

Primary Care Co-Commissioning Committee

Title of Paper: End of Year report - Prescribing QIPP (Quality Innovation Prevention Productivity) 2016-17

Date of Meeting	18 July 2017	Agenda Item	10
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CCG Corporate Objectives

Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	Y
To work collaboratively to create safe, high quality health care services	Y
To maintain financial balance and improve efficiency and productivity	Y
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	Y
To maintain and improve performance against core standards and statutory requirements	Y
To commission improved out of hospital care	

CCG High Impact Changes

Delivering high quality Primary Care at scale and improving access	Y
Self-Care and Early Intervention	Y
Enhanced and Integrated Primary Care and Better Care Fund	Y
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	Y
Community based ambulatory care for specific conditions	Y
Access to high quality Urgent and Emergency Care	
Scheduled Care	Y
Quality	Y

Clinical Lead:	Dr P Shukla
Senior Lead Manager	Mrs J Kenyon
Finance Manager	Mrs. L Ring
Equality Impact and Risk Assessment completed:	Yes - for Medicines Optimisation Scheme and QIPP work plan
Patient and Public Engagement completed:	Yes – for waste scheme
Financial Implications	Discussed in body of paper
Risk Identified	Variation in quality and spend
Report authorised by Senior Manager:	Dr M Ridgway

Decision Recommendations

Members of the PCCC are requested to:

- Receive and note the contents of the prescribing end of year report

Primary Care Co-Commissioning Committee

End of Year report - Prescribing QIPP 2016-17

18 July 2017

1.0 Introduction:

- 1.1** As discussed at March PCCC, the GP element of the prescribing budget accounted for £26,650,395 in 2016-17. To ensure financial stability within NHS BwD CCG, it is vital that the CCG and its member practices maintain control of prescribing costs. However, a reduction of costs at the expense of patient health or healthcare is not acceptable. As such, cost effective, evidence based prescribing, both for improving health outcomes and financial management, is a priority for BwD CCG.
- 1.2** This paper details the end of year achievement against a number of prescribing areas: GP prescribing budget; 2015/16 Medicines Optimisation Scheme (MOS); national QIPP indicators; and Prescribing Waste Scheme. The aim of these areas is to promote and increase evidence based, cost effective prescribing in line with national and local guidance. This in turn will: improve prescribing quality and patient safety; reduce risk from medication errors; reduce waste; support prescribing spend within budget.

2.0 Background:

- 2.1** Prescribing trend analyses at the end of 2015-16 estimated expected growth in GP prescribing costs of 5-8%. This presents a significant risk if appropriate financial stewardship measures are not adopted.
- 2.2** When benchmarked against national QIPP indicators, BwD CCG performs in the bottom quartile for a number of areas.
- 2.3** To offset expected growth, maintain prescribing costs within budget (thus delivering a QIPP saving of £1million) and address poor performance against certain QIPP indicators, a Medicines Optimisation Scheme (MOS) was agreed as part of the Quality and Outcomes Enhanced Services Transformation Scheme (QOEST) for 2016.
- 2.4** In order to address prescribing waste, a further scheme was piloted from September 2016 in an attempt to release a further £1million efficiency savings.

3.0 End of Year Position

3.1 Medicines Optimisation Scheme, including Prescribing Budget

- 3.1.1** One of the main objectives of the MOS is to address practice variation. The scheme rewards practices who manage prescribing well and ensures outlying practices are supported to achieve an individual cost containment and quality prescribing plan. The annual plan is agreed with the Medicines Management Team at the beginning of the year. There may be instances where practices are required to increase prescribing in certain areas to deliver evidence-based medicine.

3.1.2 The end of year position is detailed in the table below. See appendix 1 for individual practice performance against budget.

