NHS Bradford Districts and NHS Bradford City Clinical Commissioning Groups

Medicines Optimisation Strategy

2017-2021

CCGs working together
Bradford City CCG
Bradford Districts CCG

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Executive Summary

A famous physician from the 19th and early 20th Century Sir William Osler said "One of the duties of the physician is to educate the masses not to take medicine."

Patients now depend on medicines to help maintain health, prevent illness, manage chronic conditions and treat disease. Medicines are such an important part of what the NHS does to help patients and are a very precious resource.

Medicines optimisation is about making sure 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 patients to:

- improve their health outcomes
- take their medicines correctly
- avoid taking unnecessary medicines
- reduce medicines waste
- improve medicines safety

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment. Evidence, both national and international, suggests that current medicines use is "sub optimal i.e. not being used to their best effect. (1)

Medicines optimisation is vital to both the NHS in Bradford and Bradford patients. Medicines optimisation concerns every patient and many different organisations, including secondary care (hospitals), community care, public health, the local authority, NHS England and the workforce including pharmacists.

This strategy has been developed by the Clinical Commissioning Groups (CCGs) in Bradford; it applies to all clinicians treating patients within NHS commissioned care across the city. It outlines what the people of Bradford should expect of medicines for which they are prescribed.

It is well known that across the country, patients are living longer with more complex conditions. However, it is also known that:

- up to 50% of patients do not take their medicines as prescribed *
- between 5-8% of acute admissions to hospital are due to medication problems *
- medicines waste is a significant issue
- antimicrobial resistance is a world-wide problem
- compliance aids are often seen as the solution for patients to stay in their own home, however this is often not the case

* Range comes from different studies in literature.

Primary Care will work with secondary care colleagues to implement NICE guidance, review homecare medication policies and the use of high cost drugs to offer local

people best value with optimal outcomes. A joint approach across all services will provide a Bradford Health Economy Formulary, so all partners are using the most cost effective medicines for the best outcomes. This includes an antimicrobial strategy to reduce the risk of C*lostridium difficile, Methicillin-resistant Staphylococcus aureus* (MRSA), *Methicillin-sensitive Staphylococcus aureus* (MSSA) and Gram – negative bloodstream infections (BSIs) starting with *Escherichia coli* (E.Coli) bacteraemia and to help tackle the implications of increases in antimicrobial resistance.

Tackling the issue of medication waste is a national problem and as yet different strategies have been tried but none have been totally successful in reducing medication waste. This offers large potential savings to the NHS and the taxpayer and makes better use of valuable resources.

A joined up approach with other agencies within all sectors will be needed. This will be key with social care providers, to rationalise the use of 'compliance aids', in order to help patients and carers gain maximum benefit from these valuable resources.

We believe that redesigning services for certain patient groups through joint ownership and partnership working between healthcare professionals will result in significant efficiencies and improvement to patient care.

Finally, we recognise that the use of information technology (IT) should provide a valued link between sectors and provide information as to how best to improve medicines optimisation within the healthcare community.

Introduction

This strategy outlines how NHS Bradford City and NHS Bradford Districts CCGs are going to optimise the use of medicines over the next 3-5 years, realising any efficiencies from the drugs budget and ensuring the best outcome for patients from their use of medicines. It has been developed through engagement with member practices, patients, practice pharmacists, community pharmacies, the local medical committee, the local pharmaceutical committee, CCG staff and other providers including the voluntary sector.

Context

Medicine optimisation is defined as 'a person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines.' (2)

National

Medicines optimisation is a change in the way that patients are supported to get the best possible outcomes from their medicines, through the adoption of a patient-focused approach to medicines use. Medication is a crucial element of almost every type of care and is the most common form of healthcare intervention. However, ineffective use of medicines is a recognised problem that has an impact on the economy, society, healthcare system and patients.

The Royal Pharmaceutical Society has produced good practice guidance detailing four guiding principles for medicines optimisation. (3) These are:

- Aim to understand the patient's experience
- Evidence-based choice of medicines
- Make sure medicines use is as safe as possible
- Make medicines optimisation part of routine practice

There are four Reginal Medicines Optimisation Committees (RMOCs) currently being formed. They will operate as a single medicine optimisation system for England, generating one output for each topic (medications). They will focus on medicines optimisation and new medicines evaluation, ensuring optimal patient outcomes and best value.

