NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Report to Primary Care Commissioning Committee – March 2020

Title: **Medicines Optimisation Quality Update Report**

Purpose of paper: To provide an update to the group on the quality and safety work undertaken by the Medicines Optimisation team.

For Approval/ Decision	For Review	Receive for assurance	Receive for information
		✔	✔

For Discussion

Executive Summary:

There are a number of medicines groups which ensure system wide oversight of the quality and safety work being undertaken in BNSSG.	The Medicines Quality and Safety Group along with its subgroups help to encourage a system wide approach to medicines quality and safety. Actions are taken to address trends in incidents highlighted on Datix and have included the formation of the anticoagulation and insulin working groups. The BNSSG Formulary Group ensures governance around prescribing by responding to requests by clinicians to use new medicines as well as to facilitate existing formulary medicines to be prescribed in the most clinically appropriate sector. Both these groups have system wide membership to ensure consistent approaches to medicines safety are undertaken.
Controlled drugs prescribing monitoring is ongoing and the CCG benchmarks well in relation to opioid prescribing compared nationally.	Primary Care controlled drugs (CD) prescribing is monitored quarterly by the Medicines Optimisation Team (MOT). If poor care or poor management of CDs is identified the MOT supports providers to improve and will escalate to the NHS England Controlled Drugs Officer (CDAO) where appropriate. Overall, The CCG benchmarks favourably for the number of high dose opioids prescribed. This is positive as it has been shown that the risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, with no increased benefit. Work is also ongoing to seek assurances from the trust and community providers in relation to the Gosport findings and information on this will be shared with the Quality Committee in a separate report.
Action is being taken to review local prescribing following the PHE prescribed medicines review.	In September 2019, Public Health England (PHE) published a review on 'Dependence and withdrawal associated with some prescribed medicines'. The review covered adults (aged 18 and over) and 5 classes of medicines: •Benzodiazepines (mostly prescribed for anxiety) •Z-drugs (sleeping tablets with effects similar to benzodiazepines) •Gabapentin and pregabalin (together called gabapentinoids and used to treat epilepsy, neuropathic pain and, in the case of pregabalin, anxiety) •Opioids for chronic non-cancer pain •Antidepressants These medicines were considered to be associated with a risk of dependence

	and difficulties with withdrawal. The data highlights that the BNSSG CCG performs well for patients prescribed these medications for over 12 months, as well as for patient initiations on some of the highlighted medications such as opioid pain medication, however, benzodiazepine and z-drug prescribing is an areas for improvement. Local guidance is in the process of development to support prescribers safely prescribe and to deprescribe benzodiazepine medication. Work is also planned to encourage prescribers to review patients prescribed the medications highlighted in the report as well as to develop other guidance and patient facing communication materials for GP practices to support safer prescribing.
System wide work is being undertaken to address problematic polypharmacy in BNSSG	Problematic polypharmacy is defined as 'when multiple medications are prescribed inappropriately, or where the intended benefit of the medication is not realised'. A system wide working group has been set up to address the issue of problematic polypharmacy. Membership includes secondary care, community pharmacy, GPs and the CCG. A range of work is being undertaken to support the polypharmacy agenda and includes developing tools to support prescribers with medication reviews and involve patients in shared decision making. Other tools to identify and benchmark cohorts of high risk patients are also in development. Education and training for prescribers in all sectors is also planned.
The PINCER intervention has been undertaken across BNSSG and is showing some positive results to encourage safe prescribing.	PINCER is a proven pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care. This intervention has been nationally recommended and was included in the local Prescribing Quality Scheme for 2019/20. The BNSSG CCG performs well on a number of indicators such as methotrexate monitoring and NSAID prescribing without gastroprotection in those over 65 years. Areas we performed less well on included antiplatelet prescribing without PPI with history of peptic ulcer, Warfarin/DOAC prescribed with NSAID and combined aspirin and antiplatelet without a PPI prescribed. These have been highlighted to individual practices as part of the quality improvement arm of the project and action taken to improve practice processes. Following the intervention, across BNSSG as a whole, there has been a reduction in all PINCER measures – most with a 20% or more reduction, which is positive to note. Work is ongoing to review practice reflections and to re-run PINCER in 2020/21.
Project on stopping over medication of people with a learning disability, autism or both (STOMP) is being undertaken as part of the current Prescribing Quality Scheme.	A project is currently underway as part of this year's Prescribing Quality Scheme, which aims to stop the overuse of psychotropic medication in people with learning disabilities (LD), autism or both by prescribers reflecting on their current practice as well as to highlight this issue in primary care. The project is due to be submitted at the end of March after which the results will be collated and shared with relevant parties. Initial feedback has been that this has proven to be a useful project.

