**Medicines Optimisation Plan 2014-15**

Medicines Management will continue to support the constituency in optimising patient outcomes wherever medicines are involved. This is balanced with the corporate strategic objectives which in turn link to the National Outcomes Framework. This highlights how the work carried out by medicines management permeates through the objectives and domains.

The Medicines Optimisation Plan links to the National Health Service Outcomes Framework (NOF) domains :

1. Preventing people from dying prematurely
2. Enhancing Quality of Life for People with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

The plan also refers to the CCG corporate strategic objectives listed below :

1. Consolidate a robust CCG strategic plan within a financial envelope
2. Maintain systems to ensure quality and safety of patient care
3. Deliver through establishment of PMO approach to CCG programmes
4. Ensure C&M CSU deliver successful support to the CCG
5. Sustain engagement of CCG members, partners and stakeholder
6. Drive clinical leadership development through Governing body, locality and wider constituency

We will work towards an overall objective of promoting high quality, value for money prescribing.

Potential savings can be identified in therapeutic areas per BNF category to allow for measurement of performance and to focus activity. Measurement of savings as a performance indicator will be agreed to take into account any impact of secondary care prescribing. The potential savings are aspirational and provide a theoretical value on action taken for every medicine on day one of the first quarter and projected across the year. This list of BNF therapeutic areas is not exhaustive.