Nationally all health economy areas have developed a Sustainability Transformation Plan (STP) to achieve the 'Triple Aim' of best health, best care and best value, following the publications of the *NHS Five Year Forward View* that articulated why change is needed, what success looks like and how we get there.

Local Context

NHS Bradford City CCG has spent over £17.1m on drugs in 2016/17 which is equivalent to nearly half its primary care budget. NHS Bradford Districts CCG has spent over £54.6 m on drugs in 2016/17 which is equivalent to over half its primary care budget. Medicines spend per patient per year varies across the Bradford CCGs with an average in City of £136 and in Districts £158 per patient.

Forecast medicines cost growth is variable across Yorkshire. NHS Bradford City CCG has the second largest growth of 3%, which bucks the current trend of slight decrease in growth, this is probably due to their shift from minor ailment prescription to more appropriate treatment of long term conditions. NHS Bradford Districts CCG has a decrease forecast of -3.37%, which is the lowest in Yorkshire and compares favourably to the England average of -1.13% and Yorkshire of -0.55%.

Influences on prescribing practice are multifactorial and include not only patient demographics, influences from secondary care, as well as patients' beliefs and expectations, and the ability of any medicines optimisation team to manage changes in prescribing.

The CCGs are also involved in work across our regional footprint and this is West Yorkshire and Harrogate Health and Care Partnership. They have a work stream on 'prescribing' which plans to reduce unwarranted variation and increasing value through medicines optimisation.

The diabetes operating model is just being established within Bradford and will in time manage its own drugs budget. This is a very exciting development for Bradford and will probably be a model for our future accountable care organisation.

The High Cost Drugs (HCD) spend within Bradford 2016/17 is currently approximately £22million. These are drugs increasingly being used to manage disease and so the cost is rising significantly more quickly than other cost increases. These drugs are prescribed and managed in secondary care but paid for by primary care, examples of HCD are infliximab, entanercept and other biologic agents.

Medicines Optimisation key facts – why we need to change

- Community care prescription medicines wastage in England is currently in the order of £300 million, of which half (£150m) is thought to be preventable. Therefore each CCG will probably have more than £1m in waste medicines.(4)

- Adherence to long-term therapy for chronic illnesses in developed countries averages at 50%. Which means that up to half our primary care drugs spend £35m, may be not delivering desired outcomes.(5)

- 5% of hospital admissions are due to the ineffective or inappropriate use of medicines; this increases to 17% of unplanned admissions in the frail elderly. (6,7)

- Care home use of medicines study finds that 70% of residents were exposed to one or more medication errors every day. There are over 85 care homes across out two CCGs with over 2,900 residents (8).

    - 80% of these residents are over 75 years old, with increasing frailty
    - 65% have three or more long term conditions (LTC) with 25% having 5 or more LTC which will create complex drug optimisation problems.

Local feedback – need for change

A questionaire has been conducted amongst practices and their staff including general practitioners, practice nurses and pharmacists. They felt that medicines optimisation should focus on the most cost effective medicines for each patient. Many felt that the CCG should fund practice pharmacists to undertake this work rather than it being a team approach.

Vision

Our vision for medicines optimisation has been developed over time, recognising the national and local context and the specific benefits which we think medicines optimisation can bring to the people of Bradford. Our vision can be described in the diagram below:

Key Strategic Outcomes and Objectives

Our initial review of the national and local context has suggested to us that there are five key strategic objectives that we should pursue across NHS Bradford City and NHS Bradford Districts CCGs, in partnership with patients, prescribers and providers. These have been developed by:

- A literature review of other organisation's strategic objectives.
- A summary of our ambitions from each CCG clinical board
- The use of:
    - NHS England - 'Finding the measures that matter most'
    - NHS Rightcare - 'Counting the Cost'
- Incorporation of the key principles of medicine optimisations
- People's Board discussion

Strategic Outcomes

The medicines optimisation strategy will ensure that;

- Patients are supported with their medicines to ensure that they receive maximum benefit from them.
- The medicines used are of the highest quality, and safety of medicines medicines use is optimised.
- There is little or no variation in prescribing behaviour unless it is appropriate and justified in individual circumstances
- Organisations are supported to ensure that the workforce is maintained at the optimal level to provide the services required.
- The workforce is trained to ensure that services delivered in the most efficient and effective way and are maintained at the highest quality.
- Prescribing budgets are managed to ensure that medicines are used cost effectively to maximise outcomes whilst supporting the CCGs' QIPP requirements and provider cost improvement plan..