System wide medicines optimisation strategy and pharmacy workforce strategy being developed	The Medicines Optimisation strategy is being developed collectively with all relevant parties. The vision is 'to implement a patient centred collaborative approach to enable patients to get the best value from their medicines'. Next steps include engaging with stakeholders about this strategy over the next few months. A system wide pharmacy workforce strategy is also being developed to try to avoid destabilising the different pharmacy areas and support PCNs with the national medicines optimisation work programme.
The Community Pharmacy Consultation Service has been extended locally to include PGDs	The new community pharmacy PGD service has now been introduced in BNSSG in addition to the Community Pharmacy Consultation Service. This aims to relieve some of the pressures on General Practice and Out of Hours. 120 pharmacists have been trained on the scheme to date and initial feedback has been positive.
Following a pilot, repeat prescription Hubs are recommended to be rolled out at PCN level. One PCN is now ready to go live with their Hub.	The prescription Hub pilot has demonstrated success, with the results showing a greater optimisation of medicines, a reduction in prescribing workload, the freeing up of staff time, and improvements in patient safety and quality of care. Pier Health PCN in Weston is now ready to go live with their Hub. Practices within the PCN are currently working to the same SOPs and have identified a centralised venue in one of the practices to host the Hub.

Action Required

The Primary Care Commissioning Committee is asked to note contents of this report and support the work programme outlined.

Financial resource implications	There are no specific financial resource implications highlighted in this paper.
Legal implications	No legal implications associated with this paper
Risk implications	Specific programme risks have been highlighted in relevant sections of the paper.
Equality & Diversity Impact – reducing health inequalities.	Monitoring of prescribing trends will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly. Any projects undertaken will have an individualised EIA undertaken.
Engagement with patients and/or public:	Whilst there has not been any direct consultation and communication with the public in production of this paper, most GP practices have established Patient Participation Groups and individual projects will have consultations or advice sought when required.

Presented by: **Debbie Campbell, Deputy Director (Medicines Optimisation)**

Prepared by: **Lisa Rees , Kate Davis, Alison Mundell, Helen Wilkinson, Principal Medicines Optimisation Pharmacists and Michelle Jones, Senior Medicines Optimisation Pharmacist**

Medical - CE	Medicines Optimisation update	Assurance Rating: Green No Concerns
Lisa Rees, Ali Mundell, Kate Davis & Helen Wilkinson	**Report for : PCCC**	**Reporting Period: Quarter 3**
This report aims to provide PCCC an overview of the work undertaken by the Medicines Optimisation team focusing mainly on work with a quality and safety focus	Issues: Global priority to reduce harm from medicines by 50% in next 5 years Actions: Many safety work streams being initiated and ongoing	Assurances: System wide collaborative work to ensure consistent and sustainable approaches to medicines safety.

Current Medicines Quality and Safety Groups include:

Medicines Quality and Safety Group

- First meeting in May 2019, meeting every 8 weeks – last meeting February 2020.
- Aims to oversee and drive improvement in quality and safety surrounding the use and management of medicines across the BNSSG system.
- Membership includes the local secondary care trusts including AWP and community services as well as CCG representatives.

Key areas discussed at the meeting includes:

- A review of the themes identified from medication incidents reported on Datix
- A review of the system wide action plan in relation to recent safety alerts (e.g. valproate use in women and girls (link) and hydroxychloroquine/chloroquine retinopathy screening (link)
- A Collaborative update on antimicrobial stewardship from across the system.
- System wide benchmarking exercises specifically related to national reports and work being undertaken (e.g. PINCER and recent PHE prescribed medicine review).

Following the medication incident reviewed, two additional working groups have been set up to focus on the safe use of anticoagulation and insulin.

