
- 1.5 In the fourth quarter of 2011/12 just £23.7k could have been saved on a spend of £6.7 million by further generic prescribing (0.35%) and as a PCT the percentage cost of new drugs used was the lowest in the SHA area.

### 2. QUALITY AND OUTCOMES FRAMEWORK (QuOF)

2.1 The Medicines Management requirements for 2011/12 remained extant and the Medicines Management Team promoted three areas of therapeutics for review namely; inhaled corticosteroids (ICS), ezetimibe and transdermal opioids. Of 21 practices 20 chose to review ICS, 19 to review opioids and 10 to review ezetimibe. A variety of clinical drug reviews were performed where practices did not take up the three promoted by the PCT.

All practices provided their reviews by the deadline of 31 March 2012.

2.2 The national negotiations for the 2011/12 QuOF presented a new series of prescribing indicators described as Quality and Productivity (QP) linked to the QIPP agenda. Following much discussion with practices, practice pharmacists and the GPCC Transition Group all practices achieved QP1 – agree with the PCT three therapeutic areas to review and act upon – by the due date.

Subsequently all but two practices achieved QP2 – gaining agreement of their locality peers on the three therapeutic areas referred to in QP1 – by 30 September 2011.A range of drug classes were chosen by practices covering clinical, patient safety and cost efficiencies including ezetimibe, PPIs, antibiotics and antipsychotics.

The end of year results showed that out of a possible 560 available points practices achieved 398 points or 71% of the available points. Six practices achieved points in all three clinical indicators and all practices made progress across the range of indicators.

## 3. PRESCRIBING ACTION PLAN (PAP)

3.1 Practices are monitored against sixteen indicators and compared to the PCT, SHA and NHS averages for those therapeutic groups. These indicators have formed the basis for the "Good Prescribing" awards as in 2009/10 and 2010/11.

Several of the therapeutic groups within the PAP are represented in the QuOF arrangements described in 2.1 and 2.2 above (Appendix 1). Of note is the significant improvement in the use of antipsychotics in the over 65 years of age group and the steady improvement in antibiotic prescribing.

# 4. AREA PRESCRIBING COMMITTEE (APC) DEVELOPMENT

- 4.1 The development of a Northern Lincolnshire APC made great strides during the course of 2011/12 with support from the emerging North and North East Lincolnshire CCGs and Northern Lincolnshire and Goole Hospitals Trust. The Terms of Reference have been agreed and also a jointly funded post, Professional Secretary to the APC, is in the process of been recruited.
- 4.2 The APC will be the main forum for decision making on medicine utilisation across northern Lincolnshire with connections made to the APCs in Hull and East Riding, Lincolnshire and Doncaster. Once established it is envisaged that the APC will invite representation from the local mental health providers, RDaSH and Navigo.

4.3 The main functions of the APC are to develop a joint primary and secondary care drug formulary and monitor its uptake and link the approved drugs to clinical care pathways. This will determine who prescribes and for what conditions and how a drug is to be funded.

### 5. PRACTICE PHARMACISTS

- 5.1 All 21 practices have had regular input from an embedded clinical pharmacist during the year to support the broad medicines management agenda including QuOF equivalent to 3.3 WTE pharmacists. Of the ten pharmacists six are qualified independent non medical prescribers and three are regularly prescribing in cardiovascular, pain and hypnotic reduction clinics. Further expansion in numbers of qualified prescribers and the range of specialist areas is expected in the near future.
- 5.2 The team also includes a pharmacy technician working one day a week supporting initiatives across primary and secondary care and the pharmacy minor ailments scheme.
- 5.3 The pharmacy technician and one of the practice pharmacists also work at NLAG and with the APC development could improve working arrangements between the sectors.

#### 6. CONCLUSION

6.1 Overall the year 2011/12 was very successful with the QIPP target been significantly exceeded and positive changes seen in prescribing practice by the majority of GPs.