Our strategic outcomes will be monitored by:

- Linking of prescription data to admissions, so that long term condition management can be monitored to see if appropriate medicine optimisation can reduce hospital admissions.
- A regular review of the medicines spend, annually taking into account drug inflation and new therapies.
- Reviewing the quantatative and qualitative data provided by Medicines Service at Home (MESH) contract.
- Reviewing RAP medication incidents, to ensure learning is disseminated to all, and incidents are not repeated.
- Medicines Safety Officer review of all medicines safety incidents in primary care and involvement in those which involve primary and secondary care, including attendance at all apropriate safety committee meetings.

- Antibacterial prescribing items/STAR-PU, against national and local targets.
- Comparison of practice prescribing data from Epact, PrescQIPP and Optimise Rx. This will address spend, variation and safety, including adherance to NICE guidance.
- Reviewing NHS Rightcare data to see reductions in appropriate variation and where that does exist it is warranted.
- Number of practice based pharmacists and Non Medical Prescriber (NMP) pharmacists.
- Number of practice based technicians.
- Number of practice medicines co-ordinators in primary care.
- Reduction in number of OTC (self care) items on prescription.
- Adherance to formulary prescriptions.
- QIPP savings being reviewed regularly.
- Reviewing transformation programmes outcomes with regard to prescribing, and providing appropriate feedback.

Our strategic objectives are:

1. *Supporting Patients with their medicines*

- Encouraging patients to take responsibility for ordering their own repeat medication, which reduces medication waste, better medicines optimisation in long term conditions and the promotion of patient self-management.

- Enhance patient experience through medication optimisation. This will lead to reduced medication waste, improved concordance and improved health outcomes.

- Educating patients about their medications and better patient engagement at the point of prescribing so patients are receiving the best medication for them, resulting in improved medication compliance and patient outcomes. This leads to a reduction in medication waste and premature morbidity/mortality.

- Create links across health and social care to enable patients to remain supported in their own home, by providing medicines optimisation.

2. *Improving the quality and safety of medicines use*

- Reducing prescribing errors - through transfer of incorrect information between secondary and primary care (including community pharmacies) and vice-versa. This will contribute to a reduction in patient harm and acute hospital admissions.

- Medicines safety committees in primary and secondary care and across the interface which will improve medication error incident reporting and learning.

- Risk management by shared learning across the local health and wellbeing organisation.

- Reducing inappropriate problematic polypharmacy in the elderly which is known to lead to an increased risk of drug interactions, adverse drug reactions and hospital admissions.

3. *Reducing inappropriate variations in Primary Care Prescribing*

- Antimicrobial Stewardship –This is a co-ordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

- Share key learning outcomes from national related incidents and trends to ensure that good practice from elsewhere helps us improve.

- Use of primary care GP quality group within the CCGs to ensure that all practices have a consistent approach and achievement in prescribing.

- Digital priorities for Medicines Optimisation/Prescribing Strategy are:
    - increased Systm One online uptake of repeat medicines, based on clinical safety and end-to-end audit trail
    - increased utilisation of EPS2, focusing on the 50% of the population on repeat medication. Support infrastructure and learning available at https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-repeat-dispensing-for-prescribers particularly the e-learning module for all prescribers.
    - increased use of electronic repeat dispensing – next GP contract has a target of converting 25% of repeat prescriptions to electronic repeat dispensing, guidance about when to convert prescriptions in information above.
    - pharmacy integration with primary care e.g. Electronic Prescription Request (EPR)/summary Care Records (SCR), as well as NHS mail (now available for any pharmacy who wishes to have one)
    - uptake of medicines adherence digital tools/apps
    - use of decision support tools such as Optimize Rx

- Working with Regional Medicine Optimisation Committees and Yorkshire and Humber medicine management (Y&H MM Group) to share the workload, achieve consistency and provide greater assurance in producing more robust commissioning positions and decisions.

- Use of the NHS RightCare approach which is a national programme committed to reducing unwarranted variation to improve people's health and outcomes. It ensures that the right person has the right care, in the right place, at the right time. A prescribed medicine is the most common treatment

offered to patients in the NHS. Medicines optimisation supports the NHS RightCare approach by ensuring that people get the maximum benefit from the medicines they are prescribed.