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| **Therapeutic Area** | **Definition** | **Units** | **Target savings or outcome** | **Potential Annual Savings (£)** | **NOF****Domain** | **Corporate Strategic Objectives** |
| **Southport and Formby CCG** | **South Sefton CCG** |  |  |
| Proton Pump Inhibitors | Local workstream. Review and where appropriate revise the prescribing of high dose PPIs in line with NICE guidance. Review & implement step down & stop PPIs in line with NICE guidance. | Audit of high dose PPI prescribing | All high dose PPI prescribing reviewed & step down / stop as indicated | No figures available – audit only | 5 | 2 |
| Statins | Rosuvastatin as % all statins | Items of rosuvastatin as % all statin items | If 80% of rosuvastatin switch to low cost statin |  |  | 1 | 1 and 2 |
| Ezetimibe | NPC key therapeutic topic - continuing | No. of prescription items for ezetimibe and ezetimibe/simvastatin combinations as % total items for all statins and ezetimibe, including simvastatin / ezetimibe combination products. | Reduce to below national average |  | 1 | 1 and 2 |
| Local workstream. Where ezetimibe is prescribed with simvastatin the individual drugs are prescribed in preference to the combination tablet. | No. of packs prescribed of combination tablet changed to equivalent no. of packs of individual tablets. | All Inegy prescribing reviewed | Not possible to calculate savings due to low numbers & variable duration of prescriptions | 1 | 1 and 2 |
| High Dose Inhaled Corticosteroids (ICS) | Seretide accuhaler is licensed for use in COPD. | Audit of Seretide evohaler in COPD | All Seretide evohalers for patients with COPD reviewed | Not possible to calculate savings – work is primarily quality focussed on licensed indications | 2 | 1 and 2 |
| Hypnotics (now including Z hypnotics) | NPC key therapeutic topic. Review and, where appropriate, revise prescribing of hypnotics to ensure that it is in line with national guidance. |  | Reduce to below national average.  | Unable to quantify savings | 1 and 5 | 2 |
| Low dose antipsychotics in people with dementia | Review and, where appropriate, revise prescribing of low dose antipsychotics in people with dementia, in accordance with NICE/SCIE guidance and the NICE Quality Standard. | Dementia audit | Review all patients with dementia prescribed an anti-psychotic | Unable to quantify savings – quality / patient safety focussed | 4 and 5 | 2 |
| Anti-depressants | Local workstream. Newly initiated escitalopram, for either depression or anxiety, should only be prescribed in line with Pan Mersey recommendations (as a third line option on the recommendation of a mental health specialist.) | Audit of patients newly initiated on escitalopram. | Review all patients newly initiated on escitalopram | Unable to quantify savings | 4 and 5 | 2 and 5 |
| NICE depression guideline implementation – review of all patients still prescribed dosulepin | Dosulepin items as a % of all antidepressants | Review all patients prescribed dosulepin and discontinue treatment or change to an alternative as appropriate. If dosulepin to be continued, document in patient’s notes the reason why | Not possible to quantify savings | 4 and 5 | 2 and 5 |
| Analgesics | NPC key therapeutic topic. To reduce the risk of adverse GI and CV risks associated with diclofenac and coxib prescribing | Naproxen / ibuprofen items as % all oral NSAID items | Continued review of oral NSAID prescribing to stop or switch to naproxen / ibuprofen | Not possible to quantify savings – quality / safety workstream | 2 | 2 and 6 |
| Review prescribing of all NSAIDs in patients with CKD 3-5 (e GFR <60) | Reduction in number of patients with CKD 3-5 prescribed an NSAID | Review all patients with CKD 3-5 prescribed regular, oral NSAIDs | Not possible to quantify savings – quality / safety workstream | 2 |  |
| Antimicrobials | Local workstream.Audit for one week in each quarter of patients living in a care home and prescribed ANY antimicrobial drug during the audit week.Audit of antimicrobial prescribing using consultation information, allergy status, culture & sensitivity reports and secondary care information to assess the clinical indicators for and appropriateness of, **any** antimicrobial treatment.Additionally, to review the choice of the specific medication, dose and duration of treatment with reference to the current Pan-Mersey antimicrobial guidelines, NICE guidance etc. | Comparative figures for the rate of prescribing per number of patients on the list living in a care home for each quarter, weighted for list size, for each practice in the locality.Measure of the number of items reviewed as appropriate for each practice & also standardised for number of care home residents / list size to allow comparisons.Comparative figures for the rate of prescribing per number of patients on the list for each quarter, weighted for list size, for each practice in the locality.Measure of the number of items reviewed as appropriate for each practice & also standardised for list size to allow comparisons.Consideration to be given to numbers of patients assessed as not having clinical evidence of UTI & not being prescribed antimicrobials. | All antimicrobial prescribing for care home residents to be clearly indicated and appropriate in respect of current Pan-Mersey antimicrobial guidelines, NICE Guidelines etc.Reflective learning by prescribers & benchmarking against peer group. All antimicrobial prescribing for potential UTI to be clearly indicated and appropriate in respect of current Pan-Mersey antimicrobial guidelines, NICE Guidelines etc.Reflective learning by prescribers & benchmarking against peer group. | Indirect savings from reduced C difficile infection & related costs.Clinical audit of quality of care and prescribing to reduce clinical risk.Results and learning outcomes to form part of a locality peer review.Clinical audit of quality of care and prescribing to reduce clinical risk.Results and learning outcomes to form part of a locality peer review.**THIS AUDIT IS AN ALTERNATIVE TO THE CARE HOME AUDIT FOR THOSE PRACTICES WITH LOW NUMBERS / NO CARE HOME PATIENTS ON THE LIST** | 5 | 2 and 6 |
|  | Local workstream.Audit for one week in each quarter of any patient (male or female) over the age of 16 years, with a consultation including specified read codes for cystitis & UTIAudit of antimicrobial prescribing using consultation information, allergy status, culture & sensitivity reports and secondary care information to assess the clinical indicators for and appropriateness of, **any** antimicrobial treatment, including deferred prescription & whether MSSU was sent & reported.Additionally, to review the choice of the specific medication, dose and duration of treatment with reference to the current Pan-Mersey antimicrobial guidelines, NICE guidance etc. |
| RCGP prescribing safety indicators | Complete the RCGP prescribing safety audits* diltiazem/verapamil in a patient with heart failure
* NSAID in patient over 65 with a history of peptic ulceration without co-prescription of an ulcer healing drug
* amiodarone without a record of liver and thyroid function being measured in the previous 9 months
* warfarin in combination with an NSAID
* phosphodiesterase type-5 inhibitor,e.g. sildenafil, to a patient who is also receiving a nitrate or nicorandil
* erythromycin or clarithromycin to a patient who is also receiving simvastatin, with no evidence that the patient has been advised to stop the simvastatin whilst taking the antibiotic.
* potassium salt or potassium sparing diuretic (excluding aldosterone antagonists such as spironolactone to a patient who is also receiving an ACE inhibitor or ARB.
* verapamil to a patient who is also receiving a beta-blocker drug
 | Review patients identified in audits |  |  | 5 | 2 and 6 |
| Audit of NICE Diabetes guideline | Complete an audit of NICE CG 87 – The management of Type 2 diabetes | Complete audit cycle |  | Not possible to quantify savings – quality / safety audit | 2 | 2 |
| Audit of NICE AF guideline | Complete an audit of the updated NICE CG 36 on Atrial Fibrillation | Complete audit cycle |  | Not possible to quantify savings – quality / safety audit | 2 | 2 |
| Specials | Local workstream. Review prescribing of special order products where possible to use a licensed product as an alternative | Items per item based ASTRO-PU (cost fluctuates too much to be used as an indicator).  |  | Not possible to quantify savings | 2 and 5 | 1, 2 and 4 |
| Budget Optimisation  | Generic switches, urology products being prescribed by GP practices, optimisation of pack sizes, grey list prescribing and cost savings identified elsewhere | Review & action where possible | Reduced spending on these products | Not possible to quantify | 2 | 1 |