Medicines Management End of Year Report			
CCG Summary			
This statement was issued in	June	and relates to prescribing data from	2016/17
Budget position			
Annual Budget	year end position		
	forecast outturn	Forecast over/under spend	% over/under spend
£26,650,395	£26,218,330	-£432,065	-1.6%
Medicines Optimisation Scheme areas			
Area		Final	
Reduce or maintain Cost/ASTRO-PU below or at CCG or locality average	Target (CCG average) = £47.37	46.75 17 practices achieved full award. 7 others awarded part payment	
Meet with Medicines Management Team	first meeting	complete	
	Cost containment plan	complete	
	second meeting	complete	
Eclipse - Red/Amber Reviews	Q1	24/27 practices achieved	
	Q2	21/27 practices achieved	
	Q3	24/27 practices achieved	
	Q4	24/27 practices achieved	
Medication Reviews	Q1	17/27 practices achieved	
	Q2	18/27 practices achieved	
	Q3	22/27 practices achieved	
	Q4	24/27 practices achieved	
Antibiotic Prescribing	Antibiotic audit	24/27 practices achieved	
	reduce prescribing to 1.282	1.204	
	%4Cs <10%	7.23%	
Medicines Optimisation Scheme Achievement			
	173632		
Meeting and plan:	0.2		
Cost containment	0.3		
Medication review	0.26		
Antibiotics	0.15		
Eclipse	0.11		
	1.02		
Total	£176,891		

3.2 QIPP Indicators

3.2.1 Performance against national QIPP indicators has been excellent during 2016-17. These areas are indicators of quality, safe and cost effective prescribing.

3.2.2 BwD has shown improvement across all QIPP indicators. In particular, prescribing of antibiotics has moved out of the bottom quartile for the first time. Other areas linked to prescribing safety where BwD has moved from bottom quartile include hypnotics and NSAIDs (Non Steroidal Anti Inflammatory Drugs).

3.3 Prescribing Waste Scheme

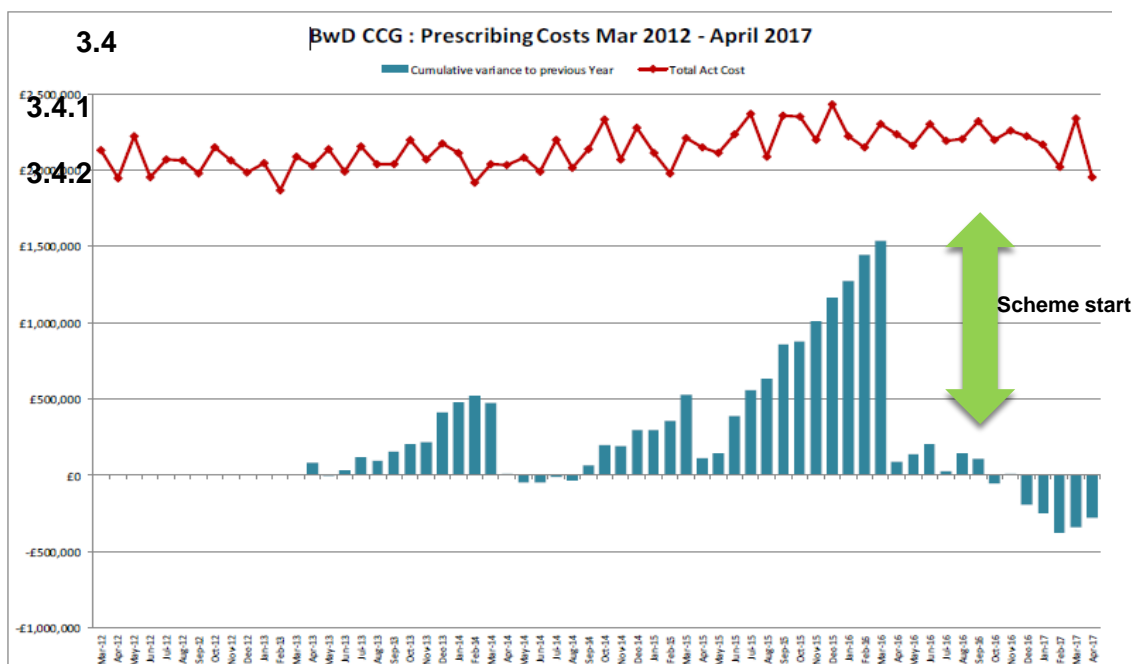
3.3.1 A proposal for reducing prescribing waste was approved as a 6 month proof of concept pilot at July 2016 Commissioning Business Group (CBG) and commenced September 2016. Interested practices stopped third parties managing repeat prescription ordering and offered patients an alternative way to order their medicines through speaking to a trained medicine manager.