Insulin working group

This group has reviewed all the incidents across the system related to insulin and identified four key themes which fall into; Human errors, handover of care, IT/EMIS solutions to improve transfer of information and Education of both patients and staff.

Next steps include:

- A consistent approach to drug charts for the new Community Provider
- Review of Connecting Care to improve the transfer of information between sectors.

Anticoagulation working group

The anticoagulation working group aims to reduce harm from anticoagulation by:

- Improve reporting of errors associated with anticoagulants via DATIX and identifying common themes
- Improving patient compliance with anticoagulants by increasing the number of patients counselled when anticoagulation is initiated and standardise the information across BNSSG (written and verbal). This will help to reduce the number of AF related strokes across BNSSG.
- Education and training of healthcare professionals involved with prescribing and administering anticoagulants.

BNSSG Formulary Group

- The BNSSG Joint Formulary Group (JFG) develops, manages and produces the local formulary which is evidence based, considers clinical effectiveness, safety and reflects the needs of the local population and local affordability.
- The JFG meets every 6 weeks, with representatives from primary and secondary care, community providers and commissioners.
- The group ensures governance around prescribing by responding to requests by clinicians to use new medicines as well as facilitating existing formulary medicines to be prescribed in the most appropriate sector.
- During 2018/19 the JFG undertook a proactive review of botulinum toxin A use across the trusts, ensuring that all uses for botulinum toxin were appraised for safety and efficacy and properly commissioned across the whole system, ensuring safety and equity for the population.

Medicines Optimisation

Medicines Optimisation work undertaken in relation to quality includes regular work reviewing antibiotic prescribing, controlled drug prescribing as well as specific projects undertaken through the Prescribing Quality Scheme. Work is also undertaken by the team in response to national areas of concern such as the Public Health England report on drugs of dependence. WHO Global Patient Safety Challenge: Medication Without Harm aims to reduce severe avoidable medication-related harm by 50%, globally in the next 5 years. This report identified 3 priority actions which includes; polypharmacy, high risk situations and transfer of care. Some further key recommendations included the roll out of proven interventions in primary care such as PINCER which has been adopted locally across BNSSG (see below).

Actions following the PHE Prescribed Medicines Review

In September 2019, Public Health England (PHE) published a review on 'Dependence and withdrawal associated with some prescribed medicines'. This report reviewed five drug classes considered to be addictive causing patients problems when taking them or if trying to withdraw from them. The drug groups included in the review were: benzodiazepines, Z-drugs, gabapentinoids, opioid pain medicines and antidepressants (which aren't considered to be addictive but often patients will struggle to come off them). The report findings ranked and benchmarked all CCG's for each of the drug groups in relation to the number of patients being prescribed these for more than 12 months (table 1) and the rate of prescribing of these drugs (table 2). The results for BNSSG were as follows:

Table 1: Drug class	Number receiving Prescription in March 18	Proportion for last 12 months (%)	CCG Rank (1 = highest proportion, 195 = lowest proportion) High number is good
Antidepressant	70,878	40.9	169
Opioid pain medicines	36,483	47.4	122
Gabapentinoids	10,710	48.6	136
Benzodiazepines	7,544	46.5	137
Z-drugs	6,139	47.5	163

Table 2: Drug class	Number receiving at least one prescription in 17/18	CCG Rank (1 = highest ISR, 195 = lowest ISR) High number is good	Indirectly age-sex (ISR) standardised prescribing proportion
Antidepressant	123,289	114	1.01
Opioid pain medicines	90,633	106	0.98
Gabapentinoids	18,924	152	0.79
Benzodiazepines	24,755	56	1.10
Z-drugs	19,024	43	1.16

(ISR of 1 represents prescribing at the same rate as 'expected' for CCG population based on national data)

The data produced suggests as a CCG we benchmark well for these classes in terms of patients being prescribed them for over 12 months. The area of concern is the prescribing of Benzodiazepines and Z-drugs in the bottom table showing we benchmark around the bottom quarter, prescribing at a higher rate than would be expected for the CCG population.

Work is being undertaken to specifically address this situation in a system wide approach to include benzodiazepine and Z-drug prescribing and deprescribing guidance. Work is also planned to encourage review of patient cohorts highlighted in this report and patient facing communication materials will be developed. Further analysis of this data will be produced locally at practice level and monitored on a regular basis.