- Use the West Yorkshire and Harrogate Health and Care Partnership to focus on variation with the West Yorkshire and Harrogate footprint. By working together as a group to identify and prioritise those areas of prescribing where gains through standardisation can be realised. To develop proposals for harmonising policies and establish a schedule for implementation of changes, likely to be around identifying cohorts of policies in prioritised order, in order to gain the most benefit for patients.

- Tackling addiction to prescription drugs – it is widely known as one of the biggest public health disasters. Hundreds of patients are dying each year, but many more lives are being blighted by such addiction.

4. Workforce development

- Develop the role of practice based pharmacists, by increasing their role in managing long term conditions and repeat prescribing system. This can be done in conjunction with The University of Bradford who have developed a Clinical Pharmacy Practice in primary care for those pharmacists who wish to work in primary care but have limited experience in that area, and an advanced clinical pharmacy practice diploma for those familiar with primary care but wishing to develop their skills. This would enable the development of a specialised work force that may be available to embed medicines optimisation in primary care but also help in areas that have traditionally been undertaken by other clinicians.

http://www.bradford.ac.uk/study/courses/info/clinical-pharmacy-primary-care-pgdip
http://www.bradford.ac.uk/study/courses/info/advanced-pharmacy-practice-primary-care

- Increase the number of pharmacists that are non-medical prescribers, to support the workforce within Bradford. This may be facilitated by linking with the University of Bradford, who could support an increase in places allocated to the CCG's.

- Develop the use of pharmacy technicians within practice and the emerging accountable care system.

- Encourage increased use of community pharmacy by patients for healthcare advice, self-management of minor ailments and long term conditions.

- The medicines optimisation team will work with Community Pharmacy West Yorkshire (CPWY), Health Education Yorkshire and Humberside - School of Medicines Optimisation and the Centre for Pharmacy Postgraduate Education (CPPE) tutors, to develop a strategy to develop the skills and knowledge that the pharmacists will need to take on new roles in primary care. This will feed into the accountable care workforce plans.

- Develop the skills of the whole workforce within practice from receptionist to GP's including the patient in medicines optimisation.

- Increase medicine optimisation training especially with regard to de-prescribing.

5. *Managing the financial challenge*

- Managing the prescribing budget in primary care and that of high cost drugs to ensure that medicines are used cost effectively to maximise patient outcomes and eliminate waste.

- Develop a yearly Quality, Innovation, Productivity and Prevention (QIPP) plan to improve the quality of medicine optimisation and increase innovation so that things can be done differently whilst making efficiency savings that can be reinvested into the NHS.

- Implementing NICE guidance to ensure all sectors are compliant with NICE guidance and using them to improve patient outcomes in the most cost effective way.

Links to the Transformational Programme (Appendix 1)

STRATEGIC OBJECTIVE					
Transformational Programme	*1.Supporting Patients with their medicines*	*2.Improving the quality and safety of medicines use*	*3.Reducing inappropriate variations in Primary Care Prescribing*	*4.Workforce development*	*5.Managing the financial challenge*
Out of Hospital including Complex Care and Primary Care Commissioning Strategy	x	x		x	x
Planned Care	x	x	x	x	x
Children and Young People (CYP)	x	x			x
Maternity & Womens Health	x	x			x
Urgent Care	x				x
Mental Health	x	x	x		x
Self-Care	x				x

Conclusion and Implementation

For the medicines optimisation strategy to be implemented fully, it will need to be embedded within the transformational programmes and work streams within the CCGs and at practice level. To facilitate the strategy, a work plan will need to be produced regularly and reviewed to determine the priorities, so that the medicines optimisation team can appropriately focus on the correct areas. Medicines optimisation is an 'enabler' across the health system and as such, the actions taken

will be reported to the Bradford City CCG and Bradford Districts CCG Clinical Boards, as well as the Accountable Care Programme Board at Bradford.

References

1. Medicine optimisation dashboard www.england.nhs.uk/ourwork/pe/mo-dash/

2. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes, NICE guideline Published: 4 March 2015 nice.org.uk/guidance/ng5

3. Medicines Optimisation: Helping patients to make the most of medicines. Royal Pharmaceutical Society May 2014

4. Evaluation of the scale, causes and costs of waste medicines. York Health Economics Consortium and School of Pharmacy, University of London 2010

5. Adherence to Long-Term Therapies - Evidence for Action. WHO 2003 http://apps.who.int/medicinedocs/en/d/Js4883e/

6. Emergency hospital admissions for ambulatory care-sensitive conditions. Identifying the potential for reductions. Kings Fund 2012.