3.3.2 Progress by end March 2017:

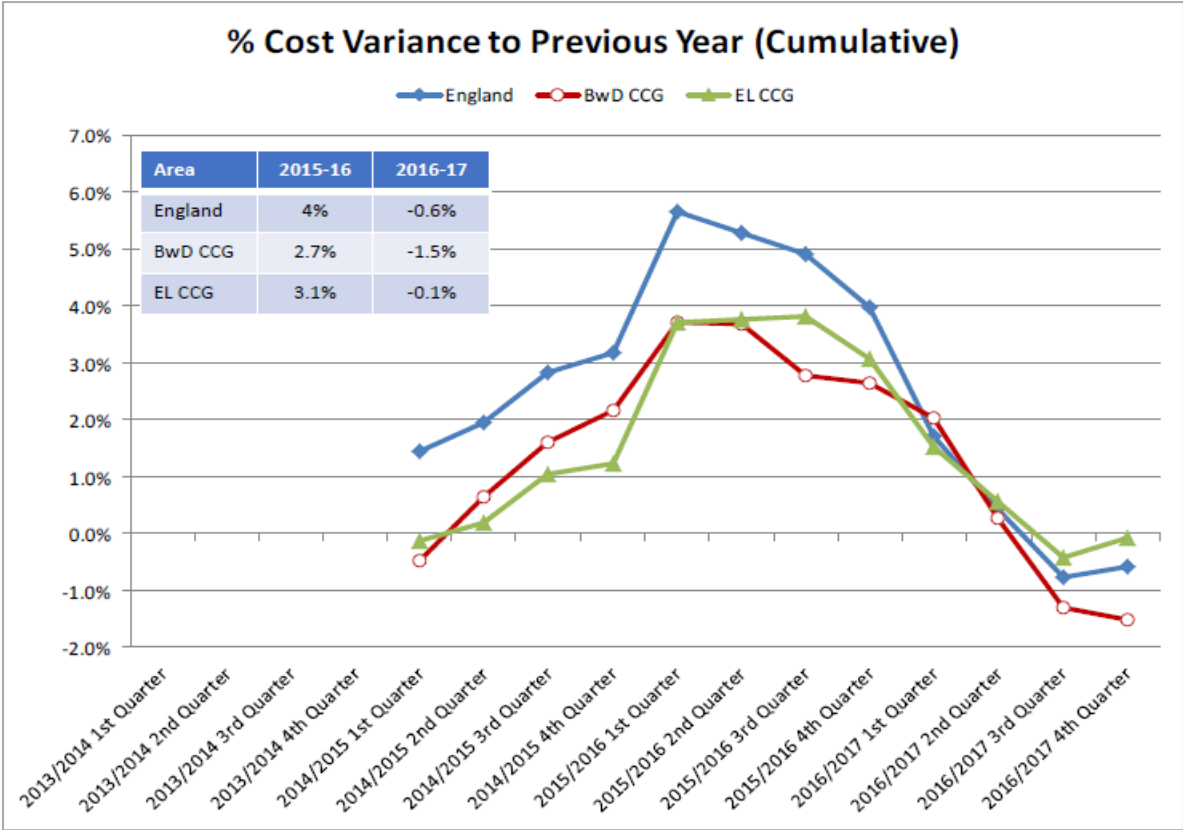
- 17 practices have implemented
- 4 practices with go live dates agreed
- 4 practices had already stopped community pharmacy ordering without medicines management input
- 2 practices remaining

3.3.3 Whilst impossible to contribute reduction in spend solely to the waste scheme, forecast outturn reduced from £26,741,824 before the scheme started in September, to £26,218,330 final position. There was an increase in spend in March due to Easter falling in the first week of April – this is reflected in a sharp decrease in April spend.