Polypharmacy

Problematic polypharmacy can be defined as when 'multiple medications are prescribed inappropriately, or where the intended benefit of the medication is not realised'. To align with the national priorities, system wide work is underway in the following areas;

- Development of tools to undertake medication reviews and involve patients in shared decision making.
- Development of tools and data to identify and benchmark cohorts of high risk patients (e.g. multiple medicines (>8) or High anticholinergic burden)
- Production of deprescribing algorithm for Proton Pump inhibitors and plans for further scoping of useful aids for particular medication groups.
- Plans to develop and deliver training for prescribers across primary and secondary care on deprescribing, shared decision making and patient education.

Stopping over medication of people with a learning disability, autism or both (STOMP) – a national project involving many different organisations which are helping to stop the over use of these medicines in this group of patients

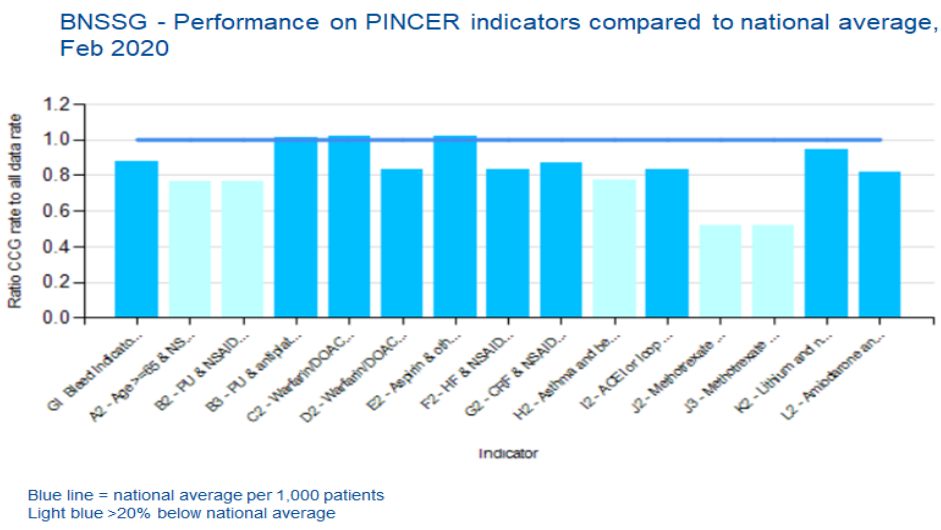
- Public Health England estimate that up to 35,000 adults with a learning disability are being prescribed an antipsychotic, an antidepressant or both without appropriate clinical justification .
- In order to promote the national STOMP project and the related NICE Quality Standard 101 into local practices, a project was included into the 2019/20 Prescribing Quality Scheme.
- The project required a systematic assessment of all adult patients on the LD register currently prescribed psychotropic medications, including a review the reasons for the prescription. Key aims were:
    - To ensure a clear indication for these medications prescribed
    - For a clinical review by a prescriber if indication unclear
    - To highlight the national resources within the practice
    - For practices to review their prescribing trends and share any quality improvement work undertaken.
- This project is ongoing until the end of the financial year after which the results will be collated, evaluated and shared. Initial feedback suggests this has been a useful project.

Antimicrobial Resistance

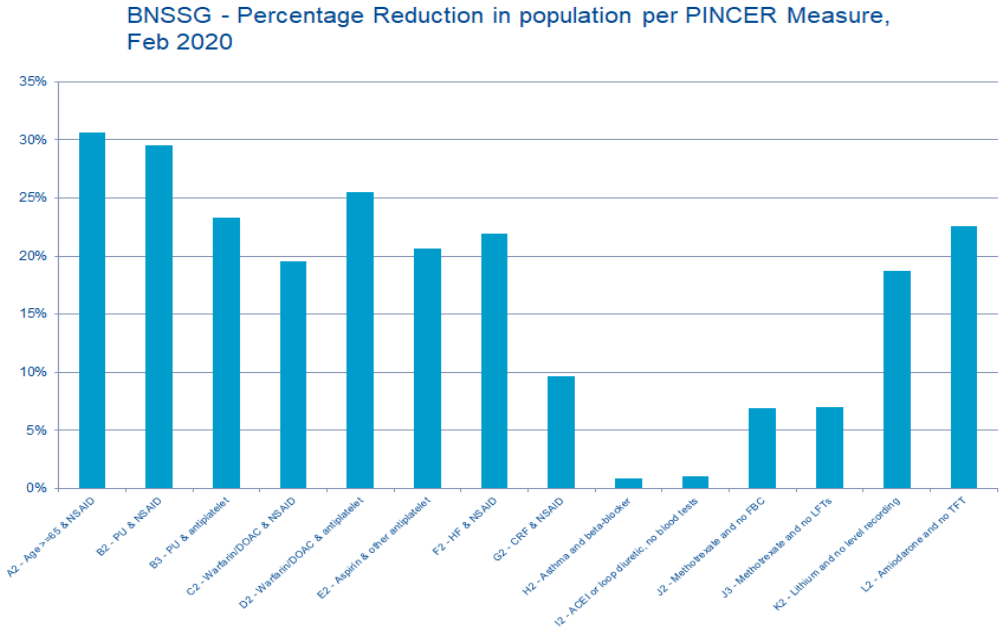
A full quarterly overview of antimicrobial prescribing is included in the HCAI report.

Medicines Optimisation

Reducing harms from medicines using PINCER



Blue line = national average per 1,000 patients
Light blue >20% below national average



Overview:
PINCER is a proven pharmacist-led IT-based intervention to reduce clinically important medication related errors in primary care.

The intervention comprises of :

- Searching GP computer systems to identify patients at risk of potentially hazardous prescribing using a set of prescribing safety indicators
- Discussing the results with all relevant parties
- Agreeing an action plan to minimise future risk.
- This intervention has been nationally recommended and was included in the local Prescribing Quality Scheme for 2019/20.

BNSSG CCG perform especially well [light blue]:

- Methotrexate blood monitoring (J2 and J3)
- NSAID prescribing without gastroprotection in those over 65 years (A2)
- NSAID prescribing without gastroprotection in patients with history of peptic ulceration (B2)
- Non selective beta-blocker in asthma patients(H2).

We perform slightly worse than the national average on:

- Antiplatelet without PPI with history of peptic ulcer (B3),
- Warfarin/DOAC prescribed with NSAID (C2)
- Aspirin+ antiplatelet with no PPI (E2)

Chart above shows the percentage reduction in the number of patients returned across BNSSG per measure between the first and most recent data uploads (e.g. for A2 there has been a 31% reduction in number of patients prescribed an NSAID, over 65 years without a PPI/H2A).

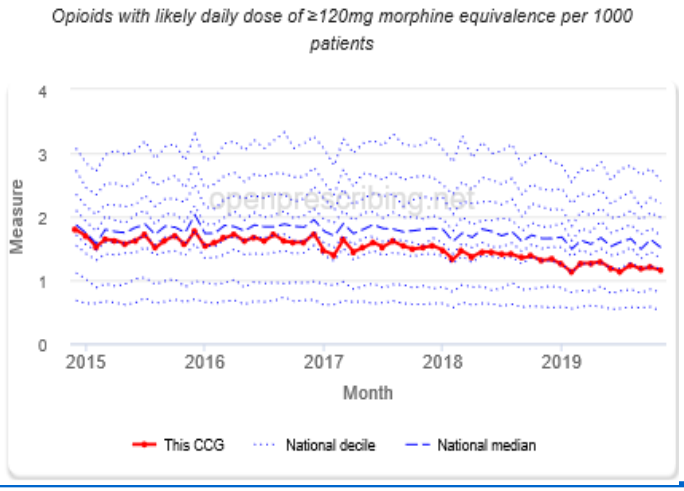
Across BNSSG as a whole, there has been a reduction in all PINCER measures – most with a 20% or more reduction, which is positive to note.

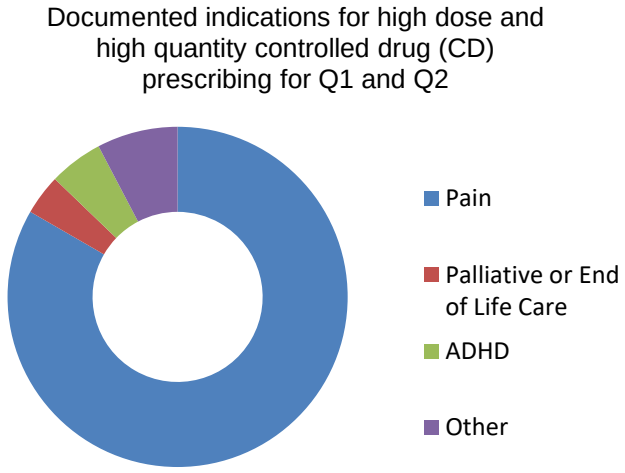
Next steps:

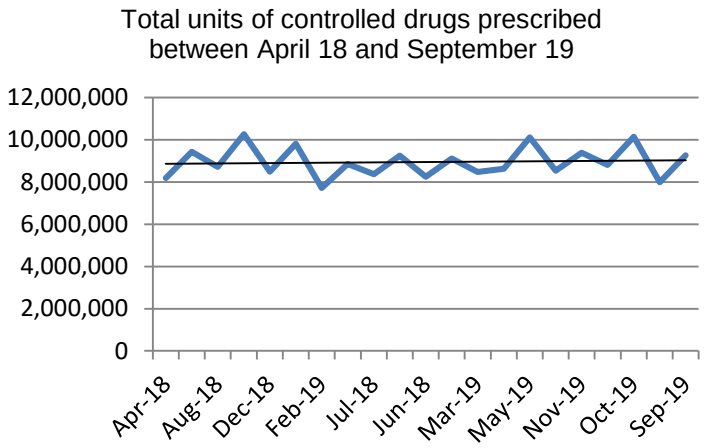
- Review reflections on work from practices
- To ensure these safety indicators become embedded in primary care, it is planned that the PINCER tool will be re-run again in GP Practices in 2020/21.

Medicines Optimisation

Controlled drug prescribing







Overview

- The CCG benchmarks favourably for the number of high dose opioids prescribed, and is below the national average. It can also be noted that there is a steady gradual decline in high dose opioids being prescribed.
- This is positive as it has been shown that the risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, with no increased benefit.
- Primary Care controlled drugs (CD) prescribing is monitored quarterly by the Medicines Optimisation Team (MOT).
- Should poor care or poor management of CDs be identified the MOT will support providers to improve and will escalate to the NHS England Controlled Drugs Officer (CDAO) where appropriate.
- A senior pharmacist attends and engages with the CD local intelligence network to share and learn good practice across the South West.

BNSSG Primary care controlled drug monitoring Q1 and Q2 2019/20

- During this period 312 patients were highlighted as they were prescribed a high dose, high quantity CD or low value CD.
- These patients CD(s) were reviewed to ensure appropriateness.
- 83% of patients had an indication of pain and 4% for palliative or end of life care.
- Of those patients who had an indication of pain around one third had been seen at the pain clinic in the past.
- 4 patients were identified as over overusing their medicines and are being reviewed more closely by their GP.
- 18 patients had not had a review with their GP in the last year. All were referred for a review.
- 7 patients were referred to the pain clinic for review and 4 to other secondary care services.
- Overall CD prescribing has remained the same despite an increase in total units of all items prescribed across BNSSG.

Gosport Assurance

- The Gosport Independent Panel set about to describe as clearly as possible what happened at the Gosport Memorial Hospital and the Panel concluded over 450 patients lives were shortened while in the hospital and was attributed to inappropriate use of opioids.
- The CCG requested acute trusts and community providers provide assurance that there have robust processes in place that would reduce the risk of similar incidents occurring with BNSSG.
- Following a review of the providers' responses, the MOT is working with trusts to develop, write and complete an opioid audit that will provide full assurance to both the CCG and the organisations. Information on this assurance will be included in a report for the Quality Committee.