		Lipid Regulating Drugs		Low cost PPI	PPI treatment dose	Diabetes	Non Steroidal Anti- Inflammatory Drugs	Calcium Channel Blockers	Antibiotics	Antipsychotic drugs	Hypnotics	Bisphosphon ates	Antihistamines	ARBs	
Practice Coo	Practice Name l€	% simvastatin and Pravastatin items of all lipid regulating drugs	Ezetimibe Items per 1,000 patients	Rosuva (barton)	% omeprazole, pantoprazole and lansoprazole	% items for treatment dose	BGM Diagnostic agents Quantity per 1,000 patients	ADQ per patients aged over 65	% Amlodipine of all dihydopyridine Calcium Channel Blockers	% Quinolone items of all antibacterial drugs	Antipsychotic drugs items per patients over 65 years	ADQ per STAR-PU	% Alendronic Acid of all bisphosphona te items	% Levocetirizine and Desloratidine of all antihistamines	% Losartan items of all ARBs
B81045	ASHBY TURN PRIMARY CARE PARTNERS	72.73%	13.27		96.39%	65.90%	2984	9.44	80.58%	1.50%	0.19	0.60	87.00%	1.67%	
B81686	BALASANTHIRAN S	83.28%	47.46		96.25%	76.39%	3381	29.98	75.85%	10.98%	0.10	4.03	64.04%	6.44%	
B81063	BRIDGE STREET SURGERY	65.05%	13.07		94.88%	71.19%	2325	10.77	59.05%	1.96%	0.12	0.75	81.74%	19.17%	
B81022	CAMBRIDGE AVENUE MEDICAL CENTRE	75.08%	17.29		95.94%	80.27%	2988	12.12	77.27%	2.25%	0.10	1.20	79.78%	4.27%	
B81098	CAUVERY MEDICAL CENTRE	74.58%	13.27		94.97%	87.53%	2938	46.11	45.28%	2.83%	0.22	2.47	62.75%	8.87%	
B81113	CEDAR MEDICAL PRACTICE	75.78%	22.16		98.10%	83.19%	3289	17.97	84.99%	2.19%	0.17	2.40	86.89%	1.25%	
B81005	DR RM JAGGS-FOWLER & PARTNERS	59.70%	23.71	3.78%	95.33%	80.65%	3303	9.62	71.77%	1.98%	0.12	0.71	64.50%	1.21%	
B81026	KENNEDY JCBS	73.82%	12.95		96.75%	65.88%	3151	16.91	84.84%	2.04%	0.18	2.64	83.31%	3.89%	
B81099	KIRTON LINDSEY SURGERY	58.23%	10.42		92.63%	73.93%	2624	20.68	54.44%	3.96%	0.17	1.73	82.72%	4.43%	
Y02787	MARKET HILL 8 TO 8	73.18%	5.15		96.88%	79.26%	2089	68.01	75.14%	0.90%	0.63	1.58	68.42%	0.00%	
B81064	MELROSE JR	74.03%	45.06		96.92%	80.62%	3392	9.54	71.46%	2.39%	0.18	1.01	86.13%	5.79%	24.9%
B81647	MURALEEDHARAN A	72.77%	16.96		93.56%	72.37%	3377	16.18	72.52%	1.02%	0.36	1.55	59.02%	14.79%	
B81109	RIVERSIDE SURGERY	64.16%	5.86		98.43%	78.92%	3513	18.35	76.95%	1.90%	0.29	0.76	72.51%	1.87%	
B81043	SOUTH AXHOLME PRACTICE	55.77%	26.31		90.43%	79.78%	3512	13.92	60.46%	1.73%	0.06	0.75	51.61%	3.46%	
B81617	THE BIRCHES MEDICAL PRACTICE	80.42%	14.04		98.62%	85.37%	2499	22.53	63.05%	1.12%	0.36	2.71	81.44%	7.45%	
B81090	THE OSWALD ROAD MEDICAL SURGERY	76.64%	14.16		99.49%	75.72%	2979	15.12	81.94%	1.69%	0.11	1.42	86.00%	5.49%	
B81065	TRENT VIEW MEDICAL PRACTICE	68.19%	6.59		97.86%	60.97%	2487	15.03	74.36%	2.13%	0.10	1.29	78.77%	4.19%	
B81628	VORA A	61.30%	15.36		99.13%	78.83%	3373	16.69	71.13%	3.17%	0.12	1.06	62.23%	6.30%	
B81118	WEST COMMON LANE TEACHING PRACTICE	94.31%	0.62		99.77%	77.43%	2448	7.01	84.38%	1.51%	0.07	0.29	95.92%	0.00%	
B81007	WINTERTON MEDICAL PRACTICE	71.20%	12.10		95.24%	59.67%	3455	8.31	79.85%	3.60%	0.12	0.72	29.20%	5.96%	