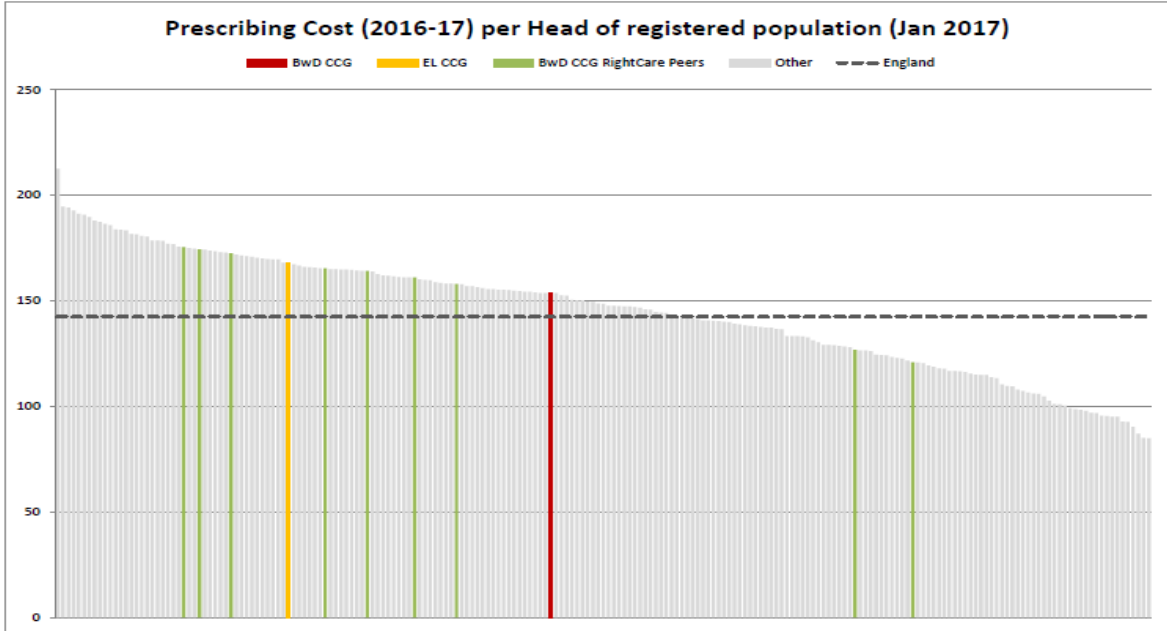
3.3.4 Graph 1 shows the shift in prescribing costs since the waste scheme started.



3.3.4 Graph 2 shows the cumulative cost variance to the previous year. It shows that nationally there has been a 0.6% reduction in prescribing costs. East Lancashire CCG has seen a 0.1% reduction and BwD CCG has seen a 1.5% reduction (even more significant considering the forecast 5% per annum cost growth). Quarters 3 and 4 particularly have been significantly below national growth rates and this coincides with the implementation of the waste scheme.



3.3.5 Graph 3 shows total prescribing cost (16/17) per head of population (based on Jan 17 list size) and although BwD is above average, when compared to our RightCare peer group, BwD performs well. It should be noted that this is not weighted by ASTRO-PU.



- 3.3.6** BwD CCG contributed 0.84% to the national prescribing reduction despite having only 0.3% of the population.
- 3.3.7** The practice demonstrating the greatest impact has shown a reduction in spend of £193,079 between 2015/16 and 16/17.
- 3.3.8** Savings seen vary from practice to practice depending on demographics, systems already in place, staff, locality, whether using phone line etc.
- 3.3.9** Practices report an increase in staff capacity by greater use of Electronic Prescription Services (EPS), an increasing number of patients using repeat dispensing and a reduction in prescription queries.
- 3.3.10** The advantages of speaking directly to patients regarding their medications have been extremely beneficial with many safety issues arising and being resolved.
- Patients report feeling empowered and being more aware of what their medication is for.
 - Patients have been reminded/booked in for annual reviews/blood tests etc. when required thus reducing likelihood of a medicines related hospital admission

3.0 Conclusion

- 4.1 Prescribing QIPP schemes achieved targets across most areas in 2016-17. The MOS again proved to be an influential tool in helping to meet Medicines Optimisation aspirations - facilitating high quality, safe and cost-effective prescribing and multidisciplinary engagement in line with CCG and national guidelines and priorities.
- 4.2 The Prescribing Waste Scheme continues to show promising results and is expected to deliver additional QIPP savings during 2017-18.