Next steps

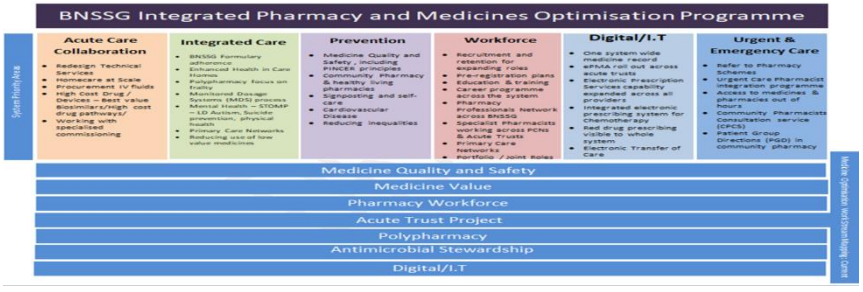
- Complete the opioids audit in the three acute trusts and community providers.
- To continue to monitor primary care prescribing to reduce harm to patients.

Medicines Optimisation – Strategic developments

There have also been a number of strategic developments in relation to Medicines Optimisation and these are highlighted below.

Medicines Optimisation strategy

A strategy is being developed and is collectively owned by all of the partner organisations that make up Healthier Together, BNSSG STP. It describes our future vision and aims for Medicine Optimisation to enhance the care within Bristol North Somerset and South Gloucestershire.
Our vision is 'to implement a patient centred collaborative approach to enable patients to get the best value from their medicines'
The strategy covers the main areas highlighted below:



Work is planned to engage with stakeholders over the next few months.

Community Pharmacy Consultation Service extension to include PGDs

In addition to the Community Pharmacy Consultation Service, the new BNSSG Community Pharmacy PGD Service has been introduced. These changes are aimed at alleviating some of the pressure on General Practice and Out of Hours Services, as staff will now be able to signpost towards community pharmacy in these instances. Using PGDs will mean that episodes of care can be completed in the pharmacy and referrals to GP practices or out of hours providers for prescriptions are avoided.

The PGDs cover: UTIs for females aged 16-64 (Trimethoprim or Nitrofurantoin), Impetigo for adults and children aged 2 and over (Fucidin, Flucloxacillin or Clarithromycin), Hydrocortisone cream for children under 10 and for use on the face in patients over 1 year, Chloramphenicol eye drops from 31 days to under 2 years old (can be bought over the counter over 2 years) and Sore Throat for adults and children over 5 years old (Penicillin V or Clarithromycin).

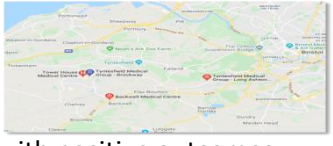
At the time of writing 120 pharmacists have been trained on the new scheme and pharmacies are gradually going live across BNSSG. Initial feedback has been positive, and the scheme will be monitored and evaluated to ensure it remains a high quality service with good antimicrobial stewardship.

Workforce update

We have been working with pharmacy colleagues across the system to assess the current pharmacy workforce position following the GP contract recommendations to include Clinical Pharmacists and Pharmacy Technicians working across Primary Care Networks
We plan to develop a system wide pharmacy workforce strategy to try to avoid destabilising areas, this will include facilitating joint posts and exploring different employment models. Plans also include developing a pharmacy network for peer support as well as supporting PCNs with the national medicines optimisation work programme.

Repeat prescription Hubs

The NHS Five Year Forward View aims to enhance multi-disciplinary working in GP practices, working at scale to better support GPs in delivering high quality care for their population. To support this, a Repeat Prescription Management Hub was developed by the CCG Medicines Optimisation team in conjunction with 4 GP practices in North Somerset serving around 33,000 patients and a 16 month pilot was undertaken. This prescription management Hub allowed repeat prescription requests to be processed by one dedicated team using a joint EMIS prescribing system and consistent Standard Operating Procedures.



The prescription Hub has been a demonstrable success with positive outcomes evidencing the delivery of our main objectives. Through both qualitative and quantitative data, results show a greater optimisation of medicines, a reduction in prescribing workload, the freeing up of staff time, and improvements in patient safety and quality of care.

The success of the Hub pilot was both scalable and sustainable, and has led to the recommendation of a roll out to GP practices at Primary Care Network (PCN) level. An FAQ event was held to share the practical aspects of the Hub and efficiencies shown to interested parties.

Pier Health PCN in Weston is now ready to go live with their Hub. Practices within the PCN are currently working to the same SOPs and have identified a centralised venue in one of the practices to host the Hub. A Memorandum of Understanding has been written and being reviewed for sign up between CCG and PCN re: finances and monitoring .