7. Adverse drug reactions as a cause of admission to hospital: prospective analysis 18 820 patients. BMJ 2004; 329: 15-19 .

8. Care home use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people. Qual Saf Health Care 2009; 18: 341-346

NB
In this document Primary Care relates to anything occuring in the communiity and Secondary Care relates to anything occuring in the Hospital.

Appendix 1

Transformational Programme	Medication Optimisation Strategy
Out of Hospital including Complex Care and Primary Care Commissioning Strategy	Reduce inappropriate polypharmacy in elderly and complex care patients to prevent avoidable harm such as risk of falls and admissions Commission medicine optimisation service to work as part of complex care teams and improve medicine reviews in people living in care homes and house bound people Reduced incidence of issues in community associated with poor concordance or adverse drug reactions including antibiotic stewardship Educate people to improve compliance and concordance with medication regimens More cost effective use of medication and reduced waste of medicines through only prescribing or stocking the medications necessary to manage the patients' conditions. Utilise Optimise Rx prescribing tool to guide primary care clinicians to make evidence based, safe and cost effective decisions Support new models of delivery at a large primary care scale Maximise benefits of the community pharmacy by working with local pharmacies and LPC (local pharmaceutical committee) to support people with long term medication Develop the role of pharmacists in General Practice Engage providers in delivery of CCG prescribing QIPP plans
Planned Care	Underpinning the principles of the planned care when relating to medications and create a financially sustainable system that ensures maximum value (in terms of quality and finance) at every clinical encounter. Ensure that inefficiencies will be removed. Clinical encounters, investigations and interventions that do not add value will be stopped. Support the work of the BTHFT out-patient improvement programme, in reducing inefficiency, unwarranted variation and unnecessary spend, which improving patient outcomes and evidence based practice. This uses tools such as Get It Right First Time (GIRFT). Employ the principles of the Medicines Optimisation Strategy throughout the patient journey within the planned care context. Utilise Map of Medicine as a tool to underpin best practice and pathways of care (including prescribing, and increasing patient concordance and outcomes)
Children & Young People (CYP)	Helping to ensure that CYP receive the most appropriate medications and advice to use the medications, in order to obtain maximum benefit. This is particularly important for CYP, where product licencing and evidence base for this cohort can be difficult for clinicians to interpret.

	Ensure cost effective prescribing principles that help decision making in both: The prescribing of high volume, low cost medications. The prescribing of low volume, high cost medications Employing the principles of the Medicines Optimisation Strategy throughout the patient journey where CYP are receiving medication, and to put CYP and their families at the heart of decision-making around their medication management, and to empower them to self-care. With particular respect to respiratory conditions; To optimise medication benefit, reduce wastage, and improve concordance. This may be supported by the use of innovative tools and employing models that have proved effective elsewhere. This will align with the work of Bradford Breathing Better. Utilising the principles of the Medicines Optimisation strategy to underpin some of the prescribing decisions within reviews of community children's services eg. continence Supporting the pathways of best practice clinical care that are developed for CYP (eg. wheezy child, gastroenteritis) to ensure that prescribing recommendations are evidence based, cost effective, locally appropriate and effective.
Maternity & Women Health	Promote evidence based and safe medicine prescribing in maternity Improve communication between primary and secondary care Shared care and optimising costs across the system
Urgent Care	Reduce demand for medicines in the urgent care system through commissioning services in community Support the urgent care providers to be able to signpost medicines requests to the community network
Mental Health	Systematically address the problem of Addiction to Medicines including Opiates, Benzodiazepines, GABA agents, Z drugs and OTC meds by: Education & awareness raising A systematic analysis of ASTRO-PU data to target interventions on the basis of Safety and appropriateness & Prescribing cost Improve physical health of people with SMI by appropriate prescribing to manage long term conditions
Self-Care	Reviewing the treatments for minor ailments and encourage transitioning to self-care – making every contact count Reduction in OTC (over the counter) prescribing Pharmacy staff using motivational interviewing techniques to promote self care