5.0 Recommendation

- 5.1 Members of the PCCC are requested to:
- Receive and note the contents of the prescribing end of year report

Mrs. Julie Kenyon

July 2017

Appendix 1

Blackburn with Darwen CCG Final Prescribing Budget Report - March 16

Practice Code	Practice	Annual Budget £	Forecast Outturn £	Forecast Surplus / (Deficit) £	Forecast Outturn per APU £
P81709	Practice ROMAN ROAD HEALTH CENTRE	£721,083	£732,579	£11,496	£62.58
P81167	Practice STEPPING STONE PRACTICE	£858,380	£874,106	£15,726	£58.08
P81734	Practice THE CORNERSTONE PRACTICE	£2,926,423	£2,798,654	-£127,769	£55.60
P81622	Practice SHIFA SURGERY	£802,661	£727,451	-£75,210	£54.68
P81204	Practice DR DC MATHUR & PTNR	£782,538	£803,598	£21,060	£54.36
Y03362	Practice THE WATERSIDE SURGERY	£219,392	£215,343	-£4,049	£52.65
P81724	Practice PRINGLE STREET SURGERY	£249,024	£240,456	-£8,568	£52.54
P81683	Practice DR A ALAM'S PRACTICE	£901,112	£995,769	£94,657	£51.02
P81643	Practice DR Z BUX'S PRACTICE	£882,654	£711,282	-£171,372	£50.24
P81707	Practice DR N NAGPAL'S PRACTICE	£777,751	£718,695	-£59,056	£49.67
P81058	Practice ST GEORGES SURGERY	£1,577,274	£1,575,399	-£1,875	£49.65
P81005	Practice LITTLE HARWOOD HEALTH CENTRE	£2,043,745	£2,101,801	£58,056	£49.21
		CCG AVERAGE		£47.92	
P81051	Practice DARWEN HEALTHCARE	£2,081,310	£2,020,822	-£60,488	£46.94
P81061	Practice DR A CALOW'S PRACTICE	£916,445	£891,978	-£24,467	£46.76
P81140	Practice DARWEN HEALTHLINK	£2,206,464	£2,196,993	-£9,471	£46.26
Y02657	Practice BENTHAM ROAD HEALTH CENTRE	£617,841	£730,570	£112,729	£45.58
P81022	Practice WITTON MEDICAL CENTRE	£1,758,064	£1,667,356	-£90,708	£45.36
		LANCASHIRE AVERAGE		£45.24	
P81704	Practice DR I TIMSON'S PRACTICE	£738,096	£720,583	-£17,513	£43.31
P81214	Practice LIMEFIELD SURGERY	£648,779	£637,505	-£11,274	£42.05
P81125	Practice DR IJ MOODIE'S PRACTICE	£1,596,506	£1,519,182	-£77,324	£40.90
P81712	Practice DARWEN HEALTH CENTRE	£500,995	£487,552	-£13,443	£40.45
P81771	Practice DR RC RAUTRAY'S PRACTICE	£656,372	£625,869	-£30,503	£40.08
P81607	Practice THE MONTAGUE PRACTICE	£797,202	£740,294	-£56,908	£38.50
P81155	Practice DR TL PHILLIPS' PRACTICE	£575,573	£573,261	-£2,312	£36.45
P81633	Practice SPRING-FENISCO HEALTHLINK	£462,469	£434,410	-£28,059	£36.01
P81721	Practice DR P JAGADESHAM'S PRACTICE	£174,182	£133,253	-£40,929	